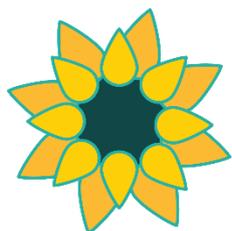


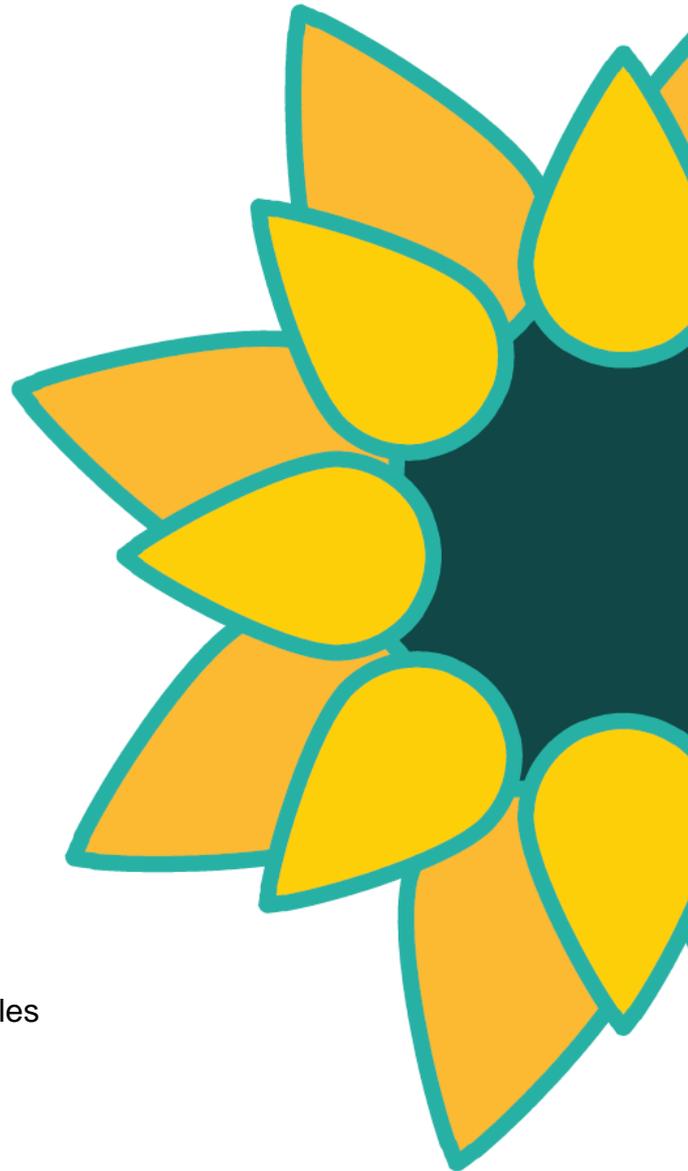
# Quality Account 2019-2020

**Lewis-Manning Hospice Care**  
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Registered Charity Number 1120193  
Company Number 06278709  
A Limited Company registered in England and Wales



**Lewis-Manning**  
Hospice Care



# Part One

## Joint Statement from the Chairman and Chief Executive

We are extremely proud to volunteer and work for a charity that provides outstanding care to people with life-limiting illnesses and their families across East Dorset and Purbeck. As you will see from this report, we really do make a difference and are humbled to see how much the charity's care means to our patients and their families. The fantastic work that our clinical team deliver provides an important lifeline at what can be a very difficult time.

It has been an extremely exciting and positive year for our charity as the need for our local service grows, and we develop strategies to help and support more people living in East Dorset and Purbeck with life-limiting illness.

Our strategic move will lead to a more cost-effective working model and make it possible to embrace our new vision, taking the exciting steps towards our longer term aim to provide more care in the community and in people's own homes. We have been able to buy our new building outright, pay back loans which had previously been taken out for building work at Crichel Mount and retain some reserves: all of which have resulted in the charity being in a financially stable and very exciting position.

