

# Enter and View Report.

## Announced visit to:

St Josephs Hospice.

Ince Road

Thornton, Liverpool

L23 4UE

**Thursday 18<sup>th</sup> July 2019, 2pm**



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Healthwatch Sefton exists to make health and social care services work for the people who live in Sefton or use services based in Sefton.

Everything we say and do is informed by our connections to local people. Our main aim is to understand the feedback and concerns of people of all ages who use services, and to speak out on their behalf.

Our role is to ensure that local decision makers and health and social care services put the experiences of local people at the heart of their work. We believe that asking people more about their experiences and encouraging them to feedback can identify issues that, if addressed, will make services better.

Healthwatch Sefton is set up as a private company limited by guarantee, a subsidiary company of Sefton Council for Voluntary Service (Sefton CVS). There is a small staff team and a large team of volunteers who work together to ensure the organisation works towards its priorities.

We are uniquely placed, as we have a national body, Healthwatch England. Both organisations have significant statutory powers to ensure that the voice of people who want to have a say about health and social care services is strengthened and heard by those who commission, deliver and regulate health and social care services.

Healthwatch Sefton works with Healthwatch England to ensure the voice of Sefton residents is represented at national level. Healthwatch England picks up national issues and works with Healthwatch Sefton to help provide a national picture. We also work as part of a Cheshire & Merseyside and a regional North West Healthwatch network.

## Enter and View

Healthwatch have a legal power to visit health and social care services and see them in action. This power to '**Enter and View**' services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved.

Enter and View is about seeing and hearing for ourselves how services are being run and allows us to collect views at the point of service delivery. This might involve talking to staff, service users or observing service delivery.

Visits are conducted by 'authorised representatives' who are trained volunteers and staff members. The full list of representatives can be found on our website: <https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

Visits can be announced (we plan the visit with the service provider) or unannounced (when the service doesn't know when we are visiting).

- The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007<sup>1</sup> to carry out Enter and View visits.
- Healthwatch should consider how Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007<sup>2</sup>

Enter and View visits can happen if people tell us there is a problem with a service but equally, they can occur when services have a good reputation – so that we can learn and share examples of what they do well from the perspective of people who use the service first hand.

<sup>1</sup> Section 225 of the Local Government and Public Involvement in Health Act 2007

<sup>2</sup> Section 221 of the Local Government and Public Involvement in Health Act 2007

## Acknowledgements

Healthwatch Sefton would like to take this opportunity to thank residents, staff and family members/friends for taking the time to speak to us and for their contribution to this announced Enter and View visit. We would also like to thank the Chief Executive, Mike Parr for supporting us in arranging this visit.

***Please note that this report relates to the findings observed on the specific date and time of the visit and feedback from staff, residents and family members. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.***

The visit also takes into consideration that some of the residents spoken to, may have an illness and/or disability, including dementia, which may have an impact on the information that is provided.

## General Information.

St Joseph's Hospice is operated by St Joseph's Hospice Association.

The hospice cares for over 200 patients and their families each year from across Liverpool, Knowsley and Sefton. St Joseph's Hospice is registered as a charity but receives 40% of its funding through the NHS.

St Joseph's Hospice has 29 beds across three units. St Francis House has two units. St Francis Upper has 10 rooms on the first floor and St Francis Lower has eight on the ground floor. San Jose has 11 rooms, all on the ground floor.

<https://www.cqc.org.uk/location/1-122624658/reports>

## Purpose of the visit.

Our visit to 'St Joseph's Hospice was conducted following an initial request for a visit from the Chief Executive and was added to the work plan as part of a series of pre-arranged visits across Sefton.

Findings from this visit will help individuals and families make more informed decisions, while also helping the Care Quality Commission (CQC), local authorities and Clinical Commissioning Groups (CCGs) to build up a comprehensive picture of quality in care homes.





Through this work we aim to:

**Provide a different type of information**, based on personal testimony, to help fill the gaps in what people can find out from the Care Quality Commission, the local authority and the care homes themselves.

**Seek out and share best practice** and provide feedback to care home providers based on our observations.

## Type of Enter and View visit undertaken.

This was an announced Enter and View visit undertaken by the following authorised representatives from Healthwatch Sefton:

-  Wendy Andersen
-  Maurice Byrne
-  Joan Carton
-  Anne Major

## How the visit was planned

The visit is not an inspection. Our visit offers a lay perspective on the services and care provided.

This visit was pre arranged and was added to the work plan following a meeting with the Chief Executive (Mike Parr). Posters were sent to the home, to make sure that staff, residents and friends and family were aware of the visit (Appendix One).

The team of trained Enter and View authorised representatives record their observations along with feedback from residents, staff and where possible, families and friends.

Enter and View visits are not intended to specifically identify safeguarding issues, however if safeguarding concerns arise during the visit, they are reported in accordance with Healthwatch Sefton safeguarding policies.

The team writes a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the Chief Executive of the service to check the facts/information within the report and respond to any recommendations. Any response is included within the final version of the report which is published on the Healthwatch Sefton website:

[www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view](http://www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view)

## Healthwatch Sefton Feedback Centre

To collect feedback from residents, their family members/friends and staff, our Healthwatch feedback forms were used to record their feedback. All of the feedback shared with us has been added to the Healthwatch Sefton Feedback Centre. This web based tool helps members of the public to rate the services they use and provides Healthwatch Sefton with real time feedback which supports us in identifying trends and issues which we can act on. [www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk)





A copy of the feedback form can be found in appendix two. Information shared via feedback forms is entered onto the Healthwatch Sefton feedback centre. All of the feedback received within this report is the actual wording of the people we have spoken with/ as shared online. The only exception to this is if an individual can be identified by what has been written. If an individual has been spoken about negatively, their name will be removed.

## Our observations

We used our observation sheet to record what we saw during our visit. We had a look around St Francis House and scored the areas as follows;

### Exterior of the building.

Exterior	Excellent	Good	Okay	Poor	Terrible
Parking			☆		
Signage			☆		
Controlled Access (inc. directions on how to gain access/security).				☆	
Physical Access (inc. disability access)		☆			
Upkeep of grounds			☆		
Upkeep of building's exterior		☆			

In reviewing the car park, we observed that it would be helpful to have demarcation lines to support visitors to park easier. The team also thought that signage at the entrance to the car park and the reception area could be clearer.



The manager was aware of issues relating to access to the wards, there being no one to meet and greet visitors and they were also aware of the problem during the visit relating to the controlled access (the buzzer).

In observing the upkeep of grounds, the area at the back of St Francis House needs some attention as there were a lot of cigarette ends scattered across the ground. In one of the rooms on the upper floor, one of the windows would not stay open, the window protector not being secure.

## Reception

Reception	Excellent	Good	Okay	Poor	Terrible
Information provided	★				
Décor			★		
Free from obstructions and hazards	★				
Lighting (inc natural light)			★		
Hygiene, cleanliness (free from odours)	★				

In this area we observed information relating to the 'IWantGreatCare.org' campaign including posters. This area was full of notices sharing information but we did observe that there was no one based in the reception area to welcome visitors. There was a lot of artificial lighting in place but the area was free from hazards and was clean. In looking at the information provided, the complaints policy was clearly displayed and we were pleased to see this in place.

## Corridors, Lifts and Stairways.

Corridors, Lifts and Stairways	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. grab rails etc)	★				
Décor			★		
Free from obstructions and hazards	★				
Hygiene, cleanliness (free from odours)	★				
Lighting (inc. natural light)	★				

As you can see from the above table, corridor areas, lifts and stairways were observed as being excellent. There was no signage observed for the lift. We were really impressed with the lighting which reflected the colours within the stain glass windows.

