

Sue Ryder

**Thorpe Hall Hospice
Peterborough**

Enter and View Report

25 November 2024



Contents

What is enter and view?.....	3
About the visit.....	3
Methodology.....	4
Summary of findings.....	4
Staff.....	7
General Observations.....	9
Observations.....	11
Recommendations.....	14
Acknowledgements.....	16
Healthwatch Contact Details	17

Enter and View visit

Sue Ryder – Thorpe Hall Hospice. Peterborough

Monday 25th November 11–2.30 pm.

What is Enter and View?

As the local Healthwatch for Cambridgeshire and Peterborough, we have statutory powers under the Health and Care Act 2012, and Local Government and Public Involvement in Health Act 2007, to carry out ‘Enter and View’ visits to local health and care services.

Under this legislation, Enter and View visits can be made to any premises where health and social care is publicly funded – such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.


Through an Enter and View visit we collect evidence of what is working well and identify how patient experience could be improved. We use what we hear and see on the day to report to providers and others with recommendations to inform change for health and care services we visit.

About the visit

Sue Ryder Thorpe Hall Hospice is the only specialist palliative care inpatient unit in Peterborough. They provide care and support for people who are living with life-limiting conditions, as well as supporting their families.

The visit to Sue Ryder Hospice in Peterborough was conducted to provide an independent assessment of their services, complementing the CQC's positive inspection results. The objective was to evaluate the services from the perspective of patients and visitors.

This report contains accounts of what we observed and what people told us during the visits. It is not a representative portrayal of the experiences of all patients, carers, visitors, and staff.



Methodology

This visit was requested by Sue Ryder Thorpe Hall Hospice.

Three Enter and View Authorised Representatives carried out the visit.

Interviews were held with the Head of Clinical Services, together with a patient, a visitor and 2 staff within the inpatient unit of the Hospice to gather feedback about the service.

We were given a tour of the site; our findings are reviewed further in this report.

Summary of findings

The hospice is not solely a place for end-of-life care; it also provides pain management services and psychological support for patients before they return home. The duration of stays varies, ranging from a few hours to up to three months.

The hospice does not offer respite care at present as they are mainly a specialist palliative unit, although the Head of Clinical Services explained they are currently looking at a respite model.

At this location, people are referred to the service by a health professional, mainly by Clinical Nurse Specialists and District Nurses, but referrals also received from GP's, hospital doctors, consultants and ward nurses.

During our visit, concerns were identified by the team that not every patient requiring End of Life support is made aware of the option of care within the Hospice as an alternative to a hospital environment. The hospice has publicised and held open days and meetings for health professionals, especially GPs to educate the value of a Hospice.

People are not able to directly self-refer, however the management team are able to explain the process to individuals and families and will guide anyone who calls as to how to be referred.

[Make a referral to Sue Ryder Thorpe Hall Hospice | Sue Ryder](#)

The hospice provides 20 individual ensuite bedrooms, with access to the garden area.

There is no waiting list at the time of our visit, 14 beds were being used.

Six of the beds are “medically light” beds which are fully funded by the Integrated Care Board (ICB.) These are provided for people who do not wish to die at home or a hospital environment. This provision started April 2023 and interest has been increasing.

Funding -The hospice receives 36% statutory funding; the remaining is raised by charitable means.

The Hospice at Home service (H@H service) is fully funded by the ICB.

We received the following response from Allison Mann, Service Director, regarding the governments recent announcement of an additional £100 million in funding for hospices.

“In response to the recent announcement by government of £100m funding for hospices, Allison Mann, Service Director at Sue Ryder Thorpe Hall Hospice said, “Everyone at Sue Ryder really welcomes this announcement from the Government, and we’re encouraged to see their commitment and the value they have for the hospice sector. End-of-life care is an essential part of the healthcare system and Sue Ryder, and everyone at Sue Ryder Thorpe Hall Hospice, is looking forward to working with Hospice UK and the Government to ensure more people receives this vital care and support.”



When a patient is admitted to the ward or being cared for by the H@H service, the hospice ask what matters to each individual. The hospice team will do what they can to support them.

The whole Multi- Disciplinary Team (MDT) work together to provide symptom management, physical and emotional support. The general approach to hospices has changed since the Covid-19 pandemic. Previously, members of the public had the impression hospices were like care homes which had many issues with an increase of infection.

The bedroom doors were observed to be closed. However, staff explained that patients are always given the choice to keep their doors open or closed, and they can change their preference at any time. For patients at a high risk of falls, staff encourage keeping the door open, ensuring they communicate the reasoning clearly with both the patient and their family.

We spoke to a visitor who had nothing but praise for the care or their partner was receiving. They said they had online counselling but did not feel any benefit. It was explained that sign posting to the Sue Ryder Grief Kind Space for peer support could be made.



'Absolutely amazing' nothing too much trouble' and 'the food is really good.'



Staff

The hospice employs a total of 135 staff members, both permanent and bank, across clinical and non-clinical roles. This workforce is further supported by over 100 dedicated volunteers who play an integral part in the service.