We delighted to have secured funding to further develop important additional services including Physiotherapy, Complementary Therapy and a new, much needed Family Support and Bereavement service. These are all very exciting steps for Lewis-Manning Hospice Care and show our true commitment to the local people we serve, support and care for.

Of course, none of the care that we provide would be possible without the wonderful staff and volunteers who are a key part of our charity. Our focus and growth for the future will come from delivering this vital care Closer to Home, both in person and virtually, across East Dorset and Purbeck, through our day hospices, lymphoedema and better breathing clinics, family support and bereavement services, complimentary and physiotherapy. We promise to focus on our patients' and our community's needs, to be there when they need us most.

*Jeremy Allin*

Chairman



*Clare Gallie*

CEO

## Priorities for improvement 2019/20

### Priority One

#### **Develop a sustainable future to support the care of our patients and their families**

- ✳ Review plans for existing service delivery from Crichel Mount hospice building to make us fit for future
- ✳ Identify ways of delivering sustainable income streams
- ✳ Reviewing and implementing improvements in our IT systems and analytics capabilities in order to improve governance, security and working processes.

### Priority Two

#### **Deliver exceptional care and support**

- ✳ Working with our people to develop our organisation's values and culture through becoming a learning organisation.
- ✳ Listening to our patients, understanding their stories, encouraging feedback and continually reviewing our services to act on what we can do to make life better.
- ✳ Working with Universities to develop plans to encourage an increase in adult nursing students that would like to experience working in our sector.

### Priority Three

#### **Increase the number of people that we help**

- ✳ Collaborating effectively with other community services and develop our Closer to Home approach for Day Hospice in local communities.
- ✳ Review existing services and develop our Closer to Home approach for Better Breathing services to fill the gap for local communities across East Dorset and Purbeck.
- ✳ Expanding our support for patients through art, physiotherapy and complimentary therapy services.
- ✳ Developing a new bereavement and family support service.

### Priority Four

#### **Increase awareness of Lewis-Manning Hospice Care and the services that we can provide for local people**

- ✳ Refreshing our brand and key messages and rolling out across all channels.
- ✳ Developing a new customer focused, mobile enabled website.
- ✳ Continuing to review skills and experience at Board level and recruit Trustees to support any gaps identified.

## Report of progress on the priorities for improvement 2019/20

### Priority One

#### **Develop a sustainable future to support the care of our patients and their families**

- ✿ Review plans for existing service delivery from Crichel Mount hospice building to make us fit for future – *we have sold our building and moved to a more central location, closer to Poole Hospital, with significantly improved transport links and lower costs for our charity, while continuing to deliver all services other than 6 in patient beds.*
- ✿ Identify ways of delivering sustainable income streams – *we have increased a number of sustainable income streams, developed new financial support from key donors and supporters and have detailed financial plans.*
- ✿ Reviewing and implementing improvements in our IT systems and analytics capabilities in order to improve governance, security and working processes – *new IT providers have been appointed with SLAs in place. We are developing options for our patient records data to be held electronically, staff all have access to mobile hardware, phones and support help desk*

### Priority Two

#### **Deliver exceptional care and support**

- ✿ Working with our people to develop our organisation's values and culture through becoming a learning organisation – *all staff have engaged and supported our values development workshops, led by staff for staff. The organisation has defined its four core values. Each value will have a behaviour set drawn from and agreed by staff.*
- ✿ Listening to our patients, understanding their stories, encouraging feedback and continually reviewing our services to act on what we can do to make life better – *in addition to our regular methods of receiving patient feedback we are now part of a new project working with Poole Hospital Forest Holme Hospice Palliative Care Consultants gathering patient understanding through Care Opinion*
- ✿ Working with Universities to develop plans to encourage an increase in adult nursing students that would like to experience working in our sector – *we are working with Bournemouth University to develop a year three nursing scholarship fund*

### Priority Three

#### **Increase the number of people that we help**

- ✿ Collaborating effectively with other community services and develop our Closer to Home approach for Day Hospice in local communities – *we are building*

