

Quality Account 2022-2023

Lewis-Manning Hospice Care

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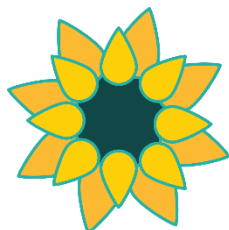
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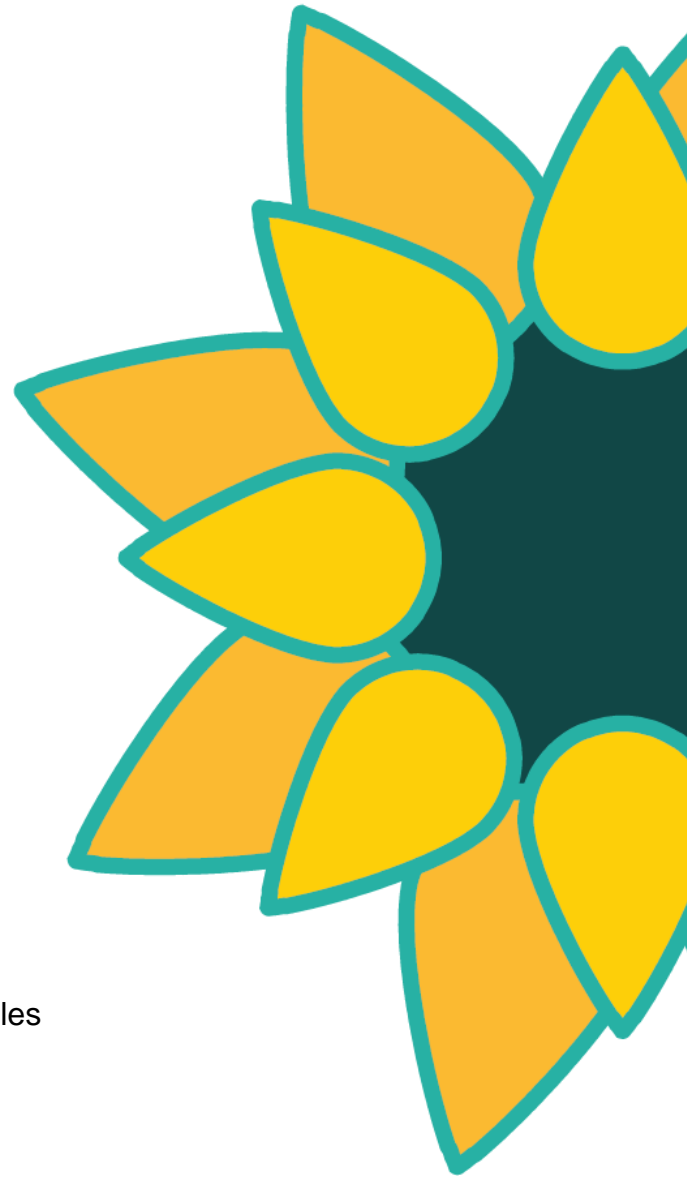
Registered Charity Number 1120193

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

During our 30th Anniversary year Lewis-Manning Hospice Care have continued to provide much needed support for Dorset patients, carers and their families. We have been expanding all of our services, with Day Hospice and our Breathlessness services now in four different locations across east Dorset and Purbeck, Lymphoedema clinical services delivered in both Poole and Bournemouth and Family Support and Bereavement across two different locations in Poole and at home. In addition to this we have developed and implemented our Hospice at Home model of Anticipatory Care across Purbeck and Poole providing much needed support to people in their homes.

We continue to receive excellent patient feedback on our Virtual Hospice services which we have expanded to include online group classes and additional apps to assist patients in their own home. This important ongoing support fits very well alongside all of our services, giving patients additional much needed contact and assistance.

Raising the money to deliver these important and growing services continues to be challenging with our charity shops in particular having been impacted by Coronavirus at the start of the year increasing staff sickness levels. However, we are most grateful to our fantastic supporters, our team of retail staff, amazing retail volunteers, loyal shoppers and stock donors who continue to think of us and have ensured that our charity shops continue to grow. In our 30th Anniversary year were delighted to open three new charity shops. The awareness and income these shops bring are key to our charity's sustainability both in raising income and awareness of the work we do.

There were a number of wonderful events held to raise funds this year in particular our *Simply Fabulous* 30th Anniversary Ball held at the beautiful St Giles House near Wimborne by kind permission of The Earl and Countess of Shaftesbury. This was an amazing event with fantastic feedback from all those who attended and a wonderful way to celebrate this significant milestone for our charity. We held our 'Candles on the Lake' event at Poole Park in October as well as an additional 'Candles on the Beach' event in Swanage where we now have a clinical hub and a new charity shop. Both events were very well attended with so many kind supporters coming together to reflect on the year and remember those no longer with us. These are truly emotional and memorable events which we will be continuing and expanding in 2023.

