healthwatch Cambridgeshire

healthwatch Peterborough

Arthur Rank Hospice Charity Enter & View - March 2025

Contents

This report relates to the Healthwatch visit on 13th March 2025 between 10.30am and 2.30pm. It is an account of what we observed and what people told us during the visit. It is not a representative portrayal of the experiences of all residents, staff and visitors.

The visit also takes into consideration the fact that most of the residents spoken to have an end-of-life illness which will have an impact on the information that is provided.

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 the patient experience could be improved. We use what we hear and see on the day to report back to providers and others with recommendations to inform change for health and care services we visit.

About the visit

The Cambridge Shelford Bottom Hospice, an Arthur Rank Hospice Charity, is the only specialist palliative care inpatient unit in Cambridge.

They provide care and support for people who are living with life-limiting conditions, as well as supporting their families.

The Arthur Rank Hospice Charity also provide care at the Alan Hudson Treatment Centre which delivers support for individuals living with life-limiting illness across Wisbech and the Fens.

Our objective for the Cambridge Shelford Bottom Hospice Enter and View was to evaluate the services from the perspective of patients and visitors. It also provided an independent assessment, complementing the Care Quality Commission's (CQC) inspection results carried out December 2018: https://www.cqc.org.uk/location/1-3003693165.

Methodology

This visit was requested by Arthur Rank Hospice Charity.

Four Enter and View Authorised Representatives carried out the visit:

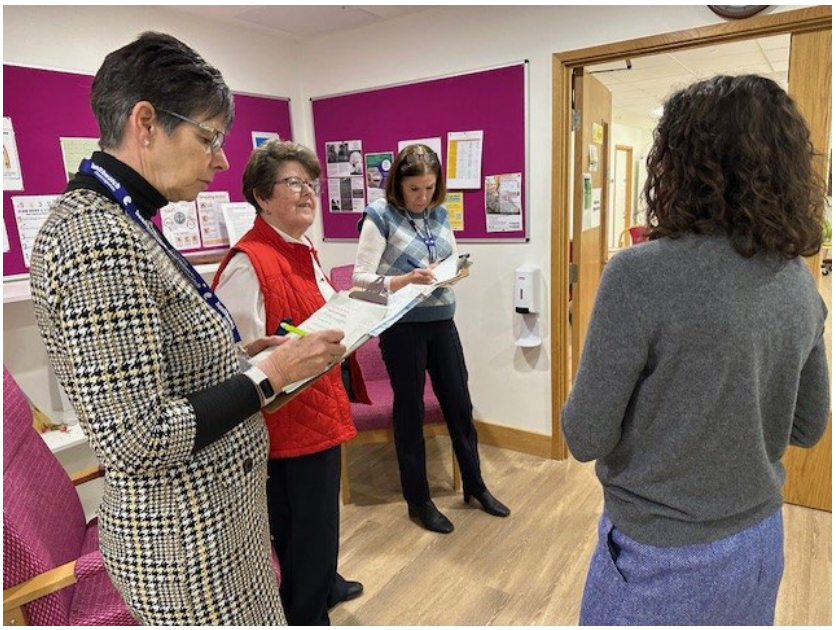
- Janine Newby-Robson, Project Manager at Healthwatch Cambridgeshire and Peterborough.
- Sue Allan, Head of Engagement at Healthwatch Cambridgeshire and Peterborough.
- Jo Smith, Authorised Representative volunteer.
- Rachael Preyer, Authorised Representative volunteer.

On the day of our visit, we observed the Living Well Service, Inpatient Unit (IPU) and Bistro.

Who we spoke to:

- We spoke to six people using the services.
- Five people visiting inpatients.
- Two staff and two volunteers to gather feedback about what works well and what could be better.

Our findings are reviewed further in this report.



Healthwatch Enter and View Team

The Hospice and Care

The Specialist Palliative Care Community Home Team (SPCHT) covers Cambridge City, South Cambridgeshire and East Cambridgeshire only.

The Patient and Family Support Service also covers the same area as SPCHT but also supports patients who are on the inpatient unit and who attend the Living Well Service.