## Dining Area.

Dining area	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)		☆			
Décor		☆			
Free from obstructions and hazards	☆				
Hygiene, cleanliness (free from odours)	☆				
Dining Area (ambience/atmosphere)			☆		
Lighting (inc. natural light)			☆		

From talking to people, we found that many patients eat in their own rooms but they are offered the choice of eating in the dining area. It was observed that it would be nice to have some pictures up in this area.

## Communal sitting area(s).

Communal Sitting Area	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)	☆				
Décor			☆		
Free from obstructions and hazards		☆			
Hygiene, cleanliness (free from odours)	☆				
Communal/ Sitting area (general ambience)	☆				
Lighting (inc. natural light)	☆				

The communal sitting areas(s) were observed as being excellent areas. The score given for décor was given as the carpet in the area was highly patterned and we wondered if this was Dementia friendly.

## Kitchen facilities/Food preparation area.

Kitchen facilities/ food preparation area	Excellent	Good	Okay	Poor	Terrible
Facilities (e.g. Sinks, Fridges)		☆			
Décor		☆			
Hygiene, cleanliness (free from odours)		☆			
Health & Safety (e.g. are knives stored safely)			☆		
Lighting		☆			

Refreshments and facilities for visitors are available. We observed food which was left on a counter top. The food was covered but was not refrigerated. There were dishes and cutlery which had been used on the counter and there was a knife left out in the kitchen. There was a notice which related to allergies. We were informed that all of the food is delivered to St Francis House from the main St Josephs building. There was a notice board in the kitchen area and we noticed that there had been a fete held that week.

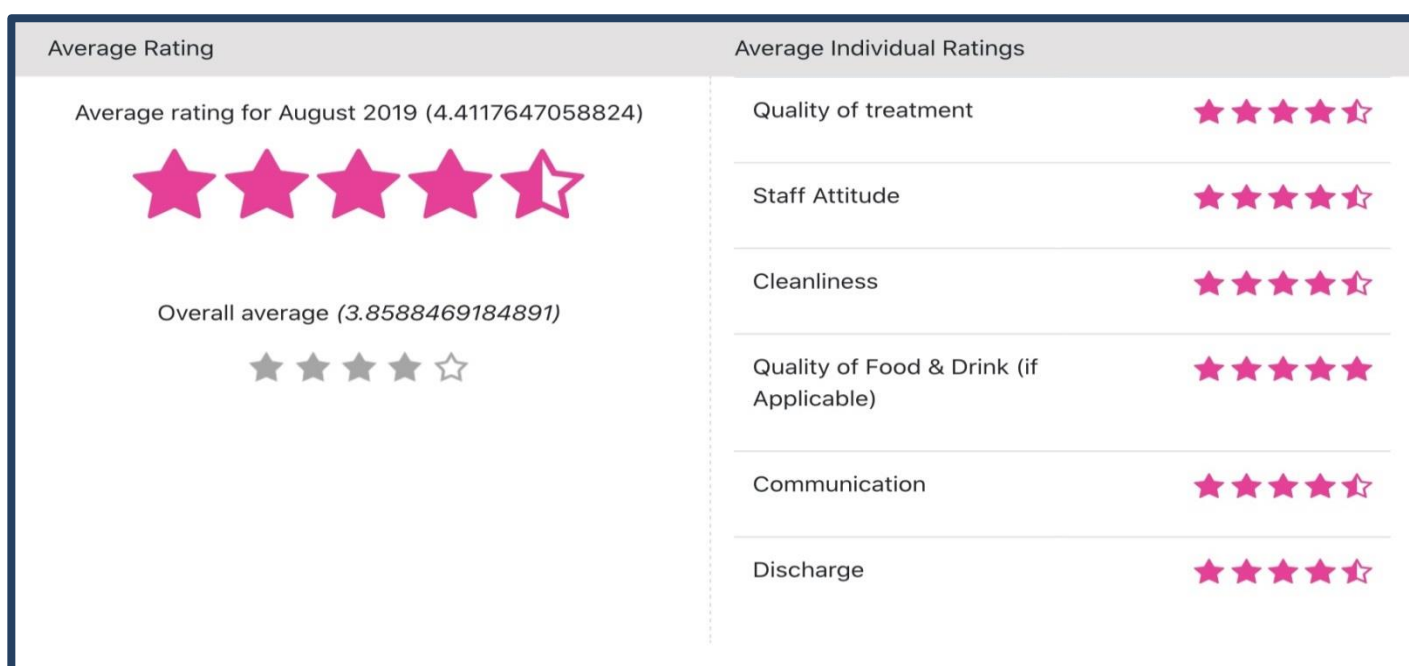
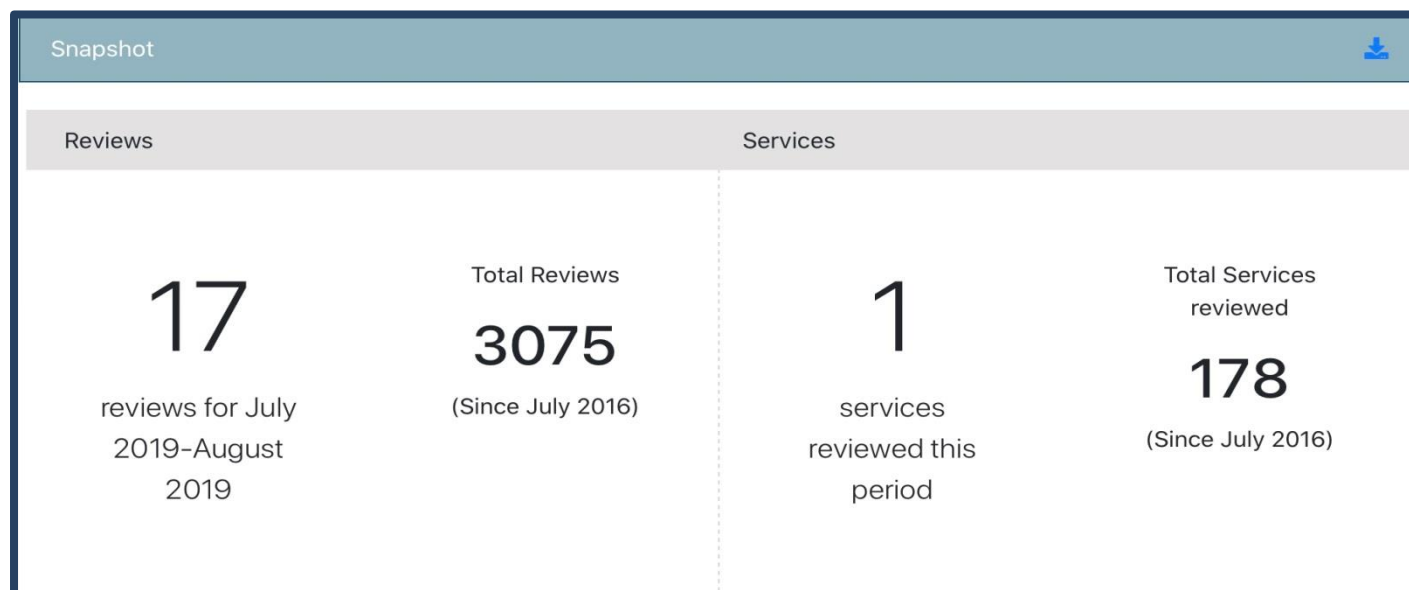
## Bathroom/Washing/Toilet Facilities.

