

Enter and View visit to Beaumont House Hospice

August 2024



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1.2 Details of visit

Name & Location of service	Beaumont House Hospice Care 32 London Rd, Newark, NG24 1TW
Care Quality Commission (CQC) Rating	Good
Date of the visit	19 th April 2024
Authorised representatives	Cathy Beeley, Juliet Cox, Kevin Gray, Natalie Wright, Richard Mayer and Suzan Nakalawa
Point of Contact	Karen Brown – Service Lead

1.3 Acknowledgements

Healthwatch Nottingham and Nottinghamshire (HWNN) would like to thank Beaumont House Hospice staff, patients and their families for their contribution to this Enter and View visit, notably for their helpfulness, warm hospitality, and courtesy.

1.4 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



“They make me feel at home and comfortable”



Beaumond House Hospice

2 Executive Summary



HWNN Representatives spoke with nine people accessing the service and three staff members on the day of the visit. The aim of the visit was to speak to people about their experiences of daily life, the quality of their care, their activities and how they feel their dignity and respect is upheld.

Overall, patients made positive comments relating to the several aspects of their care that were explored with them on the day. Including, people saying they are treated with dignity and respect at all times, that there were good options on the menu and that they are included whenever possible in activities and are encouraged to get involved.

Patients were happy with the care they received and mentioned that the hospice helped them to have options and information to make informed choices and they knew who to talk to should the need arise or if there was a concern or complaint.

Beaumont House Hospice is situated in the Nottinghamshire district of Newark and is easily accessible by car and public transport. The hospice is an old 2-storey building, which has some limitations in terms of its facilities. Two notable areas that were observed are the lack of a bath for patients, which limits bathing facilities to a shower only, restricting patients' bathing choices. Also, the size of the lift, which was noted as too small for stretchers, necessitating patients being transported up and down the lift in a seated or standing position, which may not be suitable for everyone's needs.

Staff members were observed to be caring, polite and in tune with the needs of the patients. Overall staff appeared happy with their job and mentioned that they have a good team. Staff said they feel supported in every way, including when people pass away, and that they receive appropriate training including for non-mandatory courses on topics that interest them for their growth and development.



HWNN have made 3 recommendations:

1. Actively seek to relocate to a new building that is fully fit for purpose.
2. Allocate protected time for staff to complete training without distractions.
3. Continue to offer the high-quality service to people accessing Beaumont House and their families.

"I've met lots of people in my life but there aren't any better people than those here"

3 Introduction

3.1 What is Enter and View



Healthwatch Nottingham and Nottinghamshire (HWNN) is the independent public voice for health and social care in Nottingham and Nottinghamshire and exists to make services work for the people who use them. We believe that the best way to do this is by providing local people with opportunities to share their views and experiences.

HWNN has statutory powers to listen, act, challenge and gather feedback to improve local services and promote excellence throughout the NHS and social care services.

To help achieve this Healthwatch have a statutory power under the Local Government and Public Involvement in Health Act 2007¹ and Part 4 of the Local Authorities Regulations 2013² to carry out 'Enter and View' visits to health and social care services that are publicly funded. The purpose of an Enter and View is to listen to people who access those services and observe service delivery. All visits are conducted by an 'Authorised Representative' (AR).

Following the Enter and View visit a report is compiled identifying aspects of good practice within the service visited along with any recommendations for any possible areas for improvement.

As we are an independent organisation, we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they are required to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about

¹ [Section 225 of the Local Government and Public Involvement in Health Act 2007](#)

² [Part 4 of The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

and share examples of what they do well from the perspective of people who experience the service first-hand.

The report is sent to the service provider providing an opportunity to respond to any recommendations and comments before being published on the Healthwatch Nottingham and Nottinghamshire website at:

www.hwnn.co.uk

The report is available to members of the public along with the Care Quality Commission (CQC), Healthwatch England and any other relevant organisations. Where appropriate HWNN may arrange a revisit to monitor the progress of improvements and celebrate any further successes.