Day time Staffing (Monday-Friday):

During weekdays, the clinical team typically includes one consultant, two specialty doctors, and visiting doctors. They are supported by three registered nurses and three to four healthcare assistants, with staffing levels adjusted according to patient needs. The ward also benefits from a therapy team that includes an occupational therapist, a physiotherapist, a complementary therapist, and an activities assistant. Volunteers further enhance the team's capacity to provide holistic care.

Night time Staffing:

At night, the team consists of two registered nurses and two healthcare assistants. A palliative care consultant is available on-call overnight and during weekends to provide advice. However, there is no on-site doctor during these hours. In cases requiring medical assistance, the hospice relies on NHS 111, using the "health professional" option. Staff have noted occasional delays in receiving responses through this service.

Support and Development:

The hospice is part of a national Sue Ryder quality team and also benefits from the expertise of an in-house practice educator, ensuring high standards of care and continuous professional development for staff.

Staff Insights:

Team members shared that many were drawn to their roles after experiencing burnout in previous positions within the health service. They admitted to having misconceptions about the functions and atmosphere of a hospice before joining, but have since developed a deep appreciation for the supportive and compassionate environment it offers.



'It's not only death, death, death, we recreate a home from home and go the extra mile, 'not held to time constraints - can spend time with patients, it's a whole family thing.'



Staff shared that they work cohesively as a team and benefit from mutual support. They described the managers as approachable, noting that the "door is always open."

Staff members reported never feeling that their concerns are trivialised. One individual expressed feeling highly supported during their own health challenges, contrasting this with the limited support received in previous employment.

The Employee Assistance Programme offers significant support to staff, including access to counselling services.

The daily staff handover provides updates on patients' current health status and serves as a platform for discussing complex or challenging situations on the ward.

Staff acknowledged feeling pressured by the online training requirements due to the need to complete modules within specific timeframes. While support is available for accessibility needs, many expressed a preference for face-to-face training sessions.

The hospice benefits from low staff turnover and several long-serving team members. However, there are currently vacancies for two registered nurses, which can sometimes result in staffing shortages during absences, sickness, leave, or periods of high patient demand.

If given one wish, staff members said it would be for higher wages. Some staff, such as healthcare assistants and domestic workers, earn the minimum wage with additional pay for overtime. While they feel valued and appreciated by the organisation, the current pay rates leave them feeling undervalued, particularly when compared to other employers.

General observations

The main Mansion House building is a Grade Listed One building. (This building has service strict regulation to any changes.) This is not used by or accessed by patients or visitors. The main hospice being used is set within a modern annex in the grounds.

The main atrium is a hub for patients and staff to congregate.

The hospice lacks a dedicated dining room; however, patients can dine at tables located in the atrium near the staff desk and refreshment area.

These tables also serve as spaces for activities. Patients love the food and can have whatever they want. Afternoon teas are served in the summer presented on tiered plates for patients to have with their family.

Although we did not observe inside a patient's room, people are able to bring personal items to make the space more homely.

A complaints system was discussed, with an example provided. It appeared that the issue was resolved appropriately, and valuable lessons were learned.



Complementary care room.

This is a standard bedroom which is used for holistic therapies such as massages and meditation etc.

This room can be converted back into an additional bedroom if required.

Sanctuary room.

The hospice welcomes people of every or no faith, providing a dedicated “sanctuary room”, where a range of information and resources is available at any time for those who wish to use it.

Arrangements can be made for visits by various faith leaders.

Gardens

These are well designed for accessibility and well maintained.

An attractive play area is provided for children.

The gardens and location are surrounded by a high wall and tall front gates for security.





Meals

There are menus which have multiple choices. Meals are available 8am-4.30 and mealtimes are protected times.

A reduced snack menu is available 24 hours daily.

A menu is available for visitors. Dishes cost £3.00-£4.00.

Food can be provided off menu, and celebrations are catered for. They have arranged patient weddings on site too.

Observations

Positive

- There are plenty of parking spaces available.
- The gardens are accessible from the bedrooms and open to wider spaces of grounds. There is a children's play area.
- The reception area is airy and has information, and a refreshment station.

- All areas were spotlessly clean, and we saw several of the cleaning staff working during our visit. Hand gel is available at entrances to areas and on corridors.
- The hospice featured several notice boards displaying key information, including staff on duty, safety huddles, incidents such as trips and falls, a "You Said, We Did" section, as well as compliments and feedback. Additionally, a variety of informational leaflets were readily available for staff, patients, and visitors.
- We observed staff knocking on bedroom doors before entering rooms.
- Call bells were answered in a timely way.
- Family and friends calling the centre for updates receive a password to verify their identity as genuine callers.
- Wrist alarms are worn by patients which activate within the building and gardens if needed.
- Beds can be wheeled outside into the garden space.
- The site have over 100 volunteers who help with many areas, including gardening, administration, wellbeing support, serving meals, providing refreshments, sitting with patients and families, complementary therapists and Pet At Therapy (PAT) dogs.
- There are options for counselling and bereavement support for patients, family, and staff. These are online, one to one, and peer support groups. A texting service is also available which is similar to a coaching service.
- Pain management- there is a sliding scale of pain management. The nursing team can adjust; accordingly, however we were told sometimes a holistic approach such as a hand massage or breathing exercises could help reduce the need for medication.
- The service has asked for people's feedback. We highlighted that at such a difficult time, any feedback may not be useful. A request of feedback at a 6 or 12-month time may provide useful information when the family are not feeling emotional.
- There is no separate accommodation for family, however a "z bed" can be set up within the inpatient bedroom.
- Funeral Directors have access to a separate entrance/exit.