Our aim to support and develop end of life learning across East Dorset and Purbeck continues with the funding of palliative care scholarships for one PhD student and expansion to five nursing degree students in conjunction with Bournemouth University and The Burdett Trust for Nursing. This is an amazing investment for our charity to be able to make, to assist with increasing knowledge and understanding of palliative and end of life care. Alongside this, we have been working closely with care homes to help staff to develop their skills around palliative care, an area which we will be continuing and growing in 2023 as it supports our patient centred approach to end of life care, improving experiences for more people through increased knowledge in care homes as well as through our own services.

Our Board of Trustees continue to support the leadership team at Lewis-Manning Hospice Care and are proud to have agreed our new three-year strategy from April 2023 onwards to develop all our services and in particular our Anticipatory Care Model of Hospice at Home and development of “local hubs” throughout East Dorset and Purbeck. We have invested designated funds to build this model in Purbeck and Poole with great success to date, statistics and feedback from PCNs, patients and carers proving that this model is reaching, and positively impacting even more people in your local community.

The year ahead remains challenging due to uncertainties relating to the situation in Ukraine and the cost-of-living crisis and the need for sustainable income and local support remains extremely important to us. Demand for our services continues to grow and our collaboration with the different services and organisations in Dorset is leading to exciting opportunities to work together with other providers to improve the experience of people at the end of their lives. The building of hubs in the heart of your community is very exciting and we look forward to building on our success and delivering our plans for the coming year. With the generous help and support of our individual donors, trusts, groups and companies we will ensure that we continue to provide and expand these vital services for patients at the end of life across our community.

Jeremy Allin

Chairman

Clare Gallie

Chief Executive Officer

Priorities for improvement 2022/23

Priority One

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, understanding our impact and continually reviewing our services to act on what we can do to make life better.
- ✿ Working with Universities to encourage an increase in adult nursing students that would like to experience working in our sector.

Priority Two

Increase the number of people that we help

- ✿ Developing our Anticipatory Care Model, building on the successful pilot, working with Shore Medical, Poole and Purbeck PCNs and other community services.
- ✿ Expanding our support for patients through art, physiotherapy and complementary therapy services.
- ✿ Building up our breathlessness services across Poole, East Dorset and Purbeck.
- ✿ Expanding our services in the community in Wimborne, Swanage, Wareham and Bournemouth.

Priority Three

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.
- ✿ Rolling out training and development plans to provide opportunities for all our staff to develop and grow.

Priority Four

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

- ✿ Develop the Anticipatory Care Model into a sustainable ongoing set of services which can be rolled out across all of Poole, East Dorset and Purbeck.
- ✿ Build up new income streams from regular giving and new retail outlets.

- ✿ Reviewing and implementing improvements in our IT systems and analytics capabilities to improve governance, security and working processes.

Report of progress on the priorities for improvement 2022/2023

Priority One

Deliver exceptional care and support.

- ✿ Working with our people to develop our organisation's values and culture through becoming a learning organisation – *continued embedding of our values with reminders around the building including our values painted on walls across Longfleet House. Continued investment into a program of coaching and development across all staff. Promotion of the value of partnerships and collaboration as part of our culture and learning.*
- ✿ 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 – *We have extended our face-to-face services in Day Hospice, at home, in both Lymphoedema and Breathlessness clinics and with the, Bereavement and Family Support at Longfleet House in Poole. In addition, we have been out into the community, setting up hubs and delivering clinics in Wimborne, Swanage and Wareham our Lymphoedema service for cancer patients delivers services into the Bournemouth area. In addition to these services, we have implemented our virtual day hospice expanding our offer to our patients delivering variety of services digitally. Our new Complementary Therapy service has also continued to thrive across all our hubs. All services have allowed us to significantly increase our reach into the community, ensuring that even more people in need receive our end of life help and support, when and wherever they need it.*
- ✿ Working with Universities to develop plans to encourage an increase in adult nursing students that would like to experience working in our sector – *We have continued our program of end-of-life education, expanding to fund five nursing scholarships in partnership with The Burdett Trust for Nursing and Bournemouth University. The initial idea for this project was to attract more nursing students into end-of-life care and from the previous year we were delighted that two out of our three scholars did in fact take up permanent roles in end-of-life care upon completing their nursing degrees. This success has been a foundation stone for expansion of the program which in turn has led to our hospice becoming a placement centre for many more final year nursing students to gain increased knowledge and experience. In addition, we launched a new PhD scholarship, strengthening our links with Bournemouth University and collaborating on important research into the experiences of patients with liver disease at the end of life. Our partnerships with local educational establishments continues to grow, with a good number of student Family Support Counsellors joining us to gain work experience, building their skills for the future.*

Priority Two

Increase the number of people that we help.

