



St. Richard's Hospice

CARING FOR LIFE

Reg. Charity No. 515668

STATEMENT OF PURPOSE

Health and Social Care Act 2008

Updated January 2018

Date of next review December 2020

**A STATEMENT OF PURPOSE OF ALL PATIENT SERVICES
PROVIDED BY**

**ST RICHARD'S HOSPICE
WILDWOOD DRIVE
WORCESTER
WR5 2QT**

REGISTERED CHARITY NO. 515668

Statement of Purpose

Under the Health and Social Care Act 2008, Regulation 12, schedule 3, all providers of health and social care must provide a 'statement of purpose'. A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

This document explains how St Richard's meets these requirements of the act in response to Regulation 12 of the Care Quality Commission (Registration) Regulations 2009:

Schedule 3

The statement must describe

- The provider's aims and objectives in providing the service.
- Details of the services provided including the service types (for example, hospice services) and the service user bands (for example, adults aged 65+).
- The health or care needs the service sets out to meet.
- The provider's and any registered managers' full name(s), business address(es), telephone number(s) and (where available) email address(es).
- Details about the legal status of the provider (for example, whether they are an individual, company, charity, or partnership).
- The address CQC must use to send formal documents to registered providers and managers. Formal documents include legally required notices and inspection reports. ('Addresses for service' can be an email address where a provider or manager consents to receiving documents in this way)
- All of the locations where regulated activities are actually provided, or where they are provided from (listed as 'locations' on your certificate of registration together with any service branches not listed as locations).

Service Provider ID: 1-101725068

Registered Manager Tracey Grint

Registered Manager ID: CON1-3754521284

Regulated Activities:

- 1. Personal Care**
- 2. Treatment of Disease**
- 3. Diagnostic and screening procedures**
- 4. Transport services, triage and advice provided remotely**

For further information please contact:

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1. MISSION STATEMENT

"The mission of St Richard's is, in partnership with other providers, to enhance through specialist palliative and end of life care and education, the quality of life of patients and those important to them, suffering from life-limiting illnesses".

St Richard's Hospice is an integral part of the local health care economy in Worcestershire. It is an independent, registered charity, supported by local communities. St Richard's Hospice has a unique function in providing specialist supportive Palliative Care free of charge to all those in need.

2. PRINCIPLES SUPPORTING OUR MISSION STATEMENT

Our vision is informed by the [National Council for Palliative Care definition of Specialist Palliative Care](#). (press control and click to follow the link)

Specialist Palliative Care services are provided by specialist multi-disciplinary palliative care teams and includes:

- Assessment, advice and care for patients and families in all care settings, including hospitals and care homes.
- Specialist In-patient facilities (in hospices or hospitals) for patients who benefit from the continuous support and care of specialist palliative care teams.
- Intensive co-ordinated home support for patients with complex needs who wish to stay at home.
 - This may involve the specialist palliative care service providing specialist advice alongside the patient's own doctor and district nurse to enable someone to stay in their own home.
 - Many teams also now provide extended specialist palliative nursing, medical, social and emotional support and care in the patient's home, often known as 'hospice at home'.
- Day care facilities that offer a range of opportunities for assessment and review of patients' needs and enable the provision of physical, psychological and social interventions within a context of social interaction, support and friendship. Many also offer creative and complementary therapies.
- Advice and support to all the people involved in a patient's care.
- Bereavement support services that provide support for the people involved in a patient's care before and after death.
- Education and training in palliative care.

The specialist teams include palliative medicine consultants and palliative care nurse specialists together with a range of expertise provided by physiotherapists, occupational

therapists, dieticians, pharmacists, social workers and those able to give spiritual and psychological support.

Supportive Care

Supportive care helps the patient and their family to cope with their condition and the treatment of it – from pre-diagnosis, through the process of diagnosis and treatment, to cure, continuing illness or death and into bereavement. It helps patients to maximise the benefits of treatment and to live as well as possible with the effects of the disease. It is given equal priority alongside diagnosis and treatment.

Supportive care should be fully integrated with diagnosis and treatment. It encompasses:

- Symptom Control
- Self help and support
- User involvement
- Information giving
- Psychological support
- Social support
- Rehabilitation
- Complementary therapies
- Spiritual support
- End of life and bereavement care

Palliative Care

Palliative care is part of supportive care. It embraces many elements of supportive care. It has been defined by NICE as follows:

Palliative care is the active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is the achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.

Palliative care aims to:

- Affirm life and regard dying as a normal process
- Provide relief from pain and other distressing symptoms
- Integrate the physical, social, psychological and spiritual aspects of patient care
- Offer a support system to help patients live as actively as possible until death
- Offer a support system to help the family cope during the patient's illness and their own bereavement.

3. ST RICHARD'S HOSPICE – THE ORGANISATION

Originally founded as the South Worcestershire adult hospice providing specialist Palliative Care to patients over the age of 16 years, we also now look after some patients from Wyre

Forest, Redditch and Bromsgrove in the In-patient Unit. As an independent charity, we provide free specialist medical, nursing, counselling and care support to patients with cancer and other life-limiting illness and their families referred from the Worcestershire catchment area.

We work closely with our community and hospital colleagues from the NHS, Social Services, local Nursing Homes and voluntary providers. All our work enhances the care and support patients and their families receive from other statutory services.

Our care is unconditional, non-judgemental and provided free of charge at the point of delivery, regardless of creed, ethnic origin or social background.

Vision

The vision of St Richard's is to be a centre of expertise providing excellent individualised care and support to those affected by life-limiting conditions.