*relationships and partnerships with other local hospices, healthcare providers and nursing homes, meeting regularly and are developing agreements to take our Day Hospice services to Wareham, Wimborne and Swanage in addition to our Poole based service.*

- ✿ *Review existing services and develop our Closer to Home approach for Better Breathing services to fill the gap for local communities across East Dorset and Purbeck – we are in the process of appointing a full time Better Breathing post and working with Consultants from Poole Hospital to make this appointment and improve the service identifying gaps going forwards.*
- ✿ *Expanding our support for patients through art, physiotherapy and complimentary therapy services – we are delighted to have secured funding to develop these services and will be recruiting for these posts early in 2021 - Covid permitting)*
- ✿ *Developing a new bereavement and family support service – we have secured funding for a new Family Support Worker, recruitment to begin in 20/21*

## Priority Four

### Increase awareness of Lewis-Manning Hospice Care and the services that we can provide for local people

- ✿ *Refreshing our brand and key messages and rolling out across all channels – we have rebranded with kind support from a sponsor and have increased our marketing focus and channels*
- ✿ *Developing a new customer focused, mobile enabled website – we have delivered a new mobile enabled website with increased user functionality*
- ✿ *Continuing to review skills and experience at Board level and recruit Trustees to support any gaps identified – six new Trustees have joined our charity Board of Trustees having been recruited based on a skills review and needs assessment*



## Part Two

### Statutory Information and Statement of Assurances from the Board/ Leadership Team

The following are statements that all providers must include in their Quality Accounts. Many of these statements are not directly applicable to palliative care providers; explanation of these statements and why they do not apply to Lewis-Manning Hospice Care has been included, in italics, where appropriate.

#### Review of Services

During 2019 - 2020 Lewis-Manning Hospice Care received some £300,161 NHS funding for its services. The income generated from the NHS in 2019 - 20 represents approximately 18% of the overall running costs of Lewis-Manning Hospice Care.

The remaining approximately 82% of overall running costs is sourced through voluntary income generation; donations, fundraising, charity shops, lottery activity, legacies and grant applications.

Lewis-Manning Hospice Care has reviewed all the data available to them on the quality of the care in all of these NHS services.

#### Participation in Clinical Audit

*As a provider of palliative care Lewis-Manning Hospice Care was not eligible to participate in any national clinical audits or national confidential enquiries. This is because none of the 2019 - 2020 audits or confidential enquires related to palliative care.*

#### Local Clinical Audits

Lewis-Manning Hospice Care has a programme of clinical audits throughout the year, including; infection prevention & control, falls, medicines and compliance with identified policies.

A summary of audit results and action plans are reported to the Board of Trustees via the Performance and Clinical Governance Committee, a sub-committee of the Board of Trustees, which meets quarterly and is chaired by our Chairman.

#### Research

*The number of patients receiving NHS services provided or sub-contracted by Lewis-Manning Hospice Care in 2019 - 2020 that were recruited during the period to participate in research approved by a research ethics committee was NIL. Lewis-Manning Hospice Care has not recruited any patients to participate in research in 2019 - 2020 it has fully supported any patients who were participating in research for other providers during this period.*

## Use of the CQUIN Payment Framework

A proportion of Lewis-Manning Hospice Care's income in 2019 - 2020 was conditional on achieving quality improvement and innovation goals, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

## Statement from the Care Quality Commission

Lewis-Manning Hospice Care is registered with the Care Quality Commission and its current registration status is unconditional. Lewis-Manning Hospice Care has no conditions on registration.

The Care Quality Commission has not taken enforcement action against Lewis-Manning Hospice Care in 2019 – 2020.

Lewis-Manning Hospice Care has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

## Data Quality

*Lewis Manning Hospice Care are not eligible to participate in the Secondary Users Scheme.*

## Data Security and Protection Toolkit

Lewis-Manning Hospice Care met the standards for the Data Security and Protection Toolkit for 2019 – 2020. Evidence is held for all requirements.