- ✿ Developing our Anticipatory Care model of Hospice at Home, building on the successful pilot, working with Shore Medical, Poole and Purbeck PCNs and other community services. *This year has seen the further development of our Hospice at Home services across Poole and Purbeck. We have also developed our new three-year strategy which builds on these foundations and supports our vision for every adult in East Dorset and Purbeck with life-limiting illness to be able to choose how they receive their care with the development of Lewis-Manning “Local Hubs” across the area. We aim to work in collaboration and partnership with other service providers including Primary Care Networks, district nursing, other hospices, acute and community care to provide the best possible service and outcomes for everyone who needs our support.*
- ✿ Expanding our support for patients through art, physiotherapy and complementary therapy services. –. *Following the launch of our new complementary service we have been able to deliver 90 contacts per month averaging 8 referrals that are now referred directly to them and we are able to provide services to patients in their own homes as well as working within the day hospice hubs across Purbeck and East Dorset. It is a great addition to the services that we provide and can really make a difference to the wellbeing of our patients.*
- ✿ Building up our breathlessness services across Poole, East Dorset and Purbeck - *The Breathlessness clinic has expanded further into the community this year with the recruitment of a new physiotherapist and now has clinics in Swanage and more recently in Wimborne. This has allowed a significant increase in referrals, up by 69%, delivering nearly 600 contacts across these areas.*
- ✿ Expanding our services in the community in Wimborne, Swanage, Wareham and Bournemouth –*This year has seen investment in our clinical team allowing a significant increase in what we can offer in the community, we have also developed a strategic plan for the ongoing development of our services. This has resulted in our Hospice clinical team being able to support more people to help them cope with living with life-limiting illness both at Longfleet House and out in the community. Our services include six independent, but closely linked services working together to give patients access to our care at home, at our community hubs or our main hospice site.*

Priority Three

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 continued to increase our reach and awareness through targeted multi-channel marketing campaigns. This has also been achieved by an increased presence within the community through our retail shops with three new shops opening this year, fundraising team and the expansion of our mobile/satellite clinics and services. Our new strategic plan of developing community hubs will see this area developing further over 2023/24.*
- ✿ Developing a new customer focused, mobile enabled website *The charity is continuously developing and improving its website, ensuring content is up-to-date and relevant for the user and well as making it as accessible as possible (mobile, tablet & desktop friendly). This is achieved through a website audit, Google Analytics etc.*
- ✿ Continuing to review skills and experience at Board level and recruit Trustees to support any gaps identified – *Two new Trustees have joined our charity Board of Trustees having been recruited based on a skills review and needs assessment.*
- ✿ Rolling out training and development plans to provide opportunities for all our staff to develop and grow. *A coaching program was rolled out in 2021/22 which we have continued to invest in during 2022/23, this has been complimented by a training and development programs open to all staff which will continue into 2023/24.*

Priority Four

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

- ✿ Develop the Anticipatory Care Model of Hospice at Home into a sustainable ongoing set of services which can be rolled out across all of Poole, East Dorset and Purbeck – *Having continued our investment in developing our Hospice at Home Model this is now an integral part of our new three-year strategy to provide services out in the community, enabling us to meet the needs of more people across Dorset.*
- ✿ Build up new income streams from regular giving and new retail outlets – *2022/23 saw us open three new retail outlets and also try different elements of encouraging regular gifts to the charity. Going forward into 2023/24 we aim to*

open three more shops and expand our lottery offering in conjunction with Local Hospice Lottery.

🌻 Reviewing and implementing improvements in our IT systems and analytics capabilities to improve governance, security and working processes – *Our new IT partners have enabled us to develop and go live with patient database, SystemOne providing a real benefit to our staff and patients and allowing us to develop closer links with other services such as GPs and community nursing. In addition, we now have access to the Dorset Care Record and Diis allowing us to work with other services and Public Health to understand where there are gaps in care and what we can do to help meet these gaps. We have also introduced a new finance system to enable us to increase efficiency and remain fit for purpose as our services, fundraising and retail teams grow.*

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 2022 - 2023 Lewis-Manning Hospice Care received some £499k NHS funding for its services, and a further two standalone payments totalling £266k relating to the development of the Anticipatory Care Model of Hospice at Home. The income generated from sustainable NHS contracts in 2022-2023 represents approximately 18% of the overall running costs of Lewis-Manning Hospice Care.

The remaining costs are 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 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 2021/22 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 committee of the Board of Trustees, which meets quarterly and is chaired by our Charity Chairman.

Research

The number of patients receiving NHS services provided or sub-contracted by Lewis-Manning Hospice Care in 2022/23 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 2022/23 it has fully supported any patients who were participating in research for other providers during this period.

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 22/23.

Lewis-Manning Hospice Care had a Care Quality Commission review in 2022-2023 which resulted in a "Good" rating. Some of the comments are shown below:

- ☀ The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed patients and kept good care records.*
- ☀ Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care and had access to good information. Key services were available 5 days a week.*
- ☀ Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.*
- ☀ The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it, and some did not have to wait too long for treatment.*
- ☀ Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community*

to plan and manage services and all staff were committed to improving services continually.