Bathroom/ Washing/ Toilet facilities	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)		☆			
Décor		☆			
Free from obstructions and hazards		☆			
Hygiene, cleanliness (free from odours)	☆				
Assistive equipment available	☆				
Lighting (inc. natural light)			☆		

In observing the bathrooms on the upper floor, we were able to access toilet areas. Access to assistive equipment and cleanliness of facilities were excellent with disability access, décor being of a good standard.

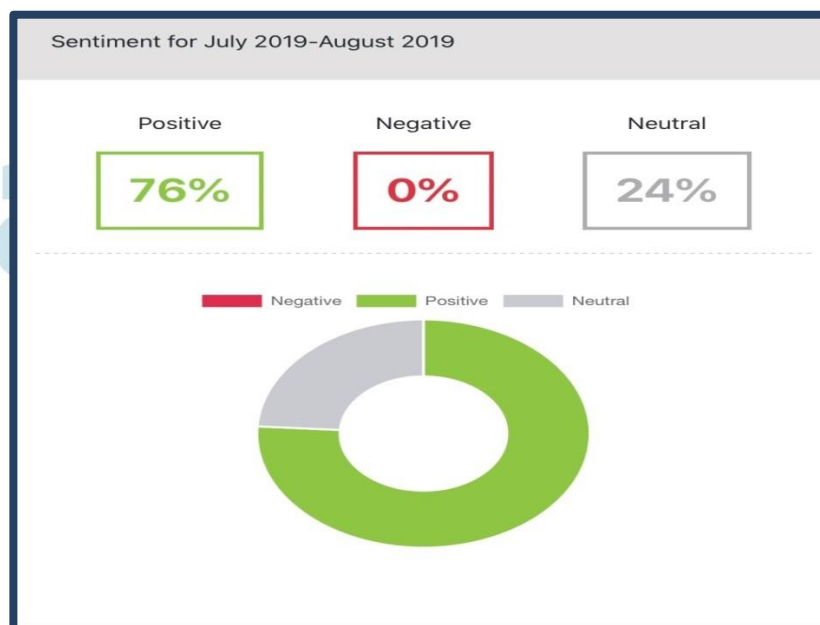
## What we collected from patients, their family, friends and staff using our feedback forms.

The following shows the results from the feedback we gathered using our feedback forms during the visit. A total of **17** forms were completed during the visit with the service achieving an average score of **4.41** out of **5** stars.



## Sentiment Analysis

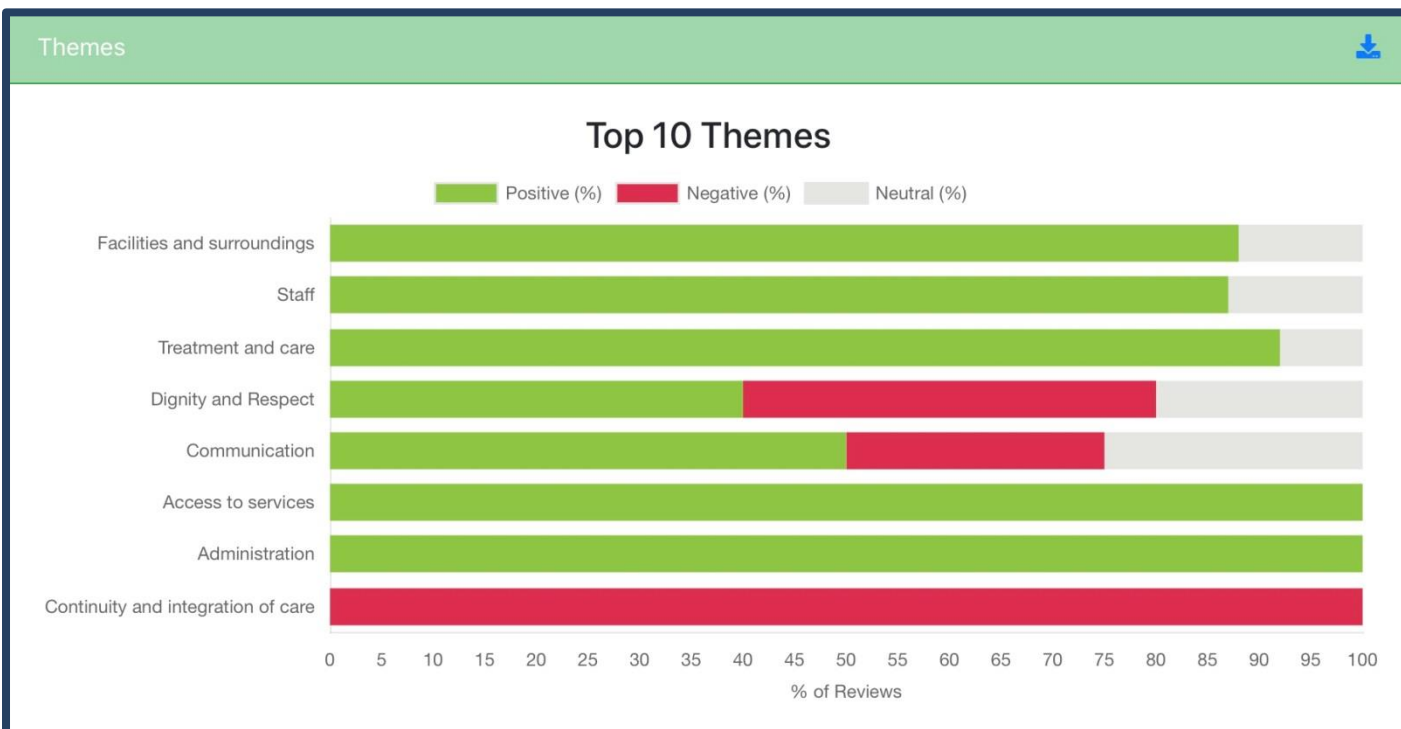
As well as our Feedback Centre providing an overall star rating which is based on the ratings given by local people, the online platform also uses sentiment technology. This technology looks at each piece of anonymous feedback and reviews the positive, negative and neutral sentiments. This technology combines full linguistic analysis with a comprehensive, fully customisable and transparent sentiment knowledge base. It covers nearly 60,000 sentiment-carrying expressions and concepts, and a set of sentiment logic rules that cover English grammar. Information within this report shares overall analysis and analysis broken into key themes.











The sentiment of the reviews contained **76% positive**, and **24% neutral sentiment scores**. **There were no negative sentiments.**

Sentiment analysis is generated automatically by sentiment analysis 'application programming interface (API)', whereas the themes found within the rest of the report are generated using a manual sentiment analysis that Healthwatch Sefton apply. This is why there is a difference between what shows in the overall sentiment analysis and the themes.

## Key Themes



>	Theme	Count	Positive	Negative	Neutral	Subthemes
	Facilities and surroundings	17	88%	0%	12%	Sub-Themes >
	Staff	15	87%	0%	13%	Sub-Themes >
	Treatment and care	12	92%	0%	8%	Sub-Themes >
	Dignity and Respect	5	40%	40%	20%	Sub-Themes >
	Communication	4	50%	25%	25%	Sub-Themes >
	Access to services	1	100%	0%	0%	Sub-Themes >
	Administration	1	100%	0%	0%	Sub-Themes >
	Continuity and integration of care	1	0%	100%	0%	

Please note that the theme 'staff' relates to feedback received about staff and does not relate to feedback made by staff.