Values

At St Richard's we believe that we should aim to maximise the quality of life of adult patients who have a life-limiting illness by:

- Creating a safe and caring environment, offering physical, emotional and spiritual support to patients and their families.
- Enabling patients to gain freedom from distressing symptoms.
- Relieving patients and families from the stress brought about by active and progressive disease.
- Enabling and empowering communities to support patients with end of life care needs, and their families, locally.
- Supporting the local community to be well informed about individualised care and support available to them.
- Enabling people to care for themselves and remain independent for as long as possible.

On behalf of our patients and families we aim to:

- Work towards quality of life acceptable to them.
- Enable them to enjoy life to their maximum ability.
- Encompass all in care, ensuring those who die do so with dignity.
- Help provide care in a place chosen by them, surrounded by people important to them.

4. COMMITMENT TO QUALITY AND SAFETY: OUR CORE PRINCIPLES

As with all other health care organisations, the clinical care provided by the work of St Richard's Hospice is subject to inspection and regulation. Within the organisation we adhere to robust Clinical Governance procedures. Compliance against CQC fundamental standards regulations and NICE Guidelines are monitored by the Care Quality Sub-committee that reports via the Hospice Services Committee to the Council of Governors. All staff and

volunteers are governed by a Confidentiality Policy and abide by relevant professional practice guidelines, codes of conduct, Data Protection Act 1998 and Caldicott Guardian principles.

Our core principles enable compliance with [CQC fundamental standards regulations](#) which include:

- Person-centred care – you must have care and treatment that is tailored to you and meets your needs and preferences
- Dignity and respect – you must be treated with dignity and respect at all times while you are receiving care and treatment
- Consent – you (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you
- Safety – you must not be given unsafe care or treatment or be at risk of harm that could be avoided
- Safeguarding from abuse – you must not suffer any form of abuse or improper treatment while receiving care
- Food and drink – you must have enough to eat and drink to keep you in good health while you receive care and treatment
- Premises and equipment – the places where you receive care and treatment and the equipment used in it must be clean, suitable and looked after properly. The equipment used in your care and treatment must also be secure and used properly.
- Complaints – you must be able to complain about your care and treatment.
- Good governance – the provider of your care must have plans that ensure they can meet these standards.
- Staffing – the provider of your care must have enough suitably qualified, competent and experienced staff to make sure they can meet these standards.
- Fit and proper staff – the provider of your care must only employ people who can provide care and treatment appropriate to their role. They must have strong recruitment procedures in place and carry out relevant checks such as on applicants' criminal records and work history.
- Duty of candour – the provider of your care must be open and transparent with you about your care and treatment.
- Display of ratings – the provider of your care must display their CQC rating in a place where you can see it.

St Richard's Hospice uses the five domains of the Key lines of enquiry (KLOEs) to provide on-going evidence on the quality of service provision and assessment for the CQC assessments and inspection regime.

- Safe?
- Effective?
- Caring?
- Responsive to people's needs?
- Well-led?

5. SERVICES WE PROVIDE

The main aims of our service are to enable patients to have the choice to stay at home where possible, providing our care alongside their own doctors and nurses with the backup of the Day Hospice or providing an In-patient facility where appropriate.

Cost

No charge is made to patients and families for any of our services; they are free at the point of delivery. Provision is made possible due to the generosity of our donors and supporters and the hard work of our Fundraising, Commercial and Lottery Teams, raising the £5.2 million in 2016-2017 it takes to run our services. Worcestershire Clinical Commissioning Groups, make a contribution to some of our services through a Grant agreement to the value of £1,741,823.

Access to St Richard's Hospice Services

If patients require St Richard's Hospice assessment, they can be referred by their general practitioner, consultant at the hospital, district nurse. They can also be referred by a relative, friend or self-refer but appropriateness for specialist palliative care services will be confirmed with their GP before acceptance. All referrals will be processed through the Gateway service which is the single point of access utilised at St Richard's. (Please see Protocol for New Referrals to St Richards Hospice below).

In all cases the patient's own general practitioner, or key person in charge of a patient's care, will be informed. At all stages, we will work in partnership with the community teams and acute hospital services involved in the patient's care. Patients / Clients for whom our service is not suitable will be referred on to other more appropriate organisations.

Protocol for new referrals to St Richard's Hospice

All new referrals into any of the hospice services are triaged by the Gateway Team to ensure the patient and family see the right person, at the right time in the right place. The Gateway team comprise of a team of clinical nurse specialists.

New referral received into Gateway
electronically / by post / fax / telephone

Criteria for referral:

For life limiting illness

- Progressive phase of the illness
- Early in diagnosis
- In terminal phase.

One or more of the following –

Distressing symptom(s) difficult to control

Severe emotional difficulties

Dependent children and/or elderly relatives

The patient/family request referral (self-referral)

End of life care

- Medical records/history requested from referrer/GP/Consultant

With all the information collated and with explicit consent to make contact, the Gateway team telephone the patient and family to assess needs and determine the appropriate service to be offered to the patient.

Referral to appropriate hospice service:



Specialist Doctors are overseen by the Hospice Medical Director, Consultant in Palliative Medicine and work with the St Richard's Nurse Specialists advising on pain and symptom management and. Our doctors also work closely with local Consultants in Palliative Medicine in Worcestershire County. They can, with agreement of the patient's own doctor, visit at home to advise on complex situations. They provide specialist medical support to patients attending Day Hospice and to those patients admitted to our In-patient Unit. Consultant-led palliative medicine outpatient clinics are held at the hospice.

St Richard's Nurse Specialists

"Thank you for the amazing care that you gave to my mother. You were all a great support and comfort to me during such an emotional and sad time."