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 2022/23. 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 22/23 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 2022: GOOD

Part Three

Annual Review of Quality Performance

Day Hospice	
Total number of new patient referrals	245
Attendances	6425
Lymphoedema	
Total number of patients	317
Total number of new patient referrals	149
Attendances	1862
Better Breathing	
Total number of new patient referrals	209
Attendances	593
Family Support and Bereavement	
Total number of new patient referrals	41
Attendances	595
Complementary Therapy (6 months figures only)	
Total number of new patient referrals	35
Attendances	497

59% of all patients have used our Hospice at Home service in the form of visits or support calls.

Area of Practice	Quality Requirement	Number
<i>Pressure ulcers Grade 3 +</i>	Number of all provider acquired Pressure Ulcers	n/a
	Number of all provider inherited Pressure ulcers	n/a
<i>Infection Control</i>	MRSA Bacteraemia	0
	Clostridium Difficile	0
	MSSA	0
	<i>E-coli</i>	0
	<i>Norovirus</i>	0
<i>Medication Errors</i>	No Harm (Level 0)	0
	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
Falls	<i>No Harm</i>	
	<i>Low Harm</i>	0
	<i>Moderate Harm</i>	0
	<i>Severe Harm</i>	0
	<i>Death</i>	0
Duty of Candour	Number of times duty of candour used	0
Never Events	Number of Never Events	0
Serious Incidents	Number of serious incidents relating to Pressure Ulcers	n/a
	Number of serious incidents relating to Falls	0
	Number of serious incidents - other	0
Incidents	Number of incidents by harms;	
	No Harm	
	Low Harm	
	Moderate Harm	0
	Severe Harm	0
	Death	0
Staffing	Sickness rate, Quarterly rate excluding LTS.	2%
Complaints	Number of complaints received	1
Referrals	% non-malignant referrals per quarter	43%

Incidents

Reported Incidents Year 2022/23

All incidents relate to all our services including Day Hospice, Lymphoedema and Better Breathing services at Longfleet House and Wimborne as well as services out in the community and at peoples homes across East Dorset. In total there were two incidents at our location(s). These were classified fall but no injuries resulting.

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 was 1 safeguarding incident this year, this was investigated and resolved with no outstanding actions.

Safeguarding Children

Services at Lewis-Manning Hospice Care are primarily for adults over 18 apart from Family Support and Bereavement service which includes children and young people, there may also be times children are on site accompanying a family relative. As such, 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 during 2022/23 was Hayley Bonner (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 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. If deprivation of liberty cannot be avoided, it is always for no longer than is necessary.

Serious Incidents Requiring Investigation

During the Period 2022/23 there were no serious incidents requiring investigation.

Duty of Candour

During the Period 2022/23 there were no serious incidents requiring investigation.

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

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.

<i>Adult Safeguarding incidents:</i>	1
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Safeguarding Children

The services at Lewis-Manning Hospice Care are predominantly for adults 18 and over. However, the Family Support and Bereavement service covers children and young people as well. Also, 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.

<i>Child Safeguarding incidents:</i>	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 can act to improve patients' experience of care and treatment.

During the period 1st April 2022 to 31st March 2023

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

Internal Audits 2022/23

Audit	Date	Outcome	Actions
CLINICAL AUDITS			
Infection Control			
Infection Control- Hand Hygiene - Monthly	1. 10/1/22 2. 10/2/22 3. 14/3/22 4. 1/4/22 5. 14/7/22 6. 17/10/22 7. 5/1/23 8. 12/4/23	1 - 8. 100% Compliant. No issues raised.	1 – 8. All staff observed washing their hands demonstrated good hand hygiene techniques and understanding. All Actions complete.
Infection Control- Hand Hygiene Lightbox testing - Six Monthly	1. Feb 22 2. Sep 22 3. 31/3/23	1. 83% Compliant. Some minor issues raised with 1 staff member not cleaning effectively between fingers, especially the thumb areas. 2. 60% Compliant. Minor issues raised with 2 staff members not cleaning effectively around nail beds and in between some fingers. 3. 100% Compliant. No issues raised.	1. All staff were given advice regarding hand washing techniques and the importance of hand skin care and moisturising hands. All staff were asked to re-read the IPC Policy & Procedures, which includes hand hygiene. Actions complete. 2. All new staff and volunteers will have an induction in hand hygiene and the use of the UV box to illustrate the effectiveness of their handwashing. All staff to complete Bluestream training in hand hygiene. All Actions complete.
Infection Control- Uniform - Annually	1. 9/2/22 2. 28/2/23	1. 96% Compliant. Only issue was 1 staff member not wearing their ID badge. 2. 100% Compliant.	1. Staff reminded to wear ID badges at all times. Action complete.