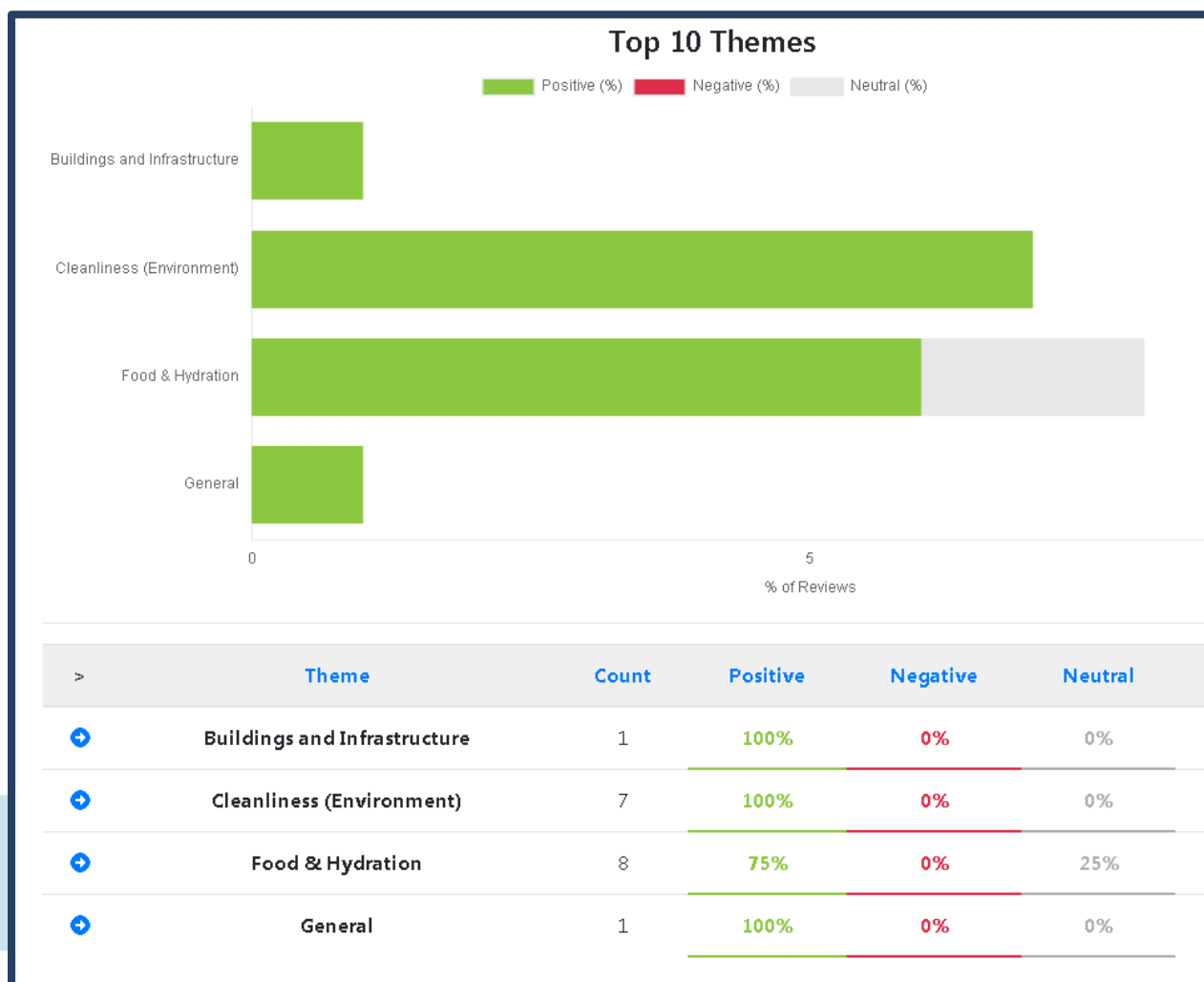
During the visit, we spoke with **17** people, a mixture of residents, their family members/ visitors and staff. St Josephs Hospice achieved **4.41** out of **5** stars overall for the care and services it provides.

The table shows the main areas of feedback received is themed around 'Facilities and surroundings', **17** comments resulting in **88% positive** feedback. 'Staff' was the second highest feedback area, receiving **87% positive** feedback from **15** reviews. 'Treatment & Care' received **12** comments resulting in **92% positive** feedback. 'Dignity and Respect' received **5** comments, with it receiving **40% positive** and **40% negative** feedback. 'Communication' received **4** comments, **50%** being **positive**, **25%** being **negative**.

## Facilities & Surroundings

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Overall there were a total of **17** comments resulting in **88%** positive feedback.

As can be seen from the previous table, feedback relating to ‘Facilities and surroundings’ has been broken down into four sub categories; buildings and infrastructure, cleanliness (environment), food and hydration and general. All areas received a high number of positive comments.

Some of the comments received are quoted below:

#### Cleanliness of environment

***“The room is very clean, they have been in this morning.”***

***“Cleanliness is always good.”***

***“The room is cleaned every day.”***

#### Food & Hydration

***“The chef knows I cannot eat a lot. The food is beautiful, they cook things I like. If I can't eat it all, no one will say anything about it.”***

***“Food is specifically prepared for individuals.”***

***“Relatives can have meals for a small fee.”***

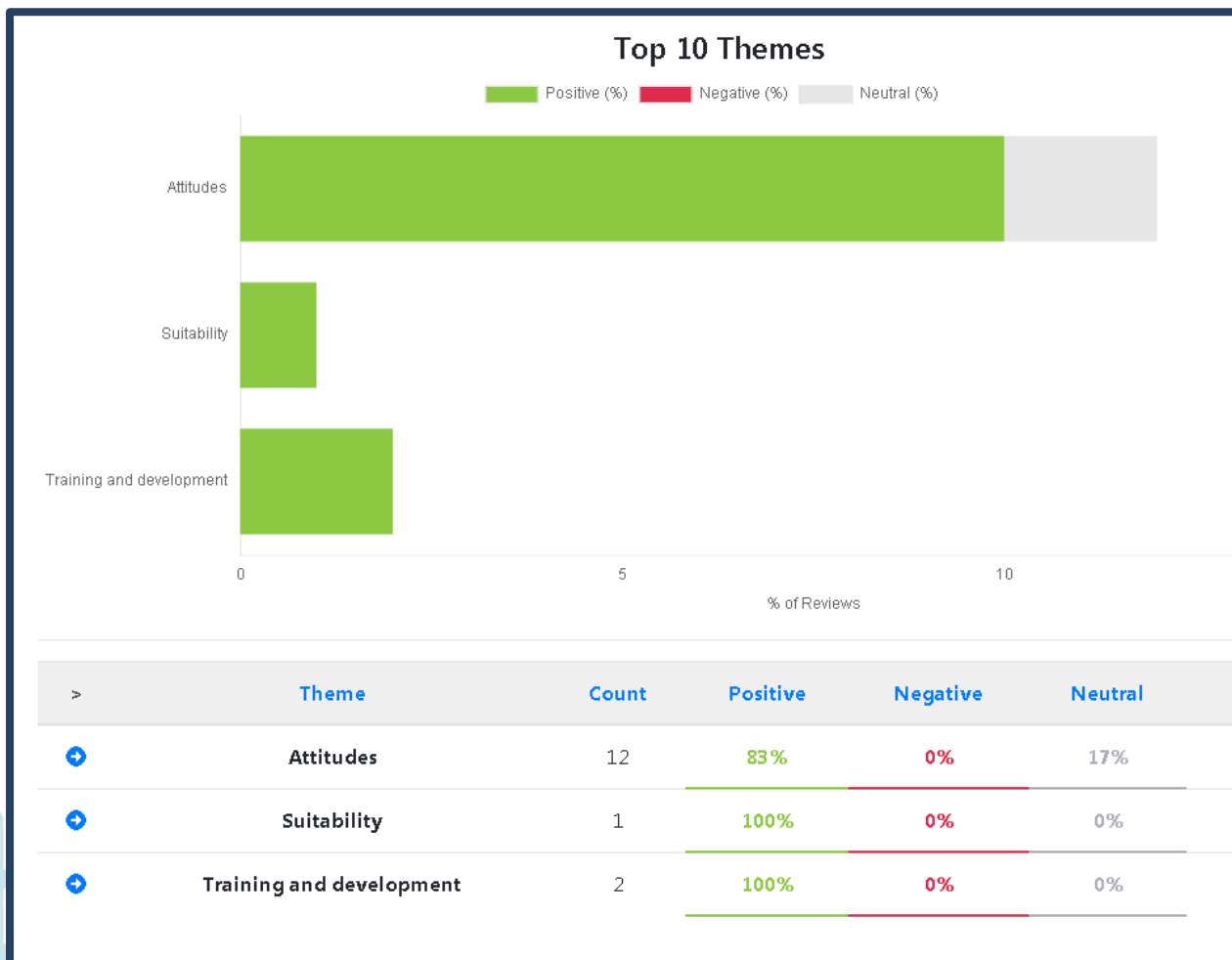
***“Food isn't good and is not attractively presented.”***