The key aims of the team are to offer the following services: To undertake an assessment of palliative care needs:

- a) Physical symptom advice
- b) Psycho-social support
- c) Provide advice, support and guidance in all aspects of a patient's illness 24/7 and sign post to other services as appropriate enabling choice.
- d) Provide support / advice / guidance to other healthcare professionals involved in patient care
- e) Advise and guide Primary Health Care Teams and others in palliative care issues. This also involves integrated working with other departments within St Richard's.
- f) Education of patients, families, carers and professionals.

After receiving a referral (See Protocol for New Referrals to St Richard's, page 8) our nurses will support the patient and family throughout the period of support required, if appropriate, liaising with other health care professionals, either to discharge or until death and referral onto the Bereavement Service. Our nurses will arrange a visit to the patient at home or invite the patient and those close to them to the hospice for assessment. They will spend time listening and identifying problems and anxieties. Our nurses can make a very positive difference with their knowledge of disease processes, symptom relief, assisting patients to make choices,

identifying other supporting services and linking in with the other health care professionals such as a social worker, occupational therapist, physiotherapist, doctor or spiritual leader.

Alongside our Family Support Worker and CAB Adviser, our nurses identify the mechanism of physical and financial support for families, accessing charitable and statutory funding for families who are socially or financially challenged.

Our nurses are trained to understand patient care pathways, liaise with GPs, oncology teams and treatment centres, restoring confidence and control back into the lives of patients and families and are employed, managed and paid by St Richard's Hospice.

Day Hospice Services and Outpatient Clinics

Day Hospice services are an integral part of the specialist palliative care provided by St Richard's Hospice. It enhances the quality of life for patients attending by providing and promoting skilled and compassionate care of the highest quality. Day Hospice Services are nurse led. The supporting professional multi-disciplinary team includes Complementary Therapists, Creative Therapist, Chaplain, Doctor, Occupational Therapist, Physiotherapist and trained volunteers. Patients can also access other services within the hospice which may include counselling, family support, financial and benefit advice. *Please see Protocol for New Referrals to St Richards Hospice (page 8).*

Formal Day Hospice to which patients are booked to attend, operates three days per week, Tuesday to Thursday, providing up to 20 places per day. Patients attend 10.30 am until 3 pm. Patients are brought in and returned home by our trained volunteer drivers, either in their car or in our mini-buses or via West Midlands Ambulance service. Day Hospice is on the ground floor, readily accessible to visitors with limited mobility. The environment is comfortable and homely, enabling patients to feel safe and supported when discussing aspects of their illness with their nurse or socialising with fellow patients and our volunteers. Living well programme runs on a Friday where by a model of rehabilitative palliative care approach is utilised. Patients attending the sessions on Fridays are predominantly independent with their own care needs and must be able to participate in a group setting environment. Once a month at Day Hospice the Saturday Social group is held. This group is for discharged Day Hospice patients who are socially isolated within the community setting.

A delicious lunch is prepared and cooked daily, dietary requirements are catered for and patients are involved in the menu choice which is on the agenda at the 12 weekly patient forum meetings. Patients attending Day Hospice set their own goals, plan and review their care with their named nurse. Advance care planning is introduced with support completing a written plan. Physical symptom management is assessed and reviewed with our doctor and nursing team, who will work closely with general practitioners, district nurses and hospital consultants.

Blood transfusions, dressings or treatments can be carried out in the unit, saving the patient extra visits to the acute hospital or additional visits from District Nurses. Complementary therapy treatments are used alongside medical treatment to help with symptoms such as anxiety, pain or insomnia.

Seated Tai chi and seated yoga are offered to help enhance wellbeing, balance and strength. These group exercises can also improve anxiety and promote relaxation and improve breathing control.

To help promote a sense of well-being we also offer hairdressing, hand care, Jacuzzi bath and other beauty treatments. To improve self-esteem and encourage socialisation, a variety of activities are facilitated by our Creative Therapist. These may include painting, craft work and quizzes.

St Richard's Hospice welcomes everyone, whatever their faith or philosophy. We have a Hospice chaplain on duty every day, who is happy to support patients; a starting point being to listen and give impartial advice and information.

Discharge from the Day Hospice may be appropriate when specialist palliative support is not required and when goals have been achieved. (See criteria for Discharge Pathway from Day Hospice, page 11). For many patients this can be a time of anxiety and isolation. The monthly Saturday social group is to help alleviate these concerns. This is nurse led, with support from Volunteers. The day is a social event, with entertainment and provision of lunch. Guests will be required to book themselves in and where possible arrange their own transport.

The Day Hospice hosts a range of Supportive Joint clinics for people with Advanced Renal, Respiratory, Cardiac and Parkinson's disease commissioned by South Worcestershire Clinical Commissioning Group. We work collaboratively with our colleagues in the Acute Trust and Health & Care Trust and the team comprises of:

- Consultant Physicians
- Community Palliative Care Consultant
- Heart Failure Community Specialist Nurse
- Chronic Obstructive Pulmonary Specialist Nurse
- Parkinson's Disease Nurse Specialist
- St Richard's Palliative Care Team members

The service model developed for the joint supportive clinic has resulted in an outpatient clinic taking place every Monday in the Day Hospice. Relatives/carers are also encouraged to attend. Patients arrive around 12 noon with a relative/carer if they wish. A buffet lunch is served (appropriate dietary needs catered for) around 1 pm. Prior to lunch group discussion/relaxation sessions take place and basic clinical observations are taken if required.