Audit	Date	Outcome	Actions
Infection Control- Patient Areas - Quarterly	1. 28/6/22 2. 18/10/22 3. 22/12/22 4. 27/3/23	1. 100% Compliant. n.b. Hoist slings require LOLER. 2. 100% Compliant. 3. 100% Compliant. 4. 96% Compliant - Curtain in Conservatory coming down.	1. Hoist slings tested following audit. Action complete (Ops & Compliance Manager). 3. Non-IPC Action raised - replacement conservatory doors required. Existing doors were modified. Action Complete (Ops & Compliance Manager). 4. Re-hang curtain in Conservatory. Action Complete 28/3/23.
Infection Control- Patient Kitchenette - Quarterly	1. 28/6/22 2. 18/10/22 3. 22/12/22 4. 27/3/23	1. 97% Compliant. Side of fridge requires extra clean. 2. 95% Compliant. 1 item of food not labelled with 'opened' and 'use by' dates. 3. 100% Compliant. 4. 97% Compliant - Box hanging from wall.	1. Cleaner instructed. Action complete (Ops & Compliance Manager). 2. Labels supplied. Action complete (Ops & Compliance Manager). 4. Investigate & repair box. Action Complete 28/3/23.
Infection Control- Patient WCs - Quarterly	1. 28/6/22 2. 18/10/22 3. 22/12/22 4. 27/3/23	1. 92% Compliant. Sensor lid to waste bin broken. 2. 96% Compliant. Cleaning done, but no cleaning log completed. 3. 100% Compliant 4. 96% Compliant - One toilet not flushing properly.	1. Whole bin replaced with clinical hands-free bin. Shower curtain request - N/A. All actions complete following audit. 2. Cleaning log to be instigated. Action Complete. 4. Drains unblocked by Active Drainage 28/3/23. Action Complete.
Infection Control- Clinical Rooms - Lymphoedema Clinic - Quarterly	1. 19/5/22 2. 27/9/22 3. 22/12/22 4. 22/3/23	1-3. 100% Compliant. No issues raised. 4. 96% Compliant - i. Cleaning log is completed by Lymphoedema Specialist Nurses but not always by others using the room. ii. Towels used by Complementary Therapists are sometimes left in towel bin and not orange-bagged & placed in outside bin for collection.	4. i. All other users of the room have been instructed to clean & then complete cleaning log after use. Action Complete 27/3/23. 4. ii. Complementary Therapists have been instructed to orange-bag dirty towels & place in outside bin. Action Complete 27/3/23.
Infection Control- Clinical Rooms - Lymphoedema Office - Quarterly	1. 19/5/22 2. 27/9/22 3. 22/12/22 4. 22/3/23	1. 96% Compliant. Some residue around corner. 2-4. 100% Compliant.	1. Action complete

Audit	Date	Outcome	Actions
Infection Control- Clinical Rooms - Breathlessness Clinic - Quarterly	1. 9/6/22 2. 19/10/22 3. 22/12/22 4. 22/3/23	1-3. 100% Compliant. No issues raised. 4. 96% Compliant - i. Cleaning is being carried out by Breathlessness Clinic staff; however, the log is not being completed on the same day. ii. Others using the room are not cleaning/completing log.	4. All staff using the room have been instructed to clean/complete the log.
Infection Control- Patient Care Room - Quarterly	1. 24/10/22 2. 22/12/22 3. 27/3/23	1. 96%. Paper towel dispenser required. 2-3. 100% Compliant.	1. Dispenser fitted following audit. All actions complete.
Infection Control- Patient Care Room - Bathroom - Quarterly	1. 22/12/22 2. 27/3/23	1. 100% Compliant. 2. 96% Compliant - Various toiletries left in Bathroom.	2. Items to be removed. Action Complete 27/3/23.
Medicines			
Self- Administration of Medicines - Annually	1.28/6/22	1. Missing paperwork for some residents regarding assessment as well as medication prescribed.	1. Check list of forms required to be completed on assessment and admission to prevent forms being missed in the future. Outcome: paperwork now updated with advice from pharmacist - Complete.
Care Records - Clinical Related Information Governance			
Day Care Admission and Initial Assessment - Annually	1. 10/1/23	1. Policy being updated. Patient dependency assessments req.	1. Update policy. Assessment & re-assessment of dependency - systems & tools being reviewed.
Patient's Care Records - DH - Annually	1. 28/6/22	1. Some information missing.	Rectified following audit. SystmOne now in place.