## Clinical Coding Error Rate

Lewis-Manning Hospice Care was not subject to the Payment by Results clinical coding audit during 2019 - 2020 by the Audit Commission.

## Learning from Deaths

From the June 2018 Quality Account, providers are expected report their progress in using learning from deaths to inform their quality improvement plans as part of the Quality Improvement toolkit. Lewis-Manning Hospice Care is not subject to the Quality Improvement toolkit.

## CQC Rating: December 2016:



**Lewis-Manning Hospice Care Senior Nurse (Day Hospice)**



## Part Three

### Annual Review of Quality Performance

<b>Day Hospice</b>	
Total number of new patient referrals	101
Sessions held	288
Attendances	2,795
Average number of sessions (per patient)*	27
<b>Lymphoedema</b>	
Total number of patients	365
Sessions held	251
Attendances	914
Average number of sessions (per patient) *	4
<b>Better Breathing</b>	
Total number of patients	85
Sessions held	67
Attendances	151
Average number of sessions (per patient) *	4

\* simple random sample of 10 patients

<b>Area of Practice</b>	<b>Quality Requirement</b>	<b>Number</b>
<b>Pressure ulcers Grade 3 +</b>	Number of all provider acquired Pressure Ulcers	0
	Number of all provider inherited Pressure ulcers	0
<b>Infection Control</b>	MRSA Bacteraemia	0
	Clostridium Difficile	0
	MSSA	0
	<i>E-coli</i>	0
	<i>Norovirus</i>	0
<b>Medication Errors</b>	No Harm (Level 0)	4
	No Harm (Level 1)	0
	Low Harm	0
	Moderate Harm	0

	Severe Harm	0
	Death	0
	Number of medication errors relating to controlled drugs ( <i>NB: also included in the total numbers shown above</i> )	0
<b>Falls</b>	<i>No Harm</i>	3
	<i>Low Harm</i>	1
	<i>Moderate Harm</i>	0
	<i>Severe Harm</i>	0
	<i>Death</i>	0
<b>Duty of Candour</b>	Number of times duty of candour used	0
<b>Never Events</b>	Number of Never Events	0
<b>Serious Incidents</b>	Number of serious incidents relating to Pressure Ulcers	0
	Number of serious incidents relating to Falls	0
	Number of serious incidents - other	0
<b>Incidents</b>	Number of incidents by harms;	
	No Harm	3
	Low Harm	0
	Moderate Harm	
	Severe Harm	
	Death	
<b>Staffing</b>	Sickness rate, Quarterly rate excluding LTS.	
<b>Complaints</b>	Number of complaints received	1
<b>Referrals</b>	% non-malignant referrals per quarter	75%

## Incidents

### **Reported Incidents Year 19/20**

As our beds were closed in March 19 all above incidents relate to Day Hospice, Lymphoedema and Better Breathing services. The highest category was 'other', as numbers are small. These include transport (5), admin (3), communication (2). There were no major incidents.

There were no serious incidents requiring prolonged investigation. There was no need to use **Duty of Candour** for any incident.

Lessons were learnt from all incidents. There were no obvious trends.

### **Safeguarding Adults**

Lewis Manning Hospice Care has a zero tolerance approach to the abuse of vulnerable people and has a proactive attitude towards prevention, detection and management of abuse.

There were no safeguarding incidents this year.

### **Safeguarding Children**

Services at Lewis-Manning Hospice Care are for adults over 18. Since the IPU closed we have not had visiting children. However, all clinical staff have training on safeguarding adults and children, to raise awareness and have access to the safeguarding policies. There were no safeguarding of children incidents this year. The Safeguarding Lead for adults and children is Ruth Burnhill (Director of Clinical Services and Registered Manager).

### **Mental Capacity and Deprivation of Liberty**

The Lewis-Manning Hospice Care adheres to the principles of The Mental Capacity Act 2005. Lewis-Manning Hospice Care gives help and support to people to make their own decisions, but those lacking capacity are cared for in line with their best interests.