The Lymphoedema Service covers the whole of Cambridgeshire and occasionally out of county patients funded via their GP practice.

Hospice at Home Service

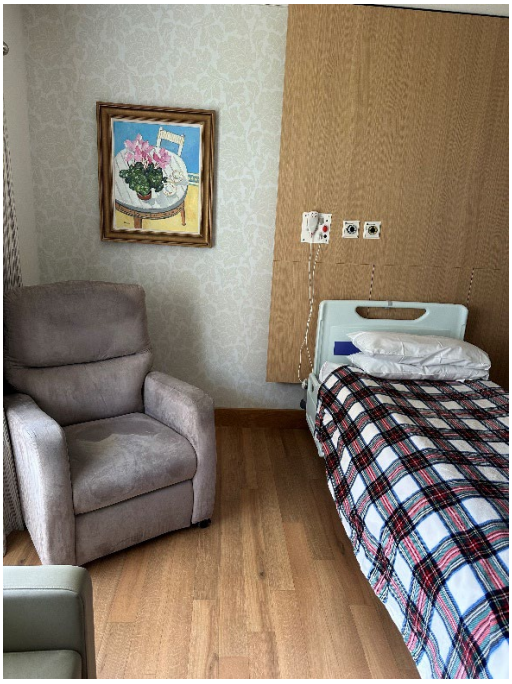
There are two teams (North and South) who care on average for 45-50 patients a day.

Inpatient Unit (IPU)

The hospice is currently commissioned to provide care for 21 people. The Integrated Care Board (ICB) commissions Specialist Palliative Care for up to 12 people and Cambridge University Hospitals (CUH) commissions Nurse Led Bed Care for up to nine patients.

There are 15 single rooms and two 4-bedded wards. Each room and shared bay have en-suite facilities and accessible gardens.

There are two en-suite family apartments which can accommodate families of up to four.



Typical Bedroom

End-of-life care

The hospice also cares for patients at the end of their life if their preferred place of death is the hospice and if there is capacity.

There are up to nine beds for people from Cambridge University Hospitals for end-of-life care, who may otherwise die in a busy acute hospital ward.

A Multi-Disciplinary Team (MDT) provides specialist care to people with complex and end-of-life care needs, including symptom management, physical and emotional support. Holistic in its approach, care is tailored to individual needs.

There is the option to receive care at home with a Community Team which includes the Specialist Palliative Care Home Team and the Hospice at Home Team (H@H). They work closely with GPs, district nurses and wider community services.

The hospice told us people are not able to directly self-refer - this is due to capacity and the specialist nature of many of the services. A referral from a healthcare professional is required to ascertain if the right service can be provided.

Funding

The full cost of the services provided by Arthur Rank Hospice Charity in the financial year 2024–2025 was in excess of £13 million. The charity has a contract with the Cambridgeshire and Peterborough Integrated Care Board that provides approximately 55% of the income required. The charity also has a contract with Cambridge University Hospitals for the Nurse Led Bed Service. The remainder of the income required is raised through fundraising and through the charity's retail operations.

In December 2024, the government announced multi-million pounds of extra funding for hospices.

"The context is that this is capital funding so will help us, for example, to be able to offer electronic prescribing. It doesn't resolve the long-term sustainability issues for us and all hospices, our main costs are our staff because we are a people service." – Sharon Allen OBE & CEO, Arthur Rank Hospice Charity.

The Arthur Rank Hospice Charity website states "it will cost over £13 million this financial year to operate services. We need to raise a further £5.1 million (to support £7.9 million contracted services from the NHS) and support people in your community" - https://www.arhc.org.uk/.

Support for patients and family

The hospice offers practical and emotional support to patients, relatives and friends, including psychological social support, spiritual care, counselling and bereavement support. This includes a phone call scheme by trained and DBS checked volunteers to provide companionship – individuals who will visit patients or carers in-person or telephone weekly, at a designated time, for up to eight weeks.

The Arthur Rank Hospice Charity website is a useful tool with helpful links for health professionals and information for people looking to use services or for those who are bereaved.

The library houses a multi-disciplinary collection of materials on all aspects of palliative and end-of-life care, including specialist journals, books and online resources.