Audit	Date	Outcome	Actions
Patient's Care Records - Lymphoedema - Annually	1. 18/12/21 2. 21/12/22	1. 3 requirements rectified immediately. 2. Minor requirements rectified immediately.	2. 2 Set of notes needed contact number added. Lymphoedema Specialist Nurse to contact patients early in 2023. Action Complete.
Patient's Care Records - Breathlessness - Annually	1. 6/5/22	1. Some information missing.	Rectified following audit. All notes will eventually be on SystmOne.
Patient's Care Records - CT - Annually	1. 28/6/22		SystmOne now in place. New Audit Template for SystmOne tbc
Safeguarding			
Practices to Policy & Procedure/Use of MyConcern (including falls data) - Monthly	1. 3/3/22 2. 21/4/22 3. 30/4/22 4. 30/6/22 5. 2/7/22 6. 16/8/22 7. 24/10/22 8. 22/11/22 9. Nov 22 10. 6/1/23 11. 7/2/23 12. 25/3/23 13. 05/05/23	1. Issue with communication between clinical staff and volunteer drivers. 2. No issues raised. 3. MyConcern housekeeping. 4. No issues raised. 5. Incident with patient brought via Ezeq transport. 6. MyConcern housekeeping. 7-11. No issues raised. 12. No issues raised. Two outstanding cases - to be closed by end of Apr-23. 13. Identified actions now complete. Review in 2 weeks.	1. Volunteers made aware of safeguarding responsibilities and communication. Training included mini-quiz. Action Complete. 3. Action Complete. 4. Review of Ezeq booking system. Transport for complex patients booked only by a trained nurse. Suction training needed for staff including the suction unit and checks. Actions Complete. 6. Action Complete. 12. Two outstanding cases closed 05/05/23. 13. Actions complete. Further review by 19/5/23.
Emergency Trolley Checks - completed at end of month (audit of daily checks) - Monthly	1. 31/1/23 2. 28/2/23 3. 31/3/23 4. 28/4/23	1. No issues raised. Checks will be 4 days per week from Feb-23. 2 - 4. No issues raised.	
Nutrition & Hydration			
Nutrition & hydration provision to patients using hospice services - Annually	1. 12/7/22	1. 100% Compliant. Staff use Waterlow scoring and comply to all SOPs.	
Friends & Family Test			
Patient Survey - Six Monthly	1. Feb 22 2. Aug 22 3. Feb 23	Separate reporting and outcomes/actions managed by Clinical Data and System Administrator.	
Mandatory Training			

Audit	Date	Outcome	Actions
Clinical Staff Training - Bluestream - Six Monthly	1. 17/5/22 2. 19/12/22	1. 'Nurse' profile - 95% & 70% 'HCA' - 96% & 89% 'Lymphoedema' - 100% & 95% 2. 'Nurse' - 72% & 96% 'HCA' - 64% & 87% 'Lymphoedema' - 93% & 98%	1. Time given for staff to outstanding modules due. Action Complete. 2. Time given to staff. From 2023 staff will be allowed 2 days dedicated to mandatory training, with quiet space at the Hospice to complete this. Any ongoing issues with non-completion of mandatory training will be addressed at staff 1-1s and annual appraisals in order to support staff. Action Complete.
Operations / Compliance			
Medical Device & Work Equipment Maintenance Records - Annually	1. 25/7/22	1. 96% Compliant. Issue raised with recording of completed medical device/equipment training by Clinical Staff.	1. Day Hospice Clinical Team Manager instigating process for recording completed training. Action Complete.
----- Clinical Audits End -----			
NON-CLINICAL AUDITS			
Mandatory Training			
Non-Clinical Staff Training - Bluestream - Six Monthly	1. 17/5/22 2. 14/12/22	1. 'Admin Staff' - 89% & 97% 'Fundraiser' - 89% & 93% 'Retail' - 88% & 65% 2. 'Admin Staff' - 100% & 100% 'Fundraiser' - 100% & 82% 'Retail' - 100% & 100%	1. Time given for staff to outstanding modules due. Action Complete. 2. Time given to staff. Action Complete.
Operations / Compliance			
Duplicate - see Clinical: Medical Device & Work Equipment Maintenance Records - Annually	1. 25/7/22	1. 96% Compliant. Issue raised with recording of completed medical device/equipment training by Clinical Staff.	1. Day Hospice Clinical Team Manager instigating process for recording completed training. Action Complete.
Health and Safety Records - Annually	1. 25/7/22	1. All complete except 1 Health & Safety Walk-around sheet. Cleaning Company need to supply SDS for new cleaning products.	1. Actions complete.
COSHH Audit - Annually	1. 9/2/23	1. 100% Compliant. Couple of suggestions made for staff induction.	1. During new staff induction, inform staff where COSHH folder and spill kits are located for their area.

Audit	Date	Outcome	Actions
Environmental Audit - Six Monthly	1. 25/7/22 2. 22/12/22	1. 100% Compliant. 2. 100% Compliant. Suggestion for downloadable event leaflets/T&Cs on our website.	2. Marketing confirmed many events have downloadable information from our website and there is a drive towards more details being available in this way for the future.
Risk Assessment Audit - Annually	1. 22/12/22	1. 100% Compliant.	1. Risk assessments carried out correctly, scored for severity/likelihood appropriately and in a timely manner.
Housekeeping Cleaning Audit - Monthly	1. 31/01/22 2. 28/02/22 3. 31/03/22 4. 29/04/22 5. 31/05/22 6. 30/06/22 7. 28/07/22 8. 25/08/22 9. 30/09/22 10. 31/10/22 11. 30/11/22 12. 23/12/22 13. 31/1/23 14. 28/2/23 15. 31/3/23 16. 28/4/23	1 to 16. All 100% Compliant. Cleaning records up-to-date.	
Display Screen Equipment Audit - Annually	1. 23/12/22	1. 100% Compliant.	
Covid Measures Audit* - Monthly Jan 22 to Aug 22	1. 31/01/22 2. 28/02/22 3. 31/03/22 4. 29/04/22 5. 31/05/22 6. 30/06/22 7. 28/07/22	1 to 11. All 100% Compliant. Temperature check records for staff, patients & visitors up to date.	
Waste Audit - Annually	1. 22/12/22	1. 100% Compliant. Waste management compliant to LMHC SOPs, regulation & legislation.	
Governance (Non-Clinical)			
Accidents/Incidents/ Near Misses - Quarterly	Quarterly	Outcomes are specified on the accident form.	Data is assessed from MyConcern and discussed at the quarterly Health & Safety Working Group meeting.