The Deprivation of Liberty Safeguards are part of the legal framework set out in the Mental Capacity Act 2005 to ensure that a person who is deprived of their liberty in a health or social care setting has a means of challenging that detention, and also ensures that any deprivation is appropriately authorised, is carried out in the least restrictive way, and only if it is in a person's best interests.

Every effort is made in providing care or treatment to prevent deprivation of liberty.

### **Serious Incidents Requiring Investigation**

During the Period 1<sup>st</sup> April to 2019 31<sup>st</sup> March 2020 there were no serious incidents requiring investigation

## Duty of Candour

During the Period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 there were no serious incidents requiring investigation.

## Safeguarding, Mental Capacity and Deprivation of Liberty Safeguards (DoLs) Safeguarding Adults

*The Safeguarding Adults Lead is Ruth Burnhill (Director of Clinical Services)*

Lewis-Manning Hospice Care has a zero tolerance approach to the abuse of vulnerable people and has a positive attitude towards prevention, detection and management of abuse.

Adult Safeguarding incidents:	0
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## Safeguarding Children

*The Safeguarding Children Lead is Ruth Burnhill (Director of Clinical Services)*

The services at Lewis-Manning Hospice Care are for adults 18 and over. However, children and young people will visit patients and therefore it is essential that we have a robust policy and procedure for the safeguarding of children.

Child Safeguarding incidents:	0
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## Complaints

The Lewis-Manning Hospice Care welcomes the findings of The Mid-Staffordshire NHS Foundation Trust Public Inquiry (The Francis Inquiry Report 2013) and responds to patient complaints with the principles of openness, transparency and candour that the report emphasises. By listening to patients and carers and learning from what they say when things go wrong Lewis-Manning Hospice Care is able to act to improve patients' experience of care and treatment.

During the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020

Total Number of Complaints	1
Total Number of Complaints Upheld in Full	1
Total Number of Complaints Upheld in Part	0
Total Number of Complaints Not Upheld	0

## Details of Complaint

Complaint from a day hospice patient concerned that a nurse was talking too much about her own personal issues rather than listening to the concerns of the patient, the complainant had been accompanied for an assessment by the nurse. This was discussed with the nurse concerned who acknowledged that she may have spoken

about some difficult times at home. She understood that this was not appropriate and will be more aware in future.

### Internal Audits 19/20

Audit	Outcome
Prescription chart	<ul style="list-style-type: none"> <li>• Drs to sign front page and 111 Drs to do same if making changes</li> <li>• 30% charts had missing strength of creams, inhaler. Drs reminded</li> <li>• To write 'microgram', not mcg (40%)</li> <li>• To add finish dates where appropriate (10%) missing eg for steroids/ antibiotics</li> <li>• Timings well documented</li> <li>• Doses for nystatin to be recorded</li> <li>• To date signature for prn doses</li> </ul>
Recording Ethnic Origin for Lymphoedema pts  Day Hospice	<p>29 notes over 3 months checked for recording of ethnic origin. All had recorded ethnic origin (including 1 Viking) New database to have wider choice for recording- more than 'White British' or 'other'.</p> <p>44 notes reviewed. 86% had ethnic origin recorded. To remind staff of importance of recording</p>
Infection Control - hand hygiene	<p>23 observed (staff, vols, patients)- 4 did not wash hands. 3 had rings on, 2 long painted nails, 2 watches Action: education for all, include in induction for vols. Re audit in 3 months</p>
Recording of DNAR n notes and on whiteboard	<p>Needs to be recorded in 3 places- not always the case. Ensure DNAR form in right place Ensure white board is correct each day Mark in red on handover sheet Reaudited at end of year- much improved. Only 1 incorrect on whiteboard</p>

## Safe Staffing Levels

Service	Registered Nurses	Health Care Assistants
Day Hospice (Up to 8 patients)	2	1 or 2

***Staffing levels are contingent upon the ongoing assessments by Registered Nurses of each individual patient and are dependent upon patient need.***

However, the minimum ratio of patients to Registered Nurses and Health Care Assistants is above national expectations and is reflective of the significance placed by the Hospice in ensuring that there is enough time to care.