Carers support

The hospice uses the Carer Support Needs Assessment Tool (CSNAT) to help identify needs and signpost carers on to appropriate community services.

Carers of patients who attend the Living Well Service can meet on Wednesdays to find help and be socially connected with a peer group.

Support for staff

Paid staff have access to wellbeing support via several routes, such as employee assistance, one-to-one supervision with their line manager, mental health first aiders, restorative resilience supervision, clinical supervision and the Wellbeing Staff Group (chaired by a Trustee).

Staff and volunteers are also able to access holistic therapies.

Summary of Findings

The building is of modern design with plenty of accessible parking.

We found the signage into the site was too small and we missed the entrance initially.

There is a small hairdresser unit in the entrance and this leads to the reception and then to the Bistro area. The entrance is clear of clutter, accessible for wheelchairs, well-maintained and welcoming.

We used an electronic check-in system at reception but were not asked for our identification.

The corridors had various notice boards and information panels which were up to date. We did not observe a comments box; however, there was a poster asking for people's feedback through an informal, confidential group meeting, or via a one-to-one meeting.

Overall, the areas we visited were beautifully decorated throughout, clean and well-maintained. There is a variety of artwork around the site. The environment was calm and peaceful.

There is a range of different seating in the inpatient unit and various other breakout spaces. We did not observe handrails throughout the corridors.

During our visit, we did not observe staff, patients or visitors using hand-sanitiser and found several units empty.

Staff wore either lanyards or name badges, but these were difficult to read.

There are several refreshment stations available to everyone visiting the hospice. Fridges and microwaves are provided for people to store and reheat home cooked food or takeaways.

We looked in one of the flats available for visiting families. It is a very spacious area, containing a well-equipped kitchenette and bathroom. The other flat is currently being used by a family who normally live away from the UK. This space is convenient and takes away the stress of finding accommodation in Cambridge, which is expensive.

Partners or carers of inpatients can sleep on pull-out beds with their loved ones in the same room. One room has a "cuddle bed".

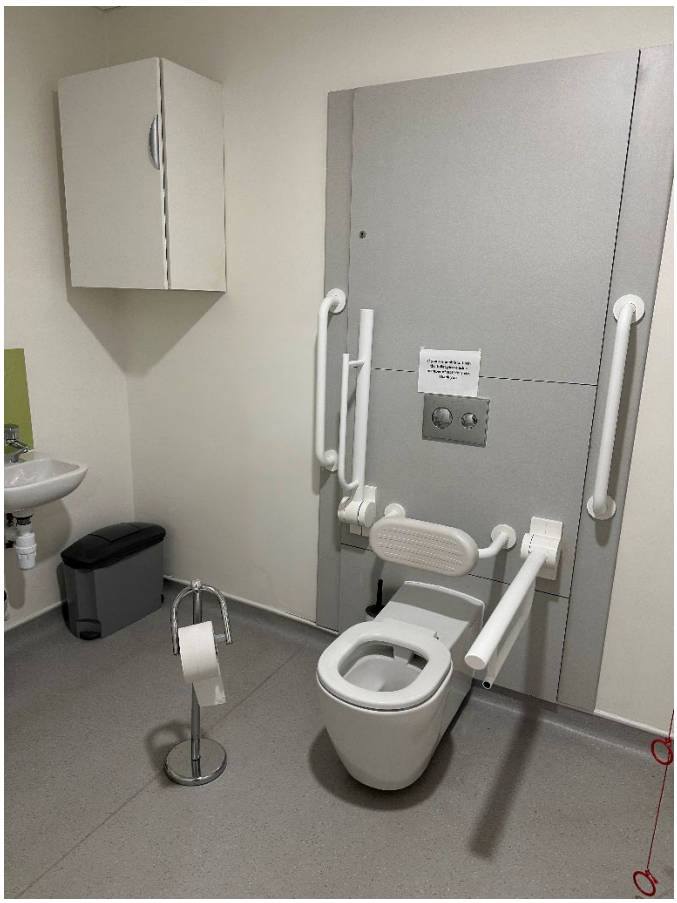
There is a separate "Teen Den" available for teenage visitors which contains videos, a keyboard, table football, a games console, etc.