***“There are some issues relating to catering, for example, if you ask for something specific which is important for your diet, this isn't always communicated to catering staff. There is no working telephone within the room.”***

**Please see the ‘Reviews’ section for all feedback.**

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**Staff**



'Staff' is a key theme with **15** comments shared. This resulted in **88% positive** feedback overall. **12** comments related to staff attitudes, which resulted in **83% positive** feedback. Comments were shared with us about training and development.

Some of the comments received are quoted below:

#### Staff attitude

***"As a member of staff, I fully enjoy working in this wonderful environment. The passion of the staff and volunteers to the patients care is second to none. All are very enthusiastic regarding the hospice and the care they provide."***

***"Most staff members are very good, mostly very kind, but a couple should work in a different role."***

***"All the staff work really well and really hard to ensure patients receive excellent care. I've been working at the hospice for a few months now and I absolutely love it. The management team are so supportive and all the members of staff work their hardest to provide the best care."***

***“Generally I get on well with the staff. The staff are kind.”***

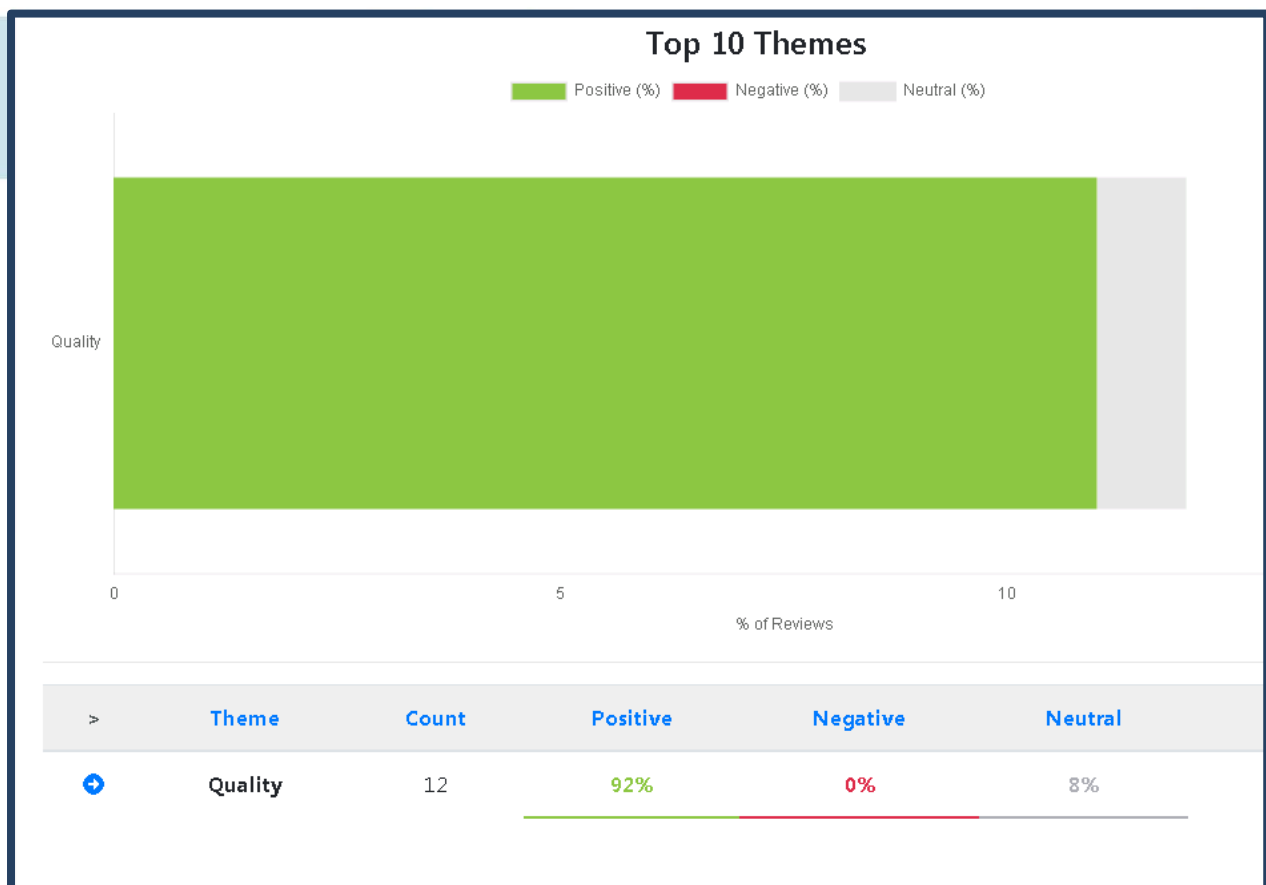
### Staff training

***“I am a befriender/ volunteer and have completed safeguarding training whilst I have been here at St Josephs.”***

***“I have been told that I will be receiving safeguarding training, even though I have already undertaken safeguarding training.”***

Please see the ‘Reviews’ section for all feedback.

## Treatment and Care



There were **12** comments relating to ‘treatment and care’, which resulted in **92% positive** feedback. All of the comments relate to quality.

Some of the comments received can be found on the next page.