## Freedom to Speak Up

**Lewis-Manning Hospice Care actively strives to provide an open and honest reporting culture where staff are encouraged to raise their concerns. Staff should be confident in knowing that they are protected when they raise their concerns because there is an emphasis on safety and learning which welcomes whistleblowing as routine business.**

The “Freedom to Speak up Guardian” attended Lewis-Manning Hospice Care regularly and made himself available for sessions in which any member of staff who has a concern could speak to him. This ensured that if a member of staff felt unsure, during a particular time of organisational change and upheaval there was always a way for them to voice their concerns directly with a Board member.

*The Freedom to Speak Up Guardian was Tim Lee Lewis-Manning Hospice Care Board Member.*

## Feedback from Patients and Families on Service Friends & Family Test – July 2019

Thirty-eight forms were given out and 38 forms completed in Day Hospice during week 15/7/19 to 19/7/2019.

Thirty-one forms stated they were “Extremely likely”, and five stated they were “likely” and one stated they were “very likely” to recommend care at Lewis-Manning to friends and family.

## Day Hospice

Examples of feedback from patients:

*“Wonderful staff – all kind caring and friendly”*

*“Never had a bad day here. I tell everyone I can about Lewis M. I chat to people at the Parkinson’s Clinic about Lewis M. Encourage me to do my art and I went the to art group.”*

*"I look forward to Monday more than any other day of the week because I know that I will be cared for and have a great time with others who are now friends."*

*"Staff very friendly, very helpful. A nice relaxing atmosphere. Food good."*

*"Staff and volunteers are extremely caring."*

*"Very happy, nice coming here, staff are good, want to thank everybody, grateful for everything"*

## **Lymphoedema**

*"Keep your existing staff, they were amazing (smiley face)" (during a restructure)*

*"The service is excellent, a shame it is difficult for me to get to, as I don't drive"*

*"Just listened to all the information"*

*"Extremely helpful and kind nurses, gave me confidence that they were experienced"*

## **Better Breathing**

*"Thank you for your help"*

*"An excellent service that helped me understand how to manage my condition and where to obtain help promptly"*

*"When I first attended the Better Breathing clinic, emotionally I was not in a very good place. Through the practical and emotional support I have received from the nurse, I have been given my life back"*

*"Felt comfortable with the care I need. Made to feel welcome"*



# WHERE OUR VALUES COME TO LIFE

## Compassion

"I've found the staff very helpful and friendly and feel totally relaxed. Thank you."

## Creativity

"Staff very friendly. I get a lot out of coming here. Good to meet other people. Variety of activities."

## Time

'Everything was explained carefully and not rushed'.

## Skill

"Professional, so caring, kind. Impressed with the organisation, friendly, patient. I am very grateful for your help and support."

## **External Statements from CCG & Healthwatch**

Thank you for sharing your Quality Account for 2019/20 with NHS Dorset Clinical Commissioning Group (CCG) for review. As the requirement to include external assurance has been waived this year, please accept the following as comments from the commissioners perspective;

In 2019/20 Lewis-Manning Hospice Care has successfully pursued achievement of it's four key quality priorities. The CCG recognises the change in strategic approach by the organisation and the delivery of high-quality care and support to patients with life-limiting illness and their families in Dorset.

The feedback received relating to Day Hospice, Lymphoedema and Better Breathing clinics reflects the open and welcoming culture which has provided assurance to the CCG that the services provided meets or exceeds the standards required and demonstrates that it is much appreciated by service users.

Looking forward to 2021/22, Dorset CCG is pleased to have the opportunity to continue working closely with Lewis-Manning as a key partner in helping to continually improve services and provide high quality care and support to patients and their families. The aim to expand support to patients through art, physiotherapy and complimentary therapy services and the development of a new bereavement and family support service will be welcome additions to support the overall aims of the CCG.

**Jaydee Swarbrick**  
**Head of Nursing and Quality**

# We welcome feedback on our Quality Account

If you have any comments, please contact:

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