Another room for children is available, but this was being used for storage at the time of our visit.

"We can come and go as we please. All members of the family are welcome. Younger children came to visit, and they were not frightened by things here; they were made to feel welcome and not that they were in the way."

The bedrooms all lead to a personal well-maintained garden space which had bird feeders to attract wildlife. Beds can be wheeled out into these spaces in good weather and there is outdoor seating too.

A patient enjoyed being able to get in the garden while remaining in bed. *"I had not smelt the earth for 2 years."*



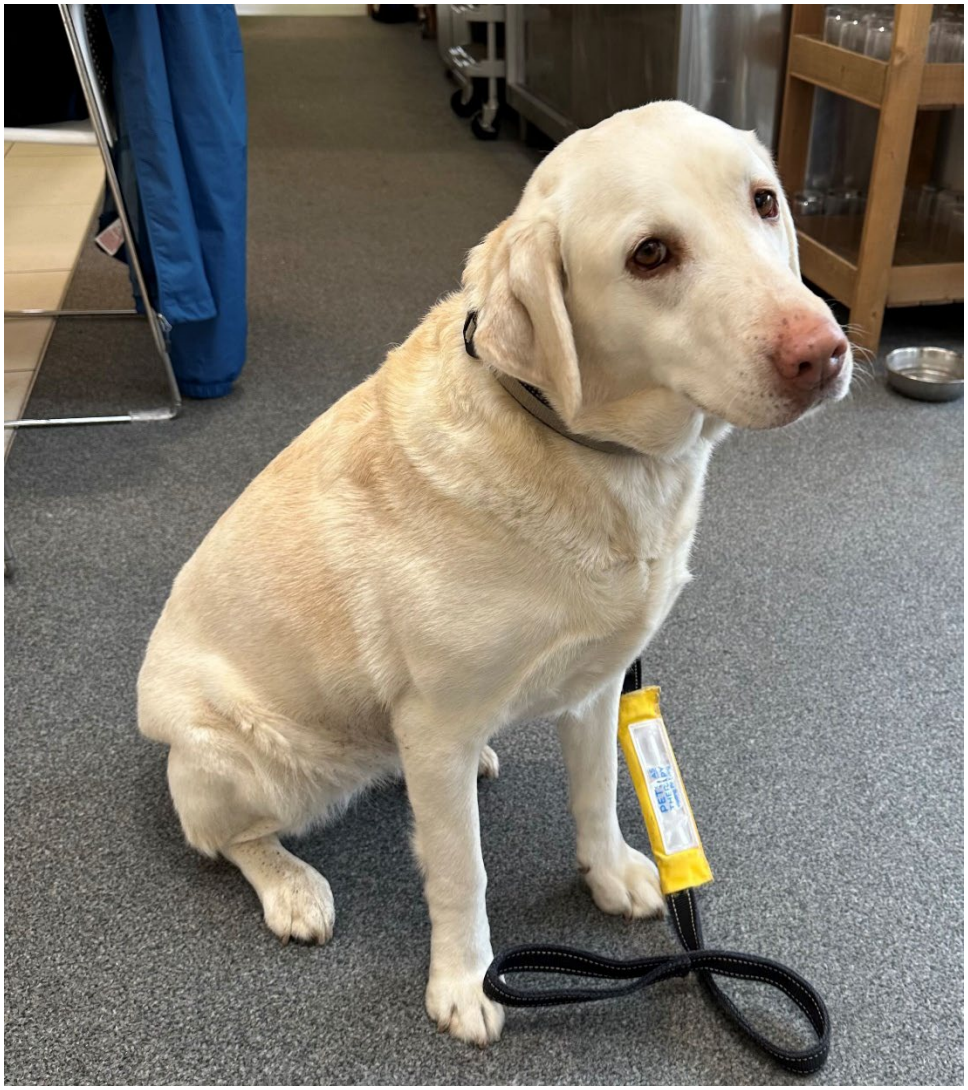
Bathroom

Generally, toilets did not have dementia-friendly signage, or rails or seats in a contrasting colour – this can cause confusion and distress to people with dementia. The toilet roll holder in the Living Well area was free standing and

difficult to use. The red alarm cord had been tucked behind a bin, which would cause issues if someone had a fall and could not reach this.