Nurse Specialists will start new patient and family/carer assessments, introducing and supporting if they wish the opportunity to take part in Advance Care Planning. Consultants will start reviewing patients at 2pm. Specialist nurses will accompany patients if required.

Referrals to other professionals within our service or other community agencies are made appropriately. Carers often access our Carers group which is held on a monthly basis. These clinics are enabling even more patients and their families' access to the full range of hospice services, whilst maintaining continuity by seeing their National Health Service consultant and Community Nurse Specialist.

Discharge pathway for Day Hospice Patients

Patients are discharged from day hospice if the following criteria are met:

Criteria for discharge

- Patient choice to be discharged
 - Disease stabilised
 - Specialist palliative care needs have been addressed
 - Goals have been achieved
 - Patient too ill to attend
 - Patient finding it difficult to attend regularly (six weeks)
- Discharge plan to include agreed support from other hospice service and outside agencies as required. This plan is communicated to patient, family and key professionals. Re-admission considered should new palliative care need arise.

ONGOING CARE IDENTIFIED

Weekly review by named nurse who;

- Reviews progress according to care plan
- Assesses new problems that have arisen
 - Plans future care

Future care shared with rest of Day Hospice team during the weekly MDT meeting. Referral to additional supportive services as applicable.

Snowdrop Community Care Centre

The Snowdrop Community Centre opened in April 2012. The building provides a base from which the Nurse Specialists, Hospice at Home and Family Support teams work, as a centre into which individuals and groups can come into St Richards for support. It allows more patients in the community, carers and family members to be supported. Activities include group work, nurse-led clinics, and joint clinics with other specialists, additional drop in sessions and an increase in bereavement support.

In-patient Unit

“Thank you” seems such an insignificant expression of my gratitude to you all. Your care of our stepfather and ourselves was carried out discreetly and unobtrusively with kindness, compassion, empathy and respect for our situation. It was very much appreciated.”

The 17 bed In-patient Unit provides specialist palliative care, taking into account the physical, psychological, social and spiritual needs of the patient and their family with a 2:1 nursing staff to patient ratio. Patients are cared for by a multi-disciplinary team, including Doctors, Nurses, Family Support Workers, Chaplain, Occupational Therapist, Physiotherapist and CAB Adviser.

(Please see Care Pathway for St Richard's In-patient Unit, page 13).

The length of stay in the In-patient Unit is approximately 8-14 days, when the patient is discharged to an appropriate area of care. The In-patient Unit provides specialist assessment and treatment of pain and symptoms. It also provides end of life care in certain circumstances.

The rooms are designed to be as comfortable and homely as possible, each bedroom having its own entertainment unit with TV and DVD player, with information and reading material available.

Following the development and extension of our In-patient Unit in April 2014, the number of beds increased from 16 to 17. The bed capacity comprises of 13 single bedded rooms and two rooms that accommodate two patients and provides an environment to maintain privacy and dignity of patients and their loved ones.

Care pathway for St Richard's In-patient Unit

Source of referral:

- Site Specific Nurse
- St Richard's Nurse Specialist or Hospice Doctor
- Clinical Nurse Specialist/Consultant Hospital
- General Practitioners

GP informed of referral

Assessment of patients/family specialist palliative care needs using:

- Referral information – Consultant or Doctor letter and medical records
- Specialist Nurse assessment
- Hospice Doctor – home assessment
- Admissions discussed daily at 09:15am

Criteria for admission (factors that will be taken into account):

- **Patients have a life threatening diagnosis, which is usually advanced and progressive**
- **Need for specialist palliative care intervention to address the following needs and have not been met in other settings:**
 - **One or more distressing symptoms which have proved difficult to control**
 - **Severe emotional distress for patient and/or family**
 - **Complex psychosocial difficulties, including adaptation to death**
- **End of life care**

Following assessment patient not admitted.
Refer back to St Richard's Nurse Specialist.
Action - Refer to other more appropriate agency and GP informed.

Admitted to the In-patient Unit

Care planned and compiled by the following people:

- Patient
- Named Nurse
- Hospice doctor
- Allied Healthcare Professionals

Care plan shared and designed with rest of team. Information communicated according to need for multidisciplinary working, while not unnecessarily compromising patient confidentiality.

Planning for patient discharge will begin at the time of admission.

Patients will be discharged if the following criteria are met:

- It is the patient's choice to be discharged
- The cause of admission has been resolved e.g. symptoms controlled
- All specialist palliative care needs have been addressed
- Term of admission ends in death

From day of admission the Hospice will provide on-going patient care to needs as they arise. The medical/ nursing /psychological status will be reassessed on a daily basis, length of care period discussed and information on progress will be related to the multi-professional team and the patient and family.

If deemed appropriate the patient will be referred onto alternative place of care e.g. Nursing Home. All efforts will be made to ensure that the hospice beds are not blocked by patients awaiting longer term care by careful attention to admission criteria and discharge planning.

We work alongside Community Healthcare Funding assessors to plan appropriate discharge. Patients when discharged will be referred back to the St Richard's Nurse Specialist, GP and Primary Care Team.

Therapies

Physiotherapy and Occupational Therapists work with patients and their families in the In-patient unit, Day hospice and at home to readapt and restore a level of independence and function acceptable to the patient within the limitation of their disease. With regular attendance our team is able to monitor any changes in symptoms, concerns and treatments. Access to speech and language therapists, chiropody services, dentistry and dietetic advice are also arranged to suit the individual need of patients.