3.2 Strategic drivers

For this coming year HWNN will be continuing to develop its program of Enter and View visits to facilities that include, but are not limited to care homes and hospice's. This is so that we can meet our priorities which this year is to **“Understand the Social Care landscape in Nottingham and Nottinghamshire utilising our re-established Enter and View function”**. HWNN will be specifically focusing on the experiences of the service users and their loved ones as a cohort of people who are seldom heard or are underrepresented.

3.3 Methodology



In this report, where the term “people” is used, this describes everyone who was involved and/or participated in the E&V activity, including patients, day-care service users, staff and relatives or carers of those accessing the service.

On arrival, the AR's introduced themselves to the Service Lead who welcomed the team and briefed them on the day's arrangement and activities. The AR's were at the premises between 10.15am and 2pm. They were given a tour of the building and shown around including a room for them to hold interviews.

HWNN AR's used semi structured interviews and observations to gain insight as well as unstructured general conversations as the day progressed. People were made aware of why the AR's were there, and the role of HWNN.

The AR's had a list of conversation topics based on pre-agreed themes for the service visit. Additionally, the AR's spent time observing some routine activities and interactions during the day. The AR's checked with the service lead whether any individuals should not be approached or were unable to give informed consent. The service lead informed the team that they could speak to all those present on the day.

In total, the AR's spoke to **9 people** accessing the service and **3 staff** members. Of the 9 spoken with, 1 person was receiving 'hospice at home' care, and was spoken to by phone on **20th April**, the day after the visit.

On the day of the visit, people were approached and asked if they would be willing to discuss their experiences. It was made clear to them that they could withdraw from the conversation at any time and participation was entirely voluntary. AR's also reassured people that only anonymised data will be



collected and used. AR's recorded the conversations and observations via hand-written notes.

AR's spoke to patients with varying degrees of wellness and it was important to recognise this and to engage with care-receivers within the limits of their health and wellbeing. Some of the conversations were had with a family member rather than the person receiving the care.

In respect of demographics: -

Of the 9 people spoken with (5 attending the day therapy service, 3 in-patient patients, and 1 person receiving 'hospice at home'), 7 were females and 2 were male. All those who chose to give their demographic information were the same sex as assigned at birth, heterosexual, white British and 1 person identified themselves as an unpaid carer.

4 Purpose of Visit

We were invited by Beaumont House Hospice Care to independently collect the views of service users at the point of service delivery. We received feedback from:



The purpose of this Enter and View visit was to engage with patients, day-care service users, and their relatives, or carers, to explore their overall experience of Beaumont House Hospice Care.

Pre-visit research

Prior to the visit, HWNN representatives met with members of the management team to ask about the facilities, services offered and how patients and families are supported. HWNN representatives also visited the website for the service to review information available to patients and families about Beaumont House Hospice.

The hospice has an informative website that includes information about activities, pictures, a short video that tells the story of Beaumont House and contact information.

One to one discussions with service users (and family where relevant)

During the visit, Authorised Representatives (AR's) spoke with patients and their relatives about their experience of the hospice, and the care and treatment delivered by the staff.

Discussions with members of staff

AR's spoke with members of staff about their experiences of delivering services to patients. Questions centred around support for patients, identifying good practice and any improvements staff felt could be made at the Hospice.

Observations

Along with viewing the available facilities, observations were made throughout the visit. This included patient and staff interactions, accessibility measures in place and the condition and cleanliness of the facilities.



Signage at the front of the property

“[They] make you feel at home”

5 Service Overview

5.1 Overview

Services Available

The hospice provides the following services:

- In-patient care (for up to 4 patients)
- Complementary Therapy
- Bereavement Support
- Hospice at home
- Carers Support
- Day Therapy

Beaumont House Hospice Care provides palliative care for people with life limiting conditions, and support to their families. There are four in-patient beds for people with palliative care needs, all individual rooms with en-suite facilities. There is a day therapy service where people who are terminally ill and their families can access support and information. There is also a 'hospice at home' service for people wishing to remain within their own homes.

The hospice can be contacted 24 hours a day, 7 days a week and they employ more than 70 staff. The hospice delivers a nursing-led service with approximately 40 people receiving the 'hospice at home' service with a further 7 to 9 people who regularly attend the day therapy service.

People access the service at varying durations from 1 week to several years.