There is a spa bathroom available for further holistic sessions.

Animals, either as pet therapy or owners' pets, are allowed to visit the hospice. One inpatient had their dog staying in their room.



Therapy Dog Present at Cambridge Shelford Bottom Hospice

The Arthur Rank Hospice Charity has become a hub in the local community. Arthur's Shed is a studio set in the gardens of the hospice where sessions are delivered on a range of wellbeing related activities.

The local community is also able to use the Bistro, hair and nail salon, education and conference centre.

There are a number of antivirus air cleaners operating in the corridors, which are a legacy of Covid.

Staff

We were told that the Arthur Rank Hospice Charity in Cambridgeshire has circa 250 paid staff (including retail colleagues) and 600 volunteers.

There are no specific dementia champions but clinical colleagues undertake dementia training on eLearning for health on induction.

We were told the hospice uses students from Anglia Ruskin University for work placements. This helps to educate future health professionals on what services a hospice can provide.

Day time staffing

The hospice's medical team is made up of three Palliative Medicine Consultants and two Senior Palliative Medicine Doctors who are on duty daily 9am-5pm. After 5pm there is an on-call service if required.

There is an onsite social worker available to patients, carers and staff.

There is a chaplain available for inpatients; if a patient needs spiritual support out of hours, the hospice has links with the chaplaincy at Cambridge University Hospitals (CUH).

People using the hospice and their visitors can also access the Sanctuary – a peaceful space at the hospice for those with different faiths or no faith. The hospice will also facilitate acts of worship or rites as required.

Our Visit

The Living Well area

Our visit started in the Living Well area. This area is used for eight-week programmes on Tuesdays and Thursdays and is attended by people who live at home and are registered with a GP in Cambridgeshire.

The sessions offered are dependent on what is important to attendees, but can cover music therapy, occupational health, gym and holistic therapies, anxiety management and falls prevention, such as fatigue management.

An additional service is held on Fridays for people whose symptoms are more stable. A 12-week programme, it offers holistic therapies and provides an opportunity for carers to meet.

The hospice can fund transport for anyone unable to afford it. Speakers are invited to talk on different topics of interest.

This service is solely funded by charitable donations. Anyone with life-limiting health issues can attend.

Whist waiting to be introduced to the Living Well team, an outpatient and family mistakenly arrived for an event which was not organised by Arthur Rank Hospice Charity. The family were distressed at the misunderstanding. However, the situation was sorted with care and professionalism. We were told later the patient and family were very grateful for the support. The incident impacted staff time, but the patient and family were happy to be supported. This did not impact on the Living Well Service for patients, or the normal running of the session.

We observed three patients taking part in music therapy. This took place in the area which is also the Sanctuary room.

The therapist provided a fun and relaxed session. We were not able to access the faith equipment/aids to see what was available at this time.

We also observed another person receiving practical one-to-one advice about different techniques to breathe more easily.

We were told by a visitor they had been attending the Living Well sessions for three weeks and found it useful as it is helping them cope with their new situation.

"I cannot praise the hospice highly enough for the care and compassion of all the staff."

Inpatient unit

At the time of our visit, 18 of 23 beds were being used. We were told some beds are kept available for emergencies.

We were shown an empty bedroom which was light and airy with a spacious private bathroom. People can bring items from home to personalise their room.

A call bell was heard and a member of the nursing team attended quickly.

We observed through an open bedroom door, a person having their hair styled whilst in bed. It looked as though they were having a relaxed social time.

Accessibility

We asked about provision of the hospice service to different communities. We were told people from different cultures including, Gypsy, Roma and Traveller communities and the homeless have used the services. The future aim is to ensure for more inclusive and accessible services.

We did not observe any literature or signage offering information in any other language during our visit. People should be aware translation services are available without having to ask. After our visit, we were informed patients do have access to information in other languages if they need this, and also professional interpreters are used when needed as standard practice.

During our visit we were told staff use inpatient family/carers to translate to help with simple questions such as asking “what would you like to eat?”.