Audit	Date	Outcome	Actions
Confidentiality - Annually	1. 25/1/23	Narrative Report Completed compliant in all areas	
Information Governance (System Access Control) - Annually	1. 3/3/23	TBA	
Information Governance (Data Security and Protection Toolkit) - Annually	1. 18/9/20 2. 30/6/21 3. 10/6/22	Toolkit submitted prior to deadline each year.	Annual assessment completed to comply with NHS security standards.
HR and Volunteering Audits			
HR Records / Files - Proof of Identity - Annually	1. 27/5/21 2. 1/7/22	1. 93% Compliant. Proof of identity documentation missing on 1 record. Check complete but not recorded in personnel record. 2. 78% Compliant. Documentation missing on 3 records. Check complete but not recorded in personnel record.	1. Actions/rectification. 2. Actions/rectification.
HR Records / Files - DBS Checks - Annually	1. 27/5/21 2. 1/7/22	1. All DBS checks were complete. However, 1 was at the incorrect level & 1 had expired (based on the LMHC 3-yr SOP). DBS verification forms had not been completed for new staff since Feb-20. 2. 100% Compliant.	1. Actions/rectification complete.
HR Records / Files - Qualifications/ Accreditations - Annually	1. 1/7/22	1. 100% Compliant.	
HR Records / Files - Appraisal 121 forms on Breath - Annually	1. 1/7/22	1. 100% Compliant.	
HR Records / Files - Trustee FPPR Checks (compliance to CQC/H&SC Act) - Annually	1. 10/2/22 2. 28/2/23	1. Proof of Companies House check for disqualified directors to be obtained from LMHC Company Secretary for Trustee personnel file. 2. TBA	1. Action Complete.
HR Records / Files - Trustee Onboarding Checks - Annually	1. 10/2/22 2. 28/2/23	1. 100% Compliant. 2. TBA	

Audit	Date	Outcome	Actions
HR Records / Files - Trustee completion of mandatory training - Annually	1. 11/1/22 2. 27/2/23	1. 81% Compliant. Some outstanding modules for Trustees. 2. TBA	1. Remind Trustees to complete all mandatory training. PA to CEO to Action. Action Complete.
Volunteer Records / Files - Identity checks - Annually	1. 7/2/22 2. 22/2/23	1. Some outstanding documentation required, particularly for Retail volunteers. 2. 100% Compliant.	1. Volunteer Manager to Action. Action Complete.
Volunteer Records / Files - DBS checks - Annually	1. 7/2/22 2. 22/2/23	1-2. 100% Compliant.	
Volunteer Records / Files - Reference checks - Annually	1. 7/2/22 2. 22/2/23	1. 70% Compliant. Outstanding documentation required. 1. 100% Compliant.	1. Volunteer Manager to Action. Action Complete.
Health and Wellbeing			
Staff Survey - Biennially	1. Jul 22	1. 90% response rate. In 7 cases LMHC results were the same as and in 37 cases our results were better than all other hospices across the UK, none were worse. 96% of staff felt trusted to do their job, enjoy the work they do and that our charity acts fairly in its dealings with everyone.	1. Three actions being focused on by LMHC SMT in the coming year: physical space (for services, desk space and parking), communication (cross teams and feedback from SMT/Board Meetings) and clinical pay rates.
Fundraising			
Gift Aid Declaration Audit - Annually	1. 28/7/22	1. 90% Compliant. Only 1 declaration copy required.	1. Action Complete.
Thank you, Letter Audit - Annually	1. 28/7/22	1. 100% Compliant.	
Marketing			
Marketing supplier accreditations/ insurance checks - Annually	1. 22/12/22	1. PL Insurances to be checked going forward.	1. Process in place. Action Complete.
Media Consent - Annually	1. 22/12/22	1. 100% Compliant.	1. Online process to be introduced during 2023.

Safe Staffing Levels

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

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” Trustee Emma Starmer made herself available for sessions in which any member of staff who has a concern could speak to them. During CORONAVIRUS restrictions, it wasn’t possible for her to attend site but contact details were published and circulated to staff. This ensured that members of staff always had a way for them to voice their concerns directly with a Board Member.

Feedback from Patients and Families on Service provided.

Friends and family feedback cards were given out during 22/23 as well as additional forms for patients using the Breathlessness, Day Hospice, Bereavement and Family Support services. We had 105 responses with the results shown below:

Service	Very Good	Good	Neither Good Nor Poor	Poor	Very Poor	Not Sure
Day Hospice	20	1	1			
Bereavement & Family Support	6					
Lymphoedema Clinic	66					
Breathlessness Clinic	8	3				
Total	100	4	1			

Examples of feedback from patients:

Day Hospice:

'When we are born, we are wrapped up in a blanket and put in the safe hands of someone who will love and support us for the rest of our lives.