***“Treatment is excellent.”***

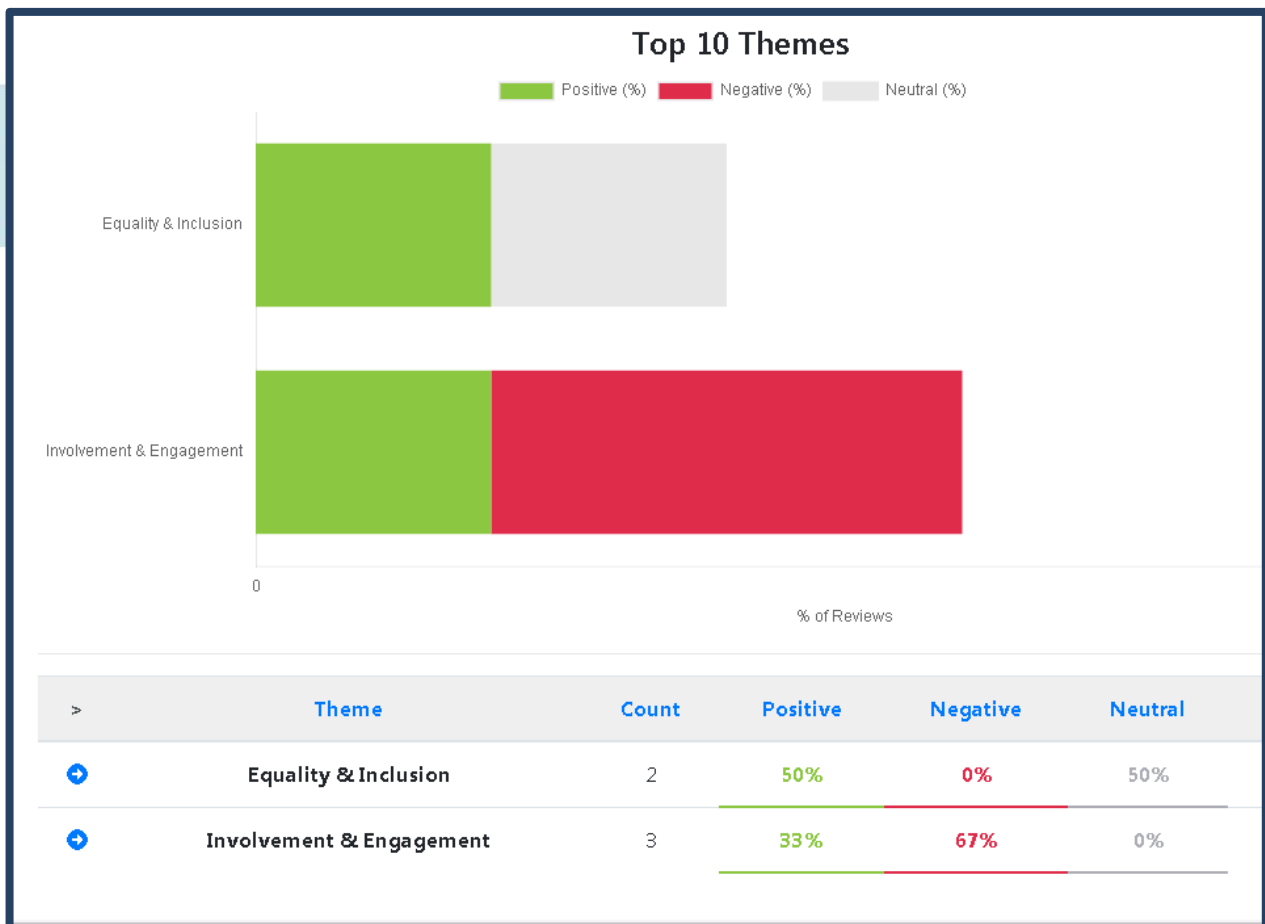
***“Staff are kind and attentive. Food is specifically prepared for individuals.”***

***“I feel at home. Always welcoming. The staff are brilliant.”***

***“There is prompt attention when the buzzer is used.”***

**Please see the ‘Reviews’ section for all feedback.**

## Dignity and Respect



As can be seen from the previous table, although there were only 5 comments shared which related to ‘dignity & respect’, there were some concerns shared which related to the involvement and engagement of those residents who have been residing at St Josephs who are not palliative.

Some of the comments are quoted below:

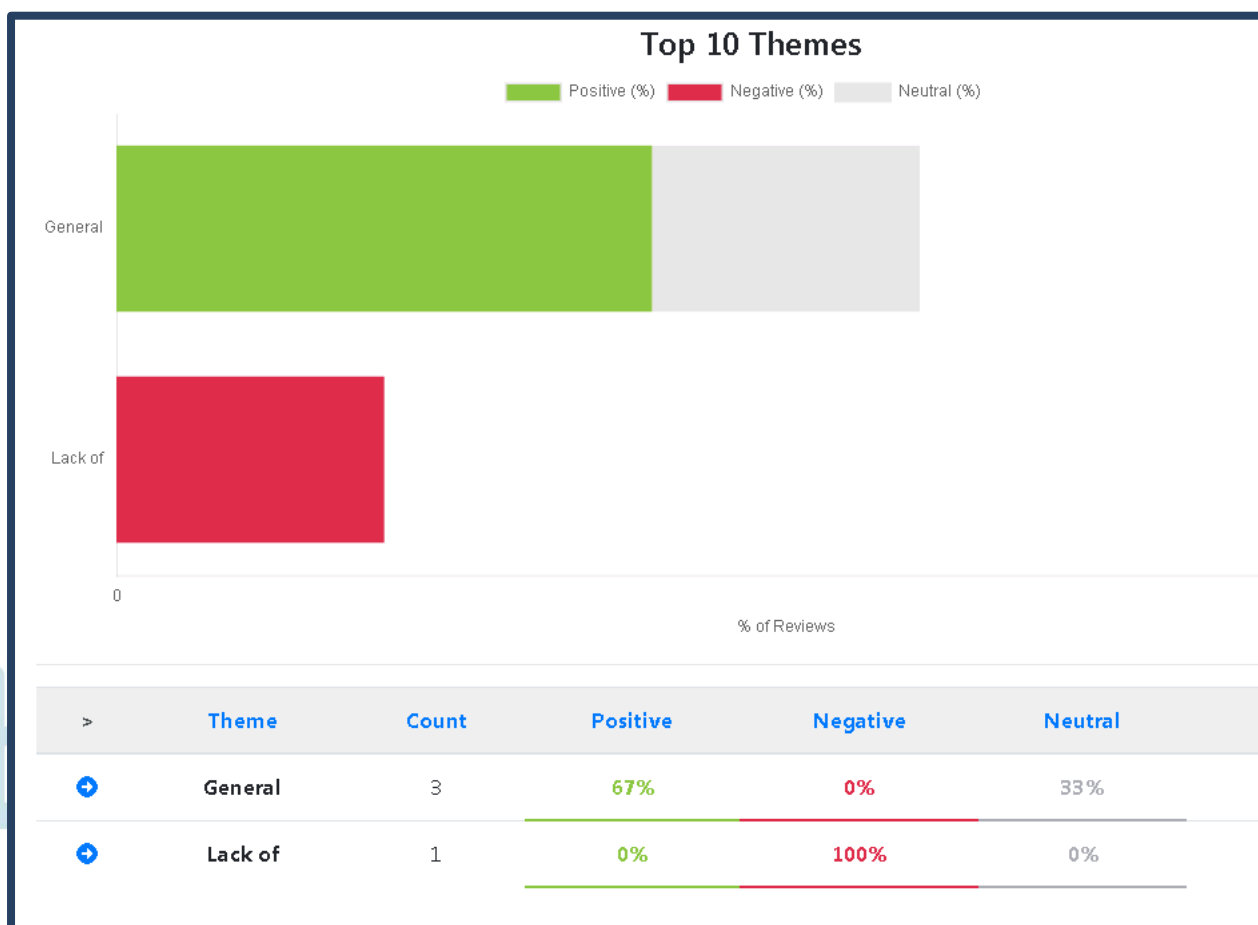
***“There is no stimulation; there are about 3 patients here with complex needs but no provision for this. All they have is the TV. If you had a child with complex needs you wouldn’t just use the TV for stimulation. Unfortunately I am not sure what could be offered. If you come in here to die then it is peaceful for you. They do events, and have just recently had one for the relatives of people who have died, but what about the living? I don’t want to sound critical as this was the best by far to be but think there should be more stimulation for patients who are not dying.”***

***“Children can stay on the camp bed. People can visit any time. There is prompt attention when the buzzer is used.”***

**Please see the ‘Reviews’ section for all feedback.**

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## Communication



There were only **4** comments relating to communication and in the main they were positive. When broken down further, **67%** of feedback was positive.

Some of the comments are quoted below:

***“Interpersonal skills of all staff are excellent.”***

***“Communication between patients and staff is not always good.”***

***“If we need anything, we can just ask. They tell us how she has been every day we come in. My dad also rings every night.”***

The **one** comment shared which relates to a lack of communication is shared below and there is a helpful suggestion to manage this moving forward.