Privacy

There is a separate area where family members can pay respects when loved ones have passed away. Funeral directors have a separate door to discreetly access this part of the hospice. One visitor told us they had not been aware of when patients died because of the discretion used by the staff.

We observed several breakout/day spaces which were comfortable and spacious. Families and visitors can use the spaces to be away from bedrooms or to carry out activities like crafting and reading. These spaces were not being used during our visit.

“We can have time together as a family. I am not a carer whilst we are here and that is important.”

Food

Inpatients choose from an extensive menu. The chef will discuss different options with inpatients, and dietary and cultural requirements are respected.

Inpatients choose to eat in their rooms. Visitors can join their loved ones at mealtimes. We observed food being delivered by staff to inpatients via a heated trolley; the plates were covered, and staff wore hair covers and a mask.

The Bistro is open from 9am-4pm throughout the week, and it is open to everyone. A menu is available at the counter. The food looked attractive, and two volunteers stood nearby to assist with carrying trays to the tables.

The profits from the Bistro go towards funding patient care.

"Our family are vegans; the chef accommodates this for us."

We observed a visitor struggling with the doors leading from the Bistro to the garden. They appeared heavy, or requiring maintenance. When opened, there was a cold draft through part of the Bistro area.

Families can bring home-cooked food and reheat for inpatients. The chef will try and accommodate patients' desires and needs in terms of food, and we were told that if relatives brought in ingredients that were not available in the Bistro, the chef would prepare them for the patient.

Visitors can organise takeaway food for themselves or inpatients. However, one person said they didn't like to smell other people's takeaways.

Staff insights

An Authorised Representative spoke to a member of staff who praised the hospice and said: *"I knew the minute I stepped through the doors that I would stay."*

Several staff members said they felt they give time and care for patients and it *"doesn't feel as though they are just a person giving out drugs."*

"I enjoy the variety of my role – it is aways about the patient."

There are six part-time physiotherapists/occupational therapists at the site. We were told they are busy in the community and on site. It would be ideal if funding could be found for a further two positions.

People told us

What was good about the service?

We asked visitors and people using the services what was good. We have listed these as quotes and anonymised.

"This is a magical place." People praised the staff for *"their care and compassion."*

"The answering of call bells is very good."

"All the staff have time for you - from the cleaner to the CEO – no question was ever too problematic."

"Lots of little touches that make a difference. In the family en-suite shower room there is shower gel, shampoo etc provided, as well as a bag of sanitary products."

"We can have flowers in the room… unlike at the hospital."

"Easy parking …. Much less stressful than Addenbrooke's."

"The family feel well looked after and many of the stresses of hospital care / visiting have been taken away. The patients' washing is done very promptly (same day). Family do not have to take it home and bring it back …. One less thing to think about."

A patient told us they had a palliative nurse visiting the home, which was excellent, and a physiotherapist before admission. They also provided equipment in the home.

A visitor said they appreciated not having to visit multiple pharmacies to obtain the prescribed drugs for their loved one now they are an inpatient.

What could be better?

We asked visitors and people using services what could be better. We have listed these as quotes and anonymised.

"The uniforms! The HCA at the hospice wear green, which is the same colour as the domiciliary staff wear at Addenbrooke's. This is confusing when you have transferred from the hospital."

"Lighting in the patients' rooms is very bright and there are no means to make the ambient light less harsh when needing to just relax."

Ensure there is nursing intervention to check inpatients are getting nutrition:

"Food may be declined from the hospice kitchen, but the team do not know whether an inpatient has eaten food provided by visitors."

"Better communication between district nurses and hospice/patients to make a smoother process between Hospice at Home and inpatient care."

Transport options for those without a car. A pickup point from Addenbrookes to the hospice would benefit people with no transport. One carer said: *"it has cost £50 a week to visit my loved one."*

A visitor commented that when they first came, they missed the entrance twice. *"Better signage is needed."*

"Our loved one had not known about making Power of Attorney and it was too late by the time we realised. This is going to make dealing with their affairs more stressful."