Reception Area

5.2 Premises

The provider has two buildings on site, one of which accommodates the offices and is also used for internal and external meetings. Beaumont House Hospice is an old style 2-storey Victorian building. Because of its age and design it has some challenges and

limitations relating to the facilities. For example, due to the shape and layout of the building, there is currently no scope for inclusion of a bath, limiting bathing options for patients to a shower only (Recommendation 1).



The front of the main building with carpark



The second building

The building does have a lift; however, due to its size, it cannot accommodate stretchers, meaning patients have to be transported in the lift in a seated or standing position only. This is inconvenient and will not accommodate the needs of everyone.

Apart from the issues mentioned with the lift and bathing options, the premises are well presented, clean and has a warm and friendly atmosphere that seems to meet the needs of those accessing the hospice care.

6 Summary of findings

The internal environment – First impressions

Entry into the hospice was via a large front door with a doorbell that is locked and secure when it is not manned by the reception team to ensure safety. There is a CCTV in operation and the back door has a key code to enter the building. For the office building there was a visitor signing-in book which was located by the main entrance and the AR's were asked to sign in/out.

The AR's were greeted by Karen, the Service Lead, who gave a tour of the hospice and explained the day-to-day running of the service and activities that were taking place.

There was a suggestion box where staff and service users can add their comments, and the AR's were informed that service users' views are sought regularly to enable improvement.

The physical space felt quite crowded, however, this is as a consequence of it being an old building with a particular design and layout.

Feedback from those accessing the service, their relatives, staff and from our observations



Change / blue sky thinking

People were asked what they liked best and what they would like to change if they could. Most of them said that they wouldn't change anything and like the service offered to them.

"I like the old building"

"Very caring"

"You can do what you want - I like the peacefulness"

"Being safe"

"Feels homely, doesn't feel too medical. Feels safe, family feel able to leave"

"Encouraged to join in"

"They encourage you to do and try, more than you think you can do and join in."

"I just enjoy the whole atmosphere as I'm housebound."



Being active, engaged and socially included

Participating in social activity is not always possible for every individual due to the nature of the service – some people will be too ill to take part. However, when asked, all said that they are included whenever possible and are encouraged to get involved as much as they can, and in any way they can. Some stated that they were surprised by how much they could still do. This is reflected in what was observed on the day by the AR's and general conversations during the day. Upon arrival, on the day of the visit, there was a steampunk activity (a form of arts and craft) which people seemed to really enjoy and learn something new.

"Family made to feel very welcome"

"Have lots of visitors, grandchildren and others. Wonderful to see them, making me happy and smile."

"In alert moments chat with staff, have the radio on and have a joke."

"Different activities, animal visits, afternoon tea, etc"

"We do a bit of exercises - we have visits and always something going on, different activities - such as afternoon tea."

"Gets involved with the activities / steam punk, going to Retford next week"

"Not active though due to being quite unwell. Was having aromatherapy on feet earlier today."

"Do quizzes now and then - I enjoy them"

"I don't do anything but that's because I'm too tired"



Dignity and Respect

Feedback regarding this aspect was that they are treated with dignity and respect at all times and that this seems to be a main practice within Beaumont House. Observations from the day by the AR's were in line with this feedback. People also stated that they are asked before being helped to ensure that their independence is encouraged and maintained where possible.

"They are really good and caring"

"They would virtually carry you about if they could"

"They make me feel at home and comfortable"

"Make you feel at home"

"Above and beyond"

"Yes definitely" is treated with dignity and respect

"Very much so" feels respected

"They let me ask for help - makes you feel as independent as possible."

"Always ask"

"Without any doubt. They give him a bed bath every day. He is a proud man, but they handle this discretely, keeping him covered up and comfortable."



Informed choice

When asked, people stated that they are given options and information to make informed choices and are happy with this aspect of the care and service offered to them.

"Bearing in mind he's not as alert as he was, he's a very particular person and knows what he likes."

"Involved in choice of activities"

"They'll ask what we like to do. Ask and plan out activities"

"I have everything I need but I can ask if I need anything"

"Yes they are good at giving information to me"



Food, drinks and snacks

People were asked what they thought about the food options and if there was enough available, including snacks and drinks. They said that they are happy with the menu choices and enjoy the food with plenty available if required. Feedback and observations regarding food and drinks on the day were indicative of a service ensuring it fully meets appropriate hydration and nutrition needs of those receiving the service. People said they are offered varied selections with high quality, homemade options, including a special birthday celebration option. People are given time to eat and are not rushed so they are able to enjoy it.