***“Communication is an issue particularly between departments and when shifts change. Hand over between shifts is not well communicated and more***



***written notes are needed to support in the handovers. Sometimes messages are not passed on from family and friends. A suggestion to improve this would be to use a message pad and then the notes can be made which include the name of the caller and the reason they had called.”***

**Please see the ‘Reviews’ section for all feedback.**

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## Reviews

Rating	Title	Review
5	Very well cared for	Very well cared for. Exceptional with patients, staff and volunteers
5	Only started work here yesterday	I only started yesterday as a member of the bank staff. I have been told that I will be receiving safeguarding training, even though I have already undertaken safeguarding training.
5	I enjoy working in this wonderful environment	As a member of staff, I fully enjoy working in this wonderful environment. The passion of the staff and volunteers to the patients care is second to none. All are very enthusiastic regarding the hospice and the care they provide.
5	Good quality service	Quality of treatment - 5 Staff attitude - 5 Cleanliness - 5 Quality of food and drink - 5 Communication - 5 Quality of environment - 5

5	I really love my place of work	<p>I really love my place of work. All the staff work really well and really hard to ensure patients receive excellent care.</p> <p>I've been working at the hospice for a few months now and I absolutely love it. The management team are so supportive and all the members of staff work their hardest to provide the best care.</p>
5	The staff are brilliant	<p>I feel at home. Always welcoming. The staff are brilliant. Cleanliness is always good. Children can stay on the camp bed. People can visit any time. There is prompt attention when the buzzer is used. Relatives can have meals for a small fee.</p>
5	Staff always try hard	<p>Interpersonal skills of all staff are excellent. Visitors can make drinks when they need too. The buzzer is effective. The room is cleaned every day. Food isn't good and is not attractively presented. Communication between patients and staff is not always good. The room is warm but we are not able to open the window fully. Staff always try hard.</p>
5	Staff are kind and attentive	<p>Staff are kind and attentive. Food is specifically prepared for individuals.</p>
5	Nothing is too much trouble.	<p>Washing is labelled but gets lost in the washing process. A gluten free diet is needed but there are occasional lapses. An allergy band will be provided. Treatment by staff is very kind, caring and attentive. Nothing is too much trouble. Food is good and there is plenty of choice for individuals.</p>

5	Impossible to improve	Impossible to improve. It is very very good. I like everything. Treatment is excellent. The staff cannot do enough for you. I could not be in a happier place. The room is very clean, they have been in this morning. The chef knows I cannot eat a lot. The food is beautiful, they cook things I like. If i can't eat it all, no one will say anything about it. They are very good. I have a mobile phone.
5	Nothing I can think to improve!	Treatment has been very good. Staff are brilliant. This are all very good with her, no problem at all. If we need anything, we can just ask. They tell us how she has been every day we come in. My dad also rings every night. We can help ourselves to drinks and I've had meals. It is very clean. Nothing I can think to improve.
4	A homely environment	<p>I am a befriender/ volunteer and have completed safeguarding training whilst I have been here at St Josephs.</p> <p>The hospice provides a good option for care as an alternative to hospital care.</p> <p>In my role, I consult with the head nurse in charge for instructions on what patient care I undertake. I am also DBS checked.</p>
4	Good quality service	<p>quality of treatment - 5</p> <p>staff attitude - 4</p> <p>cleanliness - 4</p> <p>quality of food and drink - 5</p>

		<p>communication - 4</p> <p>discharge - 4</p> <p>quality of environment - 5</p>
4	I am very satisfied	<p>Very comfortable. Treatment is very good. I am very satisfied. Generally I get on well with the staff. The staff are kind. Room is cleaned every morning. You get to know them and have a little chat. Food - I have had pudding. Three chefs, the first guy was an ex-seaman, he was the best. We have moved on but have no complaints. They feed my wife when she is here too and they always ask her if she wants a drink too. The staff talk to us. Nice view from the room</p>
3	More stimulation for patients needed	<p>Some staff are much better than others. Sometimes we can come in and (relative's) mouth is not clean, some staff are better at this than others. We do it when we come in. When we cannot get in and I ring I know with some of the staff who are on (relative) will be fine.</p> <p>There is no stimulation, there are about 3 patients here with complex needs but no provision for this. All they have is the TV. If you had a child with complex needs you wouldn't just use the TV for stimulation. Unfortunately I am not sure what could be offered.</p> <p>If you come in here to die then it is peaceful for you.</p> <p>They do events, and have just recently had one for the relatives of people who have died, but what about the living?</p>

		<p>I don't want to sound critical as this was the best by far to be but think there should be more stimulation for patients who are not dying.</p> <p>Since the new management the staff now get moved around the different areas. I know this is probably best for the staff but it can be not so good for the patient. When the patient does not see the member of staff for 4 weeks they can forget who they are depending on their needs. Patients with the complex needs do need continuity of care.</p> <p>I would say it has improved overall during the last year as previously there has been a high turnover of staff. There are now new staff and they all seem lovely.</p>
3	Communication can be an issue	<p>Most staff members are very good, mostly very kind, but a couple should work in a different role. Communication is an issue particularly between departments and when shifts change. Hand over between shifts is not well communicated and more written notes are needed to support in the handovers. Sometimes messages are not passed on from family and friends. A suggestion to improve this would be to use a message pad and then the notes can be made which include the name of the caller and the reason they had called. There are some issues relating to catering, for example, if you ask for something specific which is important for your diet, this isn't always communicated to catering staff.</p>

		<p>There is no working telephone within the room.</p> <p>All staff need to be aware of residents needs, particularly disability issues including, hearing impairments and sight.</p> <p>There is an issue regarding staff smoking outside of patients window.</p> <p>More staff are needed to deliver mobility and stimulation. Residents could be taken out??</p>
2	Overall a 2 star rating	Experience based on the SFHU

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## Summary and Recommendations

Our visit to St Joseph's Hospice was conducted following an initial request for a visit from the Chief Executive and was added to the work plan as part of a series of pre-arranged visits across Sefton.

St Joseph's hospice scored an average Healthwatch Sefton rating of **4.41** out of **5** stars during the visit undertaken in July 2019. **17** reviews were gathered from patients, staff and visitors during this period. It should be noted that **12** of the **17** reviews were rated **5** out of **5** stars, with **3** rated overall as a **four** star rating.



Overall the hospice scored **5** out of **5** stars for average individual ratings for the quality of food and drink.

The main areas of feedback received related to the following themed areas.

>	Theme	Count	Positive	Negative	Neutral	Subthemes
+	Facilities and surroundings	17	88%	0%	12%	Sub-Themes >
+	Staff	15	87%	0%	13%	Sub-Themes >
+	Treatment and care	12	92%	0%	8%	Sub-Themes >
+	Dignity and Respect	5	40%	40%	20%	Sub-Themes >
+	Communication	4	50%	25%	25%	Sub-Themes >
+	Access to services	1	100%	0%	0%	Sub-Themes >
+	Administration	1	100%	0%	0%	Sub-Themes >
+	Continuity and integration of care	1	0%	100%	0%	

## Areas for consideration

Please see below the 'areas for improvement or consideration' shared with the provider, with the responses received.