A range of complementary therapies are also offered by qualified therapists to our patients:

- Aromatherapy

- Reflexology
- Massage
- Indian Head Massage
- Reiki
- Relaxation
- 'M' Technique

Family Support Service

“My wife, children and I have received support primarily from your family counselling and bereavement services. Everyone at St Richard’s has been so kind and understanding. When someone so close to you has a life limiting illness there are not many people that you can turn to. Having support from St Richard’s has been a real lifeline to my family and one for which I thank you so much.”

The Family Support Service offers pre and post death support to hospice patients and their families. Bereavement Support South Worcestershire (BSSW) was commissioned by the South Worcestershire Clinical Commissioning Group and is hosted by the Family Support Team. It offers bereavement support to people in South Worcestershire who are bereaved by sudden and unexpected death. www.bereavementsupportworcestershire.org.uk

The service provides the opportunity for one-to-one support with clients who are coping with the most complex of situations, fears and anxieties. People are referred from a wide variety of internal and external sources. The provision of a structured confidential time for individuals and family groups, when coping with the challenges of life with illness and bereavement can make all the difference by tailoring the service to individual needs.

The team observe best practice in accordance with guidance from the British Association for Counselling and Psychotherapy and the Health and Care Professions Council. We understand that one of the issues with serious illness and bereavement is uncertainty and loss of control. We believe that it often helps to share worries and fears with someone who is trained to restore some balance into life, and to provide a safe place to talk through worries and fears.

Most people cope with life-limiting illness and death as a normal, but difficult, part of life. They do not always need support, but just knowing that support is available can sometimes make all the difference. However others may require more help.

When someone close to us dies, we all react in different ways. It can be a very confusing time with mixed thoughts and emotions. Some people may not show or feel any emotions at all. Grieving takes many different shapes and forms and is an individual experience. It can be experienced immediately or later - there are no set time scales.

Individuals are able to access advice from Citizen’s Advice Bureau Advisers who work within the team ensuring that individuals are aware of benefits that they might be entitled to and services available. The advisers provide help with information and advice on financial/housing/benefits issues and practical assistance.

The Family Support Team facilitates group work for individuals, before and following the death of a loved one. Children and Adults are given the opportunity to meet others who are going through a similar experience which can be very reassuring.

Support Groups available

Name of group	Description of group
Steps	Adult bereavement Social Group
Carers Café Group	Support group for carers
Walking Group	Adult bereavement Social Group
Bereavement cookery group	Cookery lessons for bereaved adults
Dragonfly Group	Child and family bereavement group
Waterbugs Group	Child and family pre death support group
Inside Out Group	Support group for children bereaved by suicide
Men's Space	Support group for men with progressive disease
Snowdrop Group	Support group for women with progressive disease
Sunflower Group	Adult bereavement group (parent loss)
RAFTT (Relatives and friends through trauma)	Adult bereavement Group for those bereaved by suicide.

Hospice at Home

St Richard's provides a base through which the Hospice at Home service is delivered to patients within South Worcestershire 24/7 who meet the criteria for care within the service. The overriding objectives of the Hospice at Home Service are:

- a. To support, with hands on nursing by Healthcare Assistants, patients in their own homes during the last few days of life, if that is the place of choice for care.
- b. To prevent inappropriate admission to hospital or hospice, particularly if the patient has expressed a wish to remain at home to die
- c. To dovetail with other specialist or generalist palliative care services to enable the patient to be cared for at home during the final days of their life.

The Hospice at Home service is intended for patients, with a life limiting disease, who wishes to spend the final days of their life at home.

Patients will be assessed by a clinical nurse specialist from St Richard's Hospice to determine individual needs and the choice of place of care. This will enable our services to organise appropriate, urgent overnight or daytime periods of care for patients within the privacy of their own home should that be their wish. The service will run alongside care given by other health and social care providers in the Worcestershire Primary Care Trust such as GPs, District Nurses, Social Services, Home Care and other NHS professionals, including the voluntary

sector. The service is offered for a maximum period of 76 hours prior to other agency involvement. This limited period is extended in exceptional circumstances to ensure continuity of care.

24 hour On Call Advisory Service

Our team of nurse specialists provide an on call advisory service to patients, families and other health care professionals during out of hours' periods. This is for advice on symptoms and problems that cannot wait until the next working day and are not an emergency requiring a doctor or hospital care.

- 5.30pm – 8.30am Monday to Sunday
- Saturday and Sunday telephone advice
- Bank Holidays telephone advice

Although not an emergency service, the St Richard's Nurse Specialists do appreciate that patients may require help and guidance by telephone during out of hours' periods and are happy to provide this service. Our on call service is supported by the Consultants in Palliative Medicine for Worcestershire should more complex medical advice be required.

We have restructured the on call service by introducing a single telephone contact number which can be used day and night.

The on call service is accessed via:

St Richard's Hospice telephone number 01905 763963

Calls are initially triaged by In-patient Unit Nursing staff, during the night, who then pages the on-call CNS if required.

Chaplaincy

Our Hospice Chaplains, with the assistance of a team of volunteer Chaplains, seeks to support patients, relatives, staff and volunteers by offering pastoral and spiritual care. The team supports people of all faiths and philosophies and our starting point is always the starting point of the other person.

Our Sacred Space is increasingly well used. The chaplaincy offers regular opportunities for prayer and meditation in the 'space' and keeps it well stocked with materials to aid private reflection.

In addition to this the chaplaincy teaches others in the wider hospice team the skills and the confidence to offer spiritual care.

Finally, we are the main point of liaison between the Hospice and the clergy and other faith leaders in the community. Among other things, this helps the hospice to offer truly holistic care for our patients, whether as in-patients, in the Day Hospice, or at home in the community.

Education & Resource Centre

The Centre exists to provide a source of education and resource for staff and other healthcare professionals involved in the care and support of patients with life-threatening illnesses, as well as to the patients and their carers too.