“They will change [the] menu if you don’t like it. Get to choose your food on your birthday.”

“If there is something you don’t like they let you choose something else. They do something special for birthdays.”

“I’m not eating at the moment but yes they do.”

“I don’t want to eat. Sometimes a little ice cream”

“Day’s menu with choices”

“ Yes, but I don’t eat. I’m only on fluids”

“There’s drinks in the common room which is accessible”

“There’s always a packet of crisps and a box of raisins when I arrive”

“Always snacks available”



Food Option



Raising complaints or concerns

When asked if people were able to speak up if they were unhappy with any aspect of their care, all indicated that they knew who to talk to should the need arises. One person explained that the nurses had helped her resolve an issue with her doctors who are external to Beaumont House. People spoken with, those who receive care and service, said staff are very supportive and go above and beyond to ensure that care and support is responsive to the needs of the people accessing the service.

People said they were confident that staff would fix any problems, with one person stating they would “go above and beyond”. Another person acknowledged that “staff would listen to what you say and would help”. A third person said “I am sure they [staff] would resolve any issues, although I have never had to, but they are all so approachable.” This is



What matters to me tree

consistent with what was observed by the AR's regarding staff being available and approachable.



Feeling safe

People were asked if they felt safe and if they knew what to do if they felt unsafe or at risk at all. People responded, saying that they were well informed and did feel safe and supported.

"Yes I do! Sometimes I feel I'm being guarded by lions"

"Even the people that come here understand and don't make fun of me"

"Yes she [patient] does"

"Just as things crop up we discuss risk. Like my bed rails, whether I want them up or down"

"Anything that's happening, you just let them know"

In terms of physical access to the building, The AR's were asked to sign in on arrival and were informed about the rigorous signing-in and -out procedures to ensure the safety of those accessing the service. There were key codes and intercoms to prevent any unauthorised access.



Overall feeling

Everyone spoken to on the day said that they like Beaumont House and are happy with the care and support offered. A number of people who spoke with the AR's mentioned living with more than one condition but felt supported with all of their healthcare needs and conditions holistically.

"Wonderful"

"Brilliant, nothing too much trouble"

"Very pleasant, everyone has time for you. People in similar circumstances"

"Very good, nurses are very good, chef is very good. Kind and caring staff"

"Very happy"

"Very nice staff are lovely"

"Highlight of my week"



Meeting area for patients

6.1 Interactions with staff and AR's' observations

From observations, Beaumont House Hospice seems a warm and a welcoming environment with a staff team who appear happy and work well together. Staff showed care and compassion in their interactions with the people they are supporting. Staff seemed to be providing an excellent service in spite of the limitations presented by the building. They are also aware of the challenges and were able to openly speak about what is needed to ensure future provision of service remains high. A new building seems to be the main requirement as adaptations to the current building are not viable.

Staff said they feel supported in every way, including when people pass on, which helps them to reduce the potential for vicarious trauma. Staff said they receive appropriate training including for non-mandatory courses on topics that interest them for their growth and development. However, working in such busy and time-precious environment means that it can, at times, be difficult to balance priorities for personal development and service delivery due to the competing needs of their roles (recommendation 2) . In line with other frontline healthcare services, staff may need to cover shifts at a short notice to ensure quality of care. This seems to come from a place of genuine care and concern for the people they support to ensure they are cared for appropriately, which is commendable. However it is also important that staff are able to maintain and enjoy a healthy work-life balance and have protected time for training.

It was apparent during the visit that Beaumont House is open to feedback and regularly seeks it from those accessing their services, through suggestion boxes and questions are asked of people accessing the services. Relevant information is provided to people accessing Beaumont House and their families about services that could help patients and their families. This includes planning a support booklet with people to enable conversations required for end of life care and support. The provider has put together information packs to make things easier and more accessible for people, in a friendly and approachable way.