Observations

Challenges

- The main hub area, or atrium, was furnished with a few low sofas but lacked supportive or higher seating options for individuals who might require them.
- The central hub of the corridors featured a refreshment station where lunches were distributed. Staff collected trays from this area and delivered them to individual bedrooms. However, we observed that the plates being carried to the bedrooms were not covered.
- After meals, plates were returned to the central station and placed into large plastic crates. This process generated considerable noise, which startled a nearby patient.
- A vacuum cleaner being used in the corridors was notably loud, adding to the noise levels.
- A sign displayed in the corridor indicated that there had been no trips or falls reported for the past three days.

Dementia friendliness

The hospice has planned a Kings Fund dementia check in the next couple of weeks. However, during our visit, we highlighted some points to make improvements.

The flooring in the reception area has wooden pattern. Changes in flooring colour including stripes, patterns, shadows, dark areas, or mats can be misinterpreted and look like holes to step over.

The bathrooms also did not have grab rails or doors in a contrasting colour. Being able to find the toilet provokes anxiety and using the same signs and door colours to denote all toilets will help people find them more easily. Ensuring good colour contrast on sanitary fittings will make toilets and basins easier to see and use.

Accessibility

- Signage is clear enough for visitors, but are not dementia friendly.
- Information leaflets are available in English. There are no leaflets in other languages. The Sue Ryder Communications team can translate information on request- but there is no signage to explain

this is available. There are around 147 different languages spoken around the Peterborough area.

- There are no easy read leaflets.
- There is no signage to highlight any hearing loop system or access to translators.

Upon death, the release of the person.

The team can put a request in for rapid release of a body for deaths in cultures requiring prompt funeral arrangements that occur outside the medical examiner service. Staff would follow the local process to contact the coroner and discuss the circumstances. If the coroner allows the body to be released, a burial order out of hours is made and the medical examiner will agree the cause of death on their next working day.

Recommendations

Promote the Hospice and its services

With the public interest in the End of Life Bill, it would be an ideal time to publicise hospices services to educate the public and health professionals to encourage its use. Encourage people from all backgrounds that a hospice offers an equal choice, no matter what religion they follow.

It would also be a key tool to encourage donations.

Sue Ryder's Chief Executive, James Sanderson, responds to the assisted dying bill being discussed in the House of Commons.

*“Sadly, only half the people who need **palliative care** receive it. Regardless of how the assisted dying bill progresses, this fact is something politicians and the Government must no longer tolerate and must commit to fixing.”*

<https://www.sueryder.org/blog/chief-executive-responds-to-assisted-dying-bill/>

Dementia tool kit

Use insights from the Kings Fund Dementia Toolkit to implement actionable recommendations. Consider initially updating a few bedrooms to optimise cost savings.

Trips/falls

Suggest to people bedroom doors are open to help reduce falls and increase social contact.

Meals

Menus are currently in black and white print. Including pictures of the dishes could stimulate appetite and minimise the need for explanations.

Meals and snacks should be covered during transport.

Information and Accessibility

Staff should emphasis to visitors that support is available face to face, not just online.

Enhance the Reception area and hub information boards with a poster detailing the availability of translation services, including options for large print, Easy Read, and BSL. Additionally, indicate that information leaflets can be translated upon request.

Reduce noise

A less noisy vacuum cleaner could be better for reducing stress for inpatients and visitors.

Empty plates could be placed on a wheeled trolley instead of in small plastic boxes to reduce noise.

Service feedback

To encourage more formative service feedback, ask family and visitors for feedback after a 6 or 12 month period.

Acknowledgements

We would like to thank:

Lorraine Lofting (Volunteer Authorised representative)

Jo Smith (Volunteer Authorised representative)

Susan Shackleton, Head of Clinical Services, Sue Ryder

Allison Mann, Service Director, Sue Ryder

All the staff, inpatients and visitors.

Volunteers pictured below



Contact us:

Healthwatch Cambridgeshire and Peterborough

The Maple Centre

6 Oak Drive

Huntingdon

PE29 7HN

Email: enquiries@healthwatchcambspboro.co.uk

Call: 0330 355 1285

Web: www.healthwatchcambridgeshire.co.uk

Web: www.healthwatchpeterborough.co.uk

Share your views

Services need to know what needs improving.

Do you have an experience of health or social care you would like to share?

You can use the contact details above to get in touch or text us on
0752 0635 176

Feedback via our websites:

<http://www.healthwatchcambridgeshire.co.uk/content/have-your-say>

<https://www.healthwatchpeterborough.co.uk/feedback-on-care/>

Please get in touch if you would like this report in a different format.

We can offer this publication to be in other languages, large print, braille
and other accessible formats.