One person wanted to share that they felt it isn't clear who does what in the service. For example, understanding who are volunteers and who are skilled, qualified staff.

"The buzzer can go off for a long time and is very noisy. Perhaps more soundproofing in the rooms would help?"

A carer told us they were concerned about continuing care as their loved one was unexpectedly living longer than predicted. *"Although a plan of care was agreed, it was an emotional time."*

Recommendations

In addition to the points above from people with lived experience, our visit highlighted recommendations which would make the service better for people.

- Improve the signage of the building. People told us they drove past the access on their first few visits.
- Provide information about making wills and Power of Attorney when people are newly referred to the service.
- Name badges need to have a larger font size as they are difficult to read. Using a yellow background with black type and worn in a more consistent manner would be helpful.
- Have a chart of what uniforms/coloured lanyards relate to each role.
- The hospice should attend local Integrated Neighbourhood meetings to promote and discuss end-of-life care and support. The hospice could be represented by volunteers.
- The hospice mentioned it is difficult to obtain helpful feedback due to the emotion around the service. We recommend they request consent from

family and friends of departed loved ones to ask for feedback later, such as after six or 12 months.

- The Arthur Rank Hospice Charity website should use accessibility and translation tools.
- Ensure information about translation services is more widely known to everyone. This could be a simple poster with sentences using the most used languages in public areas. If a person cannot verbally tell you their preferred spoken language, use language chart tools to help identify their language: the National Register of Public Service Interpreters has produced a Language Identification Chart of commonly spoken languages.
- Some hospitals use an 'interpreter on wheels'- an iPad or similar which provides language interpretation and British Sign Language 24/7.
- Show information about different faiths and have access to religious services/support on display.
- Use contrasting-coloured handrails and toilet seats to assist people with dementia.
- Attend to the heavy doors leading from the Bistro and garden space.

Thank you to the Arthur Rank Hospice Charity team

We would like to thank the people we spoke to for their time and for sharing experiences.

We would also like to thank the staff and volunteers for their time and for welcoming Healthwatch. Special thanks to Sharon Allen, OBE & CEO, Juliette Alderton, Executive Assistant, and Sarah Robins, Director of Clinical Services/Deputy CEO at Arthur Rank Hospice Charity.

After our visit, we shared our findings with Arthur Rank Hospice Charity. Below details a summary of their reply.

Arthur Rank Hospice Charity Statement

We are thankful for Healthwatch undertaking this "Enter and View" visit and for their feedback.

We are proactively following up on their feedback and recommendations and have devised an action plan addressing the issues that have been brought to our attention. We will report back to our Clinical Governance Committee on our

action plan and actions taken, and will share our progress reports with Healthwatch.

In response to some of the recommendations, we would like to add the following:

We are aware of the issues with signage as people approach the hospice from the main road and are approaching the Local Authority to request permission to provide better signage.

As our hospice is open to members of the public who can come and enjoy our Bistro and community spaces, our receptionists would not routinely ask to see identification from visitors. However, all visitors to our inpatient unit are asked to sign in and access is restricted.

We do have a comments box on reception; we will check how this can be made more visible.

We are aware that we do not have handrails along our main corridors and will consider if these are needed.

We do undertake Patient Led Inspections of the Clinical Environment (PLACE) annually and we report back to our Trustee Board via our Clinical Governance Committee. We are always seeking ways to improve our services and would welcome any patients/carers to help us do so. Anyone wishing to volunteer to help us with PLACE inspections is invited to contact us for further information and anyone can provide us feedback via our website.

Our Living Well Service covers issues about making LPA and wills and there are information leaflets about these issues in the services. We are able to contact solicitors for people who request this and have a free will writing service.

The suggestion about asking whether we can contact bereaved people for feedback at a future point is one we will look into. This will require sensitive handling and could be extremely useful.

healthwatch Cambridgeshire

healthwatch Peterborough

Healthwatch Cambridgeshire and Peterborough
The Maple Centre
6 Oak Drive
Huntingdon
PE29 7HN

www.healthwatchcambridgeshire.co.uk
www.healthwatchpeterborough.co.uk
t: 0330 355 1285
e: enquiries@healthwatchcambspboro.co.uk