A comprehensive array of training courses is available for nurses, doctors and other healthcare professionals, carers and volunteers in a variety of healthcare settings. The aim is to improve the quality of care provided to patients through the improvement of skills and expertise; and spreading of expert knowledge.

St Richard's Hospice is a major provider of palliative care education in Worcestershire and beyond. The team comprises a Head of Education, nurse tutors, administrative support and volunteer librarians. The team create a prospectus of training courses to suit nurses, doctors and other health care professionals in a variety of health care working settings.

Learning from the experience gained by the Hospice movement, as an accredited provider of courses with the University of Worcester and working alongside other educational establishments, we aim to improve the quality of care provided to patients and families who are coping with life threatening illness, spreading the knowledge and expertise further than our specialist team can reach.

The official opening of the Centre for Palliative care took place on in November 2013. The Centre for Palliative Care is collaboration between St Richard's Hospice and the University of Worcester and is the first of its kind in the West Midlands. The Centre for Palliative care aims to bring together clinicians, educationalists, academics and researchers who are experts in the field of palliative and end of life care.

Volunteers

St Richard's is heavily dependent on the commitment and skills in excess of 920 volunteers, providing support to Patient Services, Fundraising, Family Support and our Charity Shops. Not only do they provide an essential service at limited cost to St Richard's, but also form an important link with the community.

In 2016 / 2017 volunteers gave the equivalent of 26,740 hours of their time performing duties such as driving patients to appointments, providing a sitting service in patients' homes and giving support to the Day Hospice and on the In-patient Unit. Additionally, volunteers contribute greatly to our work in Administration, St Richard's shops and the Fundraising Department.

St Richard's sees the development of volunteers as vital for our work. Our in house training programme for volunteers is designed to improve patient care and allow for the growth of the service in the future.

Trained Volunteers having direct contact with patients are DBS checked. Volunteers bring life experience and energy to St Richard's. They provide a home care sitting and befriending sessions that allow carers some valuable free time away from caring commitments. They drive patients to and from clinics and outpatient appointments, provide simple therapy

sessions to help patients relax, such as hand massage and manicures and generally provide some of the little extras that improve patients' quality of life and help families cope with caring.

Lymphoedema Service

The Hospice provides a clinic room and office space for the Worcestershire NHS Health and Care Trust to deliver its Lymphoedema Service to patients in Worcestershire who meet the criteria for treatment.

6. OUR COMMITMENT TO COMMUNICATION

We value and practice open communication and throughout their time in our care, patients will be totally involved in the decisions that may affect them or their family member, helping informed choices to be made about their treatment and care. This includes decisions concerning Advance Care Planning, resuscitation and preferred choice of place of care. Our skilled personnel are happy to discuss and explore the options available in all these areas individually with patients and their families on request.

St Richard's is committed to being open with patients when things go wrong and as such have implemented a Duty of Candour policy which was approved by the Council of Governors in September 2014 and updated in 2017.

7. PROVIDER INFORMATION

Registered Provider

St Richard's Hospice Foundation
Wildwood Drive
Worcester
WR5 2QT
Tel: 01905 763963
Fax: 01905 351911
Email: enquiries@strichards.org.uk
www.strichards.org.uk

Chief Executive

Responsible Individual
Co-signatory

Mrs June Patel – MA, BSc (Hons) Nursing, Registered Nurse (Adult), Registered Nurse (Mental Health). Current registration with Nursing and Midwifery Council.

Care Quality Lead| CQC Registered Manager

CQC Registered Manager
Controlled Drugs Accountable Officer
Director of Infection Control and Prevention

Mrs Tracey Grint – Masters-Pain Management, BSc (Hons) Palliative Care, Registered Nurse (Adult). April 2018 Revalidated Registration with Nursing and Midwifery Council.

St Richards Hospice Governors Visits (Unannounced)

2010 July:

Mrs Jenny Cowpe – Vice Chairman Council of Governors

Professor Richard Lewis – Vice Chairman Council of Governors

Mr Simon Hyslop – Governor

2011 August:

Mrs Jenny Cowpe – Vice Chairman Council of Governors

Professor Richard Lewis – Vice Chairman Council of Governors

Mr Simon Hyslop – Governor

2012 July:

Mrs Jenny Cowpe – Vice Chairman Council of Governors

Mr Anthony Glossop - Governor

Mrs Anne Sullivan – Governor

2013 August

Mrs Jenny Cowpe - Vice Chairman Council of Governors

Professor Richard Lewis - Vice Chairman Council of Governors

Galen Bartholemew - Vice Chairman Council of Governors

2015 March

Mrs Jenny Cowpe - Vice Chairman Council of Governors

Professor Richard Lewis - Vice Chairman Council of Governors

Dr Jan Quallington – Governor

St Richards Hospice Governors Visits (Announced)

2017 November

Mrs Jenny Cowpe - Vice Chairman Council of Governors

Professor Richard Lewis - Vice Chairman Council of Governors

Date of Statutory Inspection (Healthcare Commission)

25 November 2008

Dates of Unannounced Inspection (Care Quality Commission)

15 November 2011

27 September 2012

17 October 2013

14 and 15 March 2016

8. GOVERNANCE

St Richard's Hospice is a registered charity, No. 515668, managed by a group of fifteen trustees called "Governors". The Governors meet formally, every quarter, to attend to governance issues and in smaller group meetings to progress issues of importance to the Hospice.

Working alongside the Senior Management Team and Heads of Department, the Governors ensure the maintenance of quality standards, financial viability and clinical governance of the Hospice.