“I definitely couldn't cope without them”



6.2 Authorised representative comments:

“The physical space can feel quite crowded as a consequence of an old building – but they make very good use of space despite everything. Staff were very welcoming – The service users spoken with were all very open in speaking about how much they love the place and were so comfortable in front of staff and alone. The place feels really caring and working for service users. I must also make a note of how well we were looked after!”

The building is over two storeys and not ideal for the care being given, however, that said the care is very good. I was shown everything I needed. There was a bath that had been removed meaning anyone staying or visiting did not have the option/choice of a bath, only shower. Given the illness people may have, a relaxing bath would be a good option. There is no intention to replace the bath in the current building as there isn't a space .”

“Felt okay, the place seemed a bit busy but the staff were receptive. Quite a happy place, smiley staff, patients seem well looked after and appear quite comfortable. The staff were very receptive and happy to help. Quite an organised place, keen on access with visitors checking in and out of the building whenever they leave/come into the premises. Can be better if more space available, looked quite congested / busy. Patients were quite defensive of and happy about the staff.”

“The service users were happy to talk to us and seemed to enjoy being there. It's an old building, not really fit for purpose in some ways, particularly after a death or if paramedics needed to attend upstairs.”

“The service makes the most of the building which isn't ideal. Relaxed atmosphere and good food choices – varied menu and snacks and drinks available at all times.”

“There are lots of little touches – such as a service user's art being framed on the wall – which creates an inclusive atmosphere. There were visitors on the day as they are welcome to visit the patients and are included in discussions about care. Staff seemed happy to support people however they can. One person whose partner had passed away still comes in for a cup of tea and is welcomed to join in to support him with his grieving process. This is indicative of a person centered and caring approach.”

7 Recommendations

The following recommendations have been formulated based on observations of the environment and feedback gathered from patients and staff.

1. **Actively seek to relocate to a new building that is fully fit for purpose.** The current facilities are limited in scope which can impact on patients overall experience of care and support.
2. **Allocate protected time for staff to complete training without distractions.** This will enable staff to focus on their learning and development, which will have a positive impact on those that receive care from them.
3. **Continue to build on and offer the high quality service to people accessing Beaumont House and their families.** This can be achieved though seeking regular feedback from patients and their families to ensure continual feedback in order for continual improvement.

8 Provider Response

“Feedback is very important to the hospice and is key for us to ensure we are delivering the care people want, in the way people wish to receive it. We were delighted to be able to invite the team from Healthwatch to come and visit with a fresh pair of eyes, allowing the patients and their families, staff and volunteers the opportunity to share their views with and independent service.

It is reassuring to hear the team felt welcomed on the day, and wonderful to read some of the positive feedback we have received.

We appreciate the recommendations made which will help to guide us to improve our service.”

June 2024

Recommendation	Action from the provider	Timeframe	Comments
<p>1. Actively seek to relocate to a new building that is fully fit for purpose. The current facilities (across 2 buildings) are limited in scope (for e.g. patients not having access to a bath, staff meetings off site) which can impact on patients' overall experience of care and support.</p>	<p>We recognise the current building poses some limitations regarding space and practicalities and are excited about the prospect of creating a purpose-built hospice which is tailored to local need</p>	<p>Ongoing</p>	<p>We are very much focused on building a new Hospice which will enable to grow and develop whilst future proofing the service. The new hospice will enable us to provide more facilities that promote patient choice, this will certainly include the addition of a bath.</p>
<p>2. Allocate protected time for staff to complete training without distractions. This will enable staff to focus on their learning and development, which will have a positive impact on those that receive care from them.</p>	<p>Staff have dedicated face to face focused learning and development sessions which take place on a quarterly basis.</p>	<p>Ongoing</p>	<p>We recognise completing self-directed learning can be tricky during busier shifts, staff are encouraged to use quieter times to complete this, and where possible cover can be provided to enable time that is undisturbed.</p>
<p>3. Continue to build on and offer the high quality service to people accessing Beaumont House and their families. This can be achieved though seeking regular feedback from patients and their families to ensure continual feedback in order for continual improvement.</p>		<p>Ongoing</p>	<p>Our 1st strategic goal outlined in our 5-year strategy promises that we will deliver outstanding hospice care to those who need it.</p>





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