What Lewis-Manning Hospice Care has done for me, now I am reaching the end of my life, is wrap me up in a big warm blanket, support and care for me and my family at the end of my life journey and for that I will be forever, eternally grateful'.

'It's great and I enjoy being at the hospice for the patients and staff.'

'Everybody is so nice to me.'

'Talking to people, very good for care. Particularly liked crafts and exercise.'

'Because the staff make time to speak individually and it's good to meet new people because I live alone.'

'So warm and friendly, they make you feel at home.'

'The staff are so kind and is like a very friendly gathering.'

'Very good service.'

'From my experience here, staff are devoted to each other. Get the best from their patients.'

Complementary Therapy:

'Very relaxing and therapeutic, lovely when you don't have the use of limbs.'

'Lovely environment and people and range of services that meet real needs when you have cancer.'

'Because everything I asked for was done without question. And in a friendly way. I feel tons better.'

'Made me feel relaxed, so lovely.'

'The Complementary Therapy always leaves me relaxed.'

'I really enjoy the massages which are done well.'

'I think the massages are brilliant.'

'I feel so much better after treatment.'

'Relaxing and therapeutic. Moves my limbs as I am unable to move myself.'

Beautiful, very nice.'

'Relaxing, helps to ease tension.'

Lymphoedema Clinics for cancer patients:

'The staff are all so lovely and nothing is too much trouble.'

'Excellent support.'

'Excellent treatment and information.'

'Thorough as always.'

'Treatment was fantastic, made a huge difference.'

'Loved the clinic and nurses.'

'Great as always.'

'Found service and attention first class.'

'Excellent experience in all respects.'

Family Support and Bereavement:

'My first experience of grief and counselling - Jo has been an incredible support. I'd be lost without this service! Thank you.'

'Jo has been such a great support in helping me deal with my Dad's death.'

'Excellent care, good advice, excellent service all round.'

'Gave support and reassurance to enable me to regain control of my life.'

'I felt very comfortable, made at ease, felt listened to and helped.'

'It was good to talk to relieve ones' burden in confidence.'

'I value the support which is extremely helpful. Bereavement counsellor makes my day feel positive.'

Family Support and Bereavement Feedback – Carer's Group

'I was reluctant to join the group in the beginning however I find it is helpful to talk to people in a similar situation. I find I learn something new every week.'

'What an amazing two hours in our Carer life. A safe place to talk and cry gives everyone that 'comfort blanket' Exceptional service.'

'I'm so pleased that I came along to the group today. It was my first visit, and I was made to feel so welcome. Good to be in the company of like-minded people.'

'I find it's important to attend the sessions for my own release. It's a safe environment to express how you feel. No one judges you and it gives me time to reflect on things.'

'It is such a lovely group; very caring and being with other people in the same situation. We can vent our feelings and go home feeling much more positive. Thank you all very much. We are lucky to have Lewis-Manning.'

'Thank you for such a lovely morning. It was such a release of pent-up feelings. I look forward to the next meeting.'

Breathlessness Service

'My breathing was very poor, with wheezing/shortness of breath. I was shown a number of breathing exercises which really helped me improve my breathing. The clinic also gave me a range of advice from singing groups to changing my pillow. I was very pleased to have an expert to talk to about my breathing. After the sessions with Louise, I felt I had improved, and I was also given exercises to practise at home.'

'These classes and the therapist have helped me breath slowly and steadily with good deep breaths instead of the quick, shallow pants which I was tending to resort to frequently.'

'Louise was very pleasant and easy to talk to. Description on breathing exercise easily understood. Thank you.'

'I arrived feeling nervous as much medical type interaction has been negative, however I was helped to relax and discuss openly my situation. I was taught techniques that helped me to be calm and learn to exercise in a way that wouldn't worsen symptoms.'

'I found my visits to the Breathlessness Service very helpful.'

'Being able to discuss with somebody I felt understood my anxiety in different situations.'

'Very helpful to talk and learn new techniques to help my breathing.'

Hospice at Home

"Lewis-Manning started doing social sits after I could no longer attend Day Hospice sessions. I love it when the girls come, especially Jade and Tia. They always make me a cup of coffee and pamper me by doing my nails and hair. I can't look after myself like I used to and it gets me down but when the girls leave I feel beautiful again. I am so grateful and I don't know what I would do without my visits from the girls."

LEWIS-MANNING'S ORGANISATIONAL VALUES

**We are
patient
centred.**

**We listen to
what
matters.**

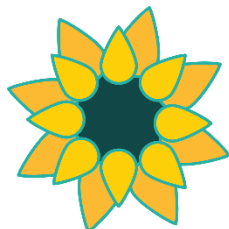
We are kind.

**We are
accountable.**

We welcome feedback on our Quality Account

If you have any comments, please contact:

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