9. PATIENT AND FAMILY VIEWPOINT: COMPLAINTS, COMPLIMENTS AND SERVICE USER ENGAGEMENT

At St Richard's Hospice we welcome the viewpoint of all our service users. We believe that we can take valued guidance from those who have experienced our services and also from those who work alongside our service. There is a suggestion/comments box in the main entrance of the Hospice.

It is the policy of St Richard's Hospice to welcome comment about our services, whether positive or negative. It allows us to monitor and update the quality of our services constantly. Early action can go a long way in preventing more formal complaints resulting in problems.

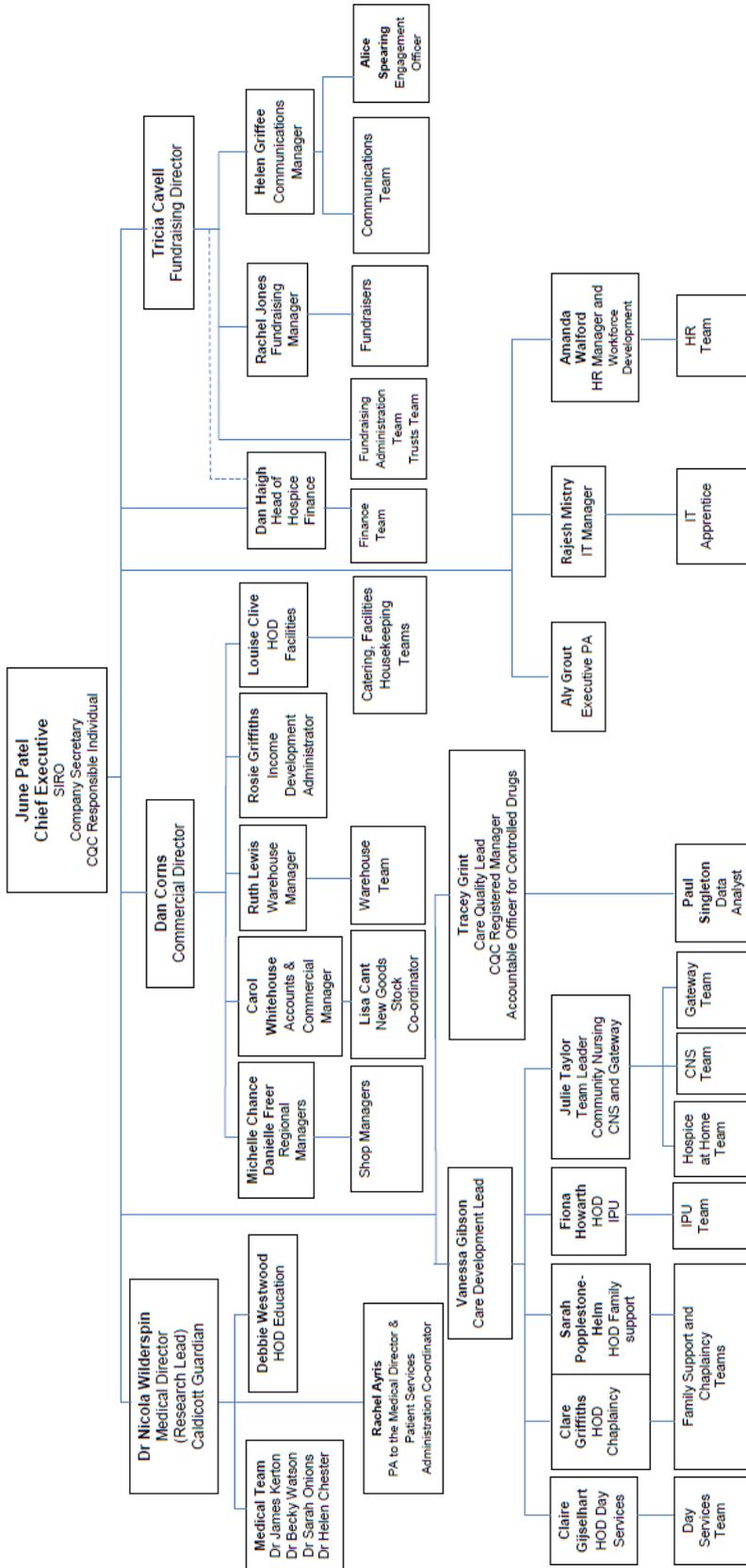
The Registered Manager is the nominated lead for complaints. Our Care Quality Sub-Committee is responsible for monitoring any adverse comments and complaints received and ensuring that appropriate learning and action has been taken. A complaints and incident policy is in place.

We undertake continuous service user evaluation requesting both patient and carer evaluation of our services. Our Day Hospice patient forum takes place bi-monthly, offering patients an opportunity to provide direct feedback and suggestions. We have a service users forum '**Listening into Action**' who employ a range of methodologies to obtain patient and carers evaluations and feedback across all services.