Area of improvement for consideration	Provider response/ action	Timescale (if applicable)
For the management team to review the feedback relating to the lack of stimulation for the small cohort of patients who reside at the hospice and have complex needs. To provide a response to Healthwatch Sefton on how patients with complex needs are supported and any future plans to further support patients.	Since the inspection, the number of patients with chronic, long-stay patients has reduced and most patients are now 'end of life' short stay. However, we do have in place Individualised care plans for the remaining patients which are reviewed at our weekly MDT meetings by the retained Consultant in Palliative Care and our own doctor. These plans include the use of iPads, a virtual reality simulator, a sensory projector and walks in the grounds, where appropriate, using wheelchairs (sometimes with family, sometimes with volunteers). If the patients' needs change and they would benefit from referral to a Speech and Language Therapist or Occupational Therapist to provide further stimulation, these referrals are made as required.	
For the management team to review the feedback relating to communication and how information is shared between staff during handover periods.	We are always happy to review this process, and we welcome feedback from staff. Recently we have moved to a system of printed notes	

Area of improvement for consideration	Provider response/ action	Timescale (if applicable)
	<p>with copies for the staff member 'handing over' and the nurse coming on duty, and we now include the Health Care Assistant in the briefings. Clinical managers now sit in on each handover to oversee the exchange of information.</p> <p>With regard to messages, the operating model for the new reception will include taking messages and relaying to staff/patients, which should address the problem.</p>	
<p>In observing the exterior of the hospice, the team agreed that if demarcation lines were available in the car park area, this would help those to park. Could this be considered?</p>	<p>This is acknowledged, but is problematic. The existing substrate in the parking areas would not support painted lines. Again, cost is the obstacle, but our plans to redevelop the hospice include the establishment of formal car parking areas at either end of the site. At present we do have designated spaces for disabled drivers at the front of the hospice, although these too are unsuitable for painted markings due to the ground conditions.</p>	<p>Within 5 years</p>
<p>In observing the exterior of the hospice, the team felt that the building would benefit from clearer signage at the entrance to the building.</p>	<p>The signage was updated in the recent past, but we would be very happy to work with Healthwatch on suggestions to improve things.</p>	

Area of improvement for consideration	Provider response/ action	Timescale (if applicable)
For the management team to review how staff could be available to meet and greet visitors when they arrive.	We have plans to establish a formal reception area at the front of the hospice – something we are aware is lacking at the moment – with the facility to escort visitors to the clinical areas and announce them to ward staff. This project has been put on hold due to the current pandemic as it would be mainly staffed by volunteers, but will be taken up again once safe to do so.	By January 2021, subject to it being safe to reintroduce volunteers to the hospice operating environment
The management team to assure Healthwatch Sefton that the issue relating to controlled access on the day of the visit has now been fixed.	The door entry system issue has been fixed.	
St Francis House - the back of the building to be cleaned up (there were a lot of cigarette ends scattered across the ground.)	This area is usually swept regularly and I have ensured that it has been tidied up. We have also asked staff and visitors to use the designated smoking shelter to the rear of the hospice, and our recently introduced staff well-being strategy supports those staff who wish to give up smoking. However, given the nature of the service, we have resisted making the hospice a non-smoking site.	
St Francis House - room on the upper floor: one of the windows would not stay open, the window protector not being secure. This to be addressed.	This has been fixed	

Area of improvement for consideration	Provider response/ action	Timescale (if applicable)
<p>The team observed that the dining area would benefit from some pictures being hung on the walls for patients to look at. Could this be an activity as part of art therapy classes?</p>	<p>The San Jose dining area currently has a collection of paintings from local schoolchildren on display. The dining area in St Francis Upper is not used by patients.</p> <p>In terms of art therapy, we do not currently have such a service as so few patients would be capable of participating, but this will be considered as part of the wider development plans for hospice services, such as day-hospice facilities.</p>	
<p>The team would like to ask if the patterned carpet in the communal area is suitable for patients with dementia. Patterns are sometimes not deemed dementia friendly.</p>	<p>We would like to replace the carpet in St Francis Upper, and we do have costed proposals for the redevelopment of the unit as a whole (which include replacing the flooring) and wider plans for a dementia-friendly clinical environment across all three units, but this will be subject to sufficient funding being available.</p>	

## Response from St Joseph's Hospice

16.07.2020

Hi Diane,

I'm sorry it's taken so long to respond, it really has been very busy here during the pandemic and it's been difficult to get time with clinicians to discuss it. As you'll see, some of the things have already been addressed given that the inspection took place last July, but other actions are dependent on finance, and thus harder to tackle. I'm happy to discuss any of the points raised of course, and particularly interested if any of the visiting inspectors would like to talk more about the signage issue.

Best wishes

Mike

Mike Parr

Chief Executive

St Joseph's Hospice

healthwatch  
Sefton



## Contact us

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**Website:** [www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk)



[www.facebook.com/healthwatchsefton2013/](https://www.facebook.com/healthwatchsefton2013/)



**We want to know what  
you think about:  
St Josephs Hospice**

**We will be visiting here on:  
Thursday 18th July 2019  
14:00**

**Your Healthwatch Sefton  
Authorised Lead Representative:  
Wendy Andersen**

### **What is Healthwatch Sefton?**

Healthwatch Sefton is an independent organisation which visits different health and social care providers to get the views of the people, family and carers who use their services.

### **Contact Us**

**Call:** 0800 206 1304

**Email:** [info@healthwatchsefton.co.uk](mailto:info@healthwatchsefton.co.uk)

**[www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk)**



## Appendix 2 : Feedback form



# Have your voice heard

This is your opportunity to influence health and social care services. Your feedback will be anonymously featured on our feedback centre ([www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk)) and used to make recommendations for change.

You can also call **0800 206 1304** with your feedback.

Hospital

Doctors

Ambulance

Clinic

Dentist

Diagnosis

Community Services

## Leave feedback

### What service would you like to comment on?

For example care at home, GP practice, hospital or any other health or social care service.

### Can you give us more information

For example which department, ward, clinic, community team or council department.

Date(s) of your experience

How would you rate your overall experience? (Please circle)



1  
Poor

2  
Average

3  
Good

4  
Very Good

5  
Excellent



Your ratings (Please circle)



Quality of treatment



Staff attitude



Cleanliness



Quality of food and drink (if applicable)



Communication



Discharge (if applicable)



Quality of environment



Appointment (waiting times)

Alternatively if you would like to leave your feedback via our website  
please visit [www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk)

**Summary of your experience** (a few key words)

**Please tell us about your experience**

**In relation to your comments are you a** (please tick)

☐ Patient

☐ Carer

☐ Staff

☐ Relative

☐ Visitor

## Stay in touch

Would you like to sign up to our newsletter? (please tick) ☐

Would you like to sign up as a community member? (please tick) ☐

Please ensure you leave your details below

Name:

Address:

Email:

Phone:

In sharing the above, your details will be recorded on the Healthwatch Sefton Civi CRM database.  
Please refer to the Data Protection statement below and the Healthwatch Sefton Privacy Statement.

Are you Male or Female (please tick)

☐ Male ☐ Female

Age

Do you consider yourself to have a disability? (please tick)

☐ Yes ☐ No ☐ Prefer not to say

How would you describe your sexual orientation? (please tick)

☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual

Do you currently live in the gender you were given at birth? (please tick)

☐ Yes ☐ No ☐ Prefer not to say

## Contact us

If you would like more information about Healthwatch Sefton please **contact us** using the details below:

**Email:** [info@healthwatchsefton.co.uk](mailto:info@healthwatchsefton.co.uk)

**Phone:** 0151 920 0726 extension 240

**Website:** [www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk)

**Text:** 07434 810438

**Freephone:** 0800 206 1304

This leaflet is available in alternative formats on request including different languages, audio format, large print and easy read.

Please return this form to us using the address below (no stamp required):

Healthwatch Sefton Registered Office: FREEPOST RTCG-HGXH-LHRS,  
Sefton Council for Voluntary Service (CVS), 3rd Floor, Suite 3B, North Wing,  
Burlington House, Crosby Road North, Waterloo, L22 0LG.

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