10. MANAGEMENT STRUCTURE 2017

November 2017

ST RICHARDS HOSPICE MANAGEMENT STRUCTURE



HOD = Head of Department

11. GOVERNANCE STRUCTURE – NOVEMBER 2017

Governors
 Senior Management Team
 Heads of Departments
 SRH Staff
 External



**St. Richard's
 Hospice**
 CARING FOR LIFE

Council of Governors
 Mr J Bawden (Chairman)
 Mrs J Cowpe – Vice Chairman
 Professor R Lewis – Vice Chairman
 Mr R Shaw – Treasurer
 Mr G Bartholomew
 Mrs H Edwards
 Mr P Flagg
 Mr A Glossop
 Mr S Hyslop
 Mrs A Palmer
 Dr J Quallington
 Cllr A Roberts
 Miss B Sheridan
 Mrs A Sullivan
 Professor T Thompson OBE
Senior Management Team
 Mrs T Cavell – Fundraising Director
 Mr D Corns – Commercial Director
 Mrs J Patel – Chief Executive
 Dr N Wilderspin – Medical Director

 Mrs A Grout - Secretary

**Finance & General Purposes
 Committee**
 Mr R Shaw (Chairman)
 Mr G Bartholomew
 Mr J Bawden
 Mrs H Edwards
 Mr P Flagg
 Mr A Glossop
 Mrs A Palmer
 Cllr A Roberts
 Miss B Sheridan
 Mrs T Cavell – Fundraising Director
 Mr D Corns – Commercial Director
 Mrs J Patel – Chief Executive
 Mr D Haigh

 Mrs A Grout - Secretary

Strategy Group
 Professor R Lewis (Chairman)
 Mr G Bartholomew
 Mrs J Cowpe
 Professor T Thompson OBE
 Professor V Wilkie
 Mrs J Patel – Chief Executive
 Dr N Wilderspin – Medical Director

Hospice Services Committee
 Professor R Lewis (Chairman)
 Mrs J Cowpe
 Dr S Challand
 Mrs T Grint
 Dr N Heron
 Dr M Keeble
 Dr J Quallington
 Mrs A Sullivan
 Professor V Wilkie
 Dr R Woof
 Mrs J Patel – Chief Executive
 Dr N Wilderspin – Medical Director
 Listening into Action Representative

 Mrs R Ayris – Secretary

**St Richard's Hospice
 Trading Company**
 Mr A Glossop (Chairman)
 Mrs C Adams
 Mr D Corns
 Mr S Hyslop
 Mrs J Patel
 Mr J Woodcock

 Mrs A Grout - Secretary

**Remuneration
 Committee**
 Mr J Bawden
 (Chairman)
 Mr A Glossop
 Mrs J Patel
 Mrs A Palmer
 Mr R Shaw
 Mrs A Walford

**Investment
 Committee**
 Mr J Bawden
 (Chairman)
 Mrs H Edwards
 Mrs J Patel
 Mr R Shaw
 Investment Manager

 Mr D Haigh - Secretary

Care Quality Sub-Committee
 Professor T Thompson OBE
 (Chairman)
 Mrs J Cowpe
 Mrs V Gibson
 Mrs T Grint
 Miss C Gijsselhart
 Mrs F Howarth
 Mrs S P-Helm
 Ms S Wardell
 Mrs D Reohorn
 Mrs D Westwood
 Dr N Wilderspin

 Mrs R Ayris – Secretary

**Information Governance
 Steering Committee**
 Mrs J Patel
 (Chairman)
 Mr R Mistry
 Mrs T Cavell
 Mr D Corns
 Mrs L Clive
 Mr D Haigh
 Mrs L Preece
 Mrs D Scott
 Mrs D Westwood
 Mrs A Walford
 Dr N Wilderspin

 Mrs A Grout - Secretary

**Major Incident
 Team**
 Mrs L Clive
 (Chairman)
 Mrs T Cavell
 Mr D Corns
 Mrs H Griffiee
 Mrs F Howarth
 Mrs J Patel
 Mrs A Walford
 Dr N Wilderspin

**Health & Safety
 Committee**
 Mrs L Clive
 (Chairman)
 Miss S Arshad
 Mrs R Lewis
 Mrs T Cavell
 Mr D Corns
 Mrs V Gibson
 Miss C Gijsselhart
 Mrs J Welch
 Mrs T Grint
 Mr K Radcliffe
 Mrs D Westwood
 Mrs A Walford

12. CORE VALUES

On behalf of our patients and families we aim to:



- Maximise the quality of life of adult patients who have a life-threatening illness and enable patients to gain freedom from distressing symptoms
- Create a safe and caring environment by offering physical, emotional and spiritual support to patients and their families
- Relieve patients and families from the stress brought about by life-limiting disease
- Enable and empower communities to support patients with End of Life Care needs and their families to enable care closer to home



Our core values:

Compassion and love

We provide care through relationships based on empathy, kindness, love and respect.

Commitment to quality

We deliver high quality care responsive to the needs of patients and their carers.

Communication

We listen to gain a shared understanding that enables patients and carers to be actively involved in their care.

Dignity and respect

We understand that dignity and respect are essential to ensure trust, safety and the well being of our patients and carers.

Whole patient care

Our philosophy of care ensures patients and carers are supported through the end of life journey with physical, psychological, social and spiritual care.

We achieve this by:

Collective leadership

All staff are leaders and play a unique part in delivering high quality compassionate, clinical services.

Supporting our staff

Our clinical teams keep abreast of new developments in End of Life Care by ongoing education and professional development.

Valuing patient and carer feedback

We listen to on-going feedback about our services and act on appropriate ideas on how they can be improved.

Engaging with our communities

We work with partner organisations, volunteers and communities to ensure co-ordinated care.

Striving for continual improvement

We are creative, ambitious and continually strive to improve our services for the benefit of our patients and carers.

Charity No. 515668

13. STATEMENT OF EUTHANASIA

Euthanasia and Physician Assisted Suicide are illegal in the United Kingdom. Medical, nursing and other caring staff work within the law in the provision of services to our patients. In line with the World Health Organisation statement on palliative care, St Richard's Hospice seeks to 'neither prolong or hasten death', concentrating exclusively on the best possible care and symptom control, and aims to provide support and dignity to patients and families when the time of natural death is reached.