



Standard Operating Procedure (SOP007) for: Hospice Therapy and Wellbeing Service – GRACE Unit	
Staff groups SOP applies to:	All Care Services staff in the Hospice
Issue date:	01/06/2021
Version number:	1.4
Supersedes:	Hospice Wellbeing Service v1.3
Review date:	01/06/2022
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1. AIM

The aim of this Standard Operating Procedure (SOP) is to describe the model of care for the Hospice Therapy and Wellbeing Service – GRACE Unit.

CONTEXT

There are four main service areas that make up the total service offer from the Hospice. These are -

- Therapy and Wellbeing services (GRACE Unit) including Café and Care
- Hospice in your Home incorporating Hospice at Home (H@H), Hospice Outreach and Discharge Support (HODS) and Hospice Night Support (HNS).
- Younger Adults
- Carer and Bereavement Support.

This SOP describes the GRACE Unit operating within the Hospice Therapy and Wellbeing services (HTWS).

2. PRINCIPLES

- The needs of the patient, carer and the family¹ will be core to the service offer.
- Self-care and building resilience will be promoted at all times.
- Choices will be offered to meet the individual goals of patients and carers.

PURPOSE

¹ Family and carers will be referred to as carers throughout this SOP

The purpose of the GRACE Unit is to utilise the following model of care:

G - Goal Setting

R – Reablement

A – Assessment

C - Complementary Therapy

E – Emotional Support

- Provide a holistic approach to palliative reablement within the context of End of Life Care through personalised assessment and intervention to meet identified goals and needs identified by patients and carers.
- Provide both individual and group education and activities to promote wellbeing and self-care to enable patients to live well and remain in their preferred place of care for as long as possible.
- Provide education and support to the carer to reduce fatigue enabling them to look after their own physical, mental and spiritual health and continue in their long term role of caring.

3. LOCATION AND HOURS:

- The GRACE Unit is located at the Nottinghamshire Hospice, 384 Woodborough Road, Mapperley, Nottingham NG3 4JF.
- It operates from 09:30-16:00, between Monday and Friday, **five** days a week for 52 weeks a year, excluding bank holidays.
- The service may operate in the community or in a persons' home if their needs and goals identify it as appropriate.

4. MODEL OF CARE

4.1 Referral and Inclusion Criteria

Patients and carers can self-refer or be referred by a health or care worker via telephone, e-referral, email (info@nottshospice.org) or through drop-in to Café and Care.

All referrals will be reviewed and triaged by the GRACE Unit Coordinator in conjunction with the Care Services Coordination team; if appropriate, referred to the GRACE Unit caseload on SystemOne.

Contact will be made within 10 days of the referral being made to offer an appointment at the GRACE clinic.

A Hospice welcome letter and pack will be sent out on receipt of referral.

- Patients should be identified with a palliative diagnosis and likely to be within the last year of life, identified by the Gold Standard Framework.
- Patients must be registered with a Nottinghamshire GP
- Patients must be over 18

- Patients must have an up to date EPaCCS² record on SystemOne, if this does not exist liaison with the referrer of primary healthcare team should take place to establish if one should be in place.
- Patients with a palliative care diagnosis but outside of these criterion may be assessed by the Director of Care as suitable to access the service in a bespoke way where there is an identified need.

4.2 General Exclusion criteria

- Patients who are too ill to travel
- Patients who live in a Nursing Home unless a specific palliative goal has been identified that cannot be met within the home.
- Whilst patients that smoke are not excluded from referral criteria, the Hospice is a No Smoking site and therefore any patients that smoke are not able to smoke whilst attending. Advice and support will be given as appropriate.

4.3 Risk Assessment and Transport

All patients will undergo a COVID-19 screening questionnaire prior to attending the GRACE Unit (See appendix nne). This will be kept under review in line with the evolving situation and official guidance. The COVID-19 Safety Screening is designed to ensure patients requiring treatment and support at the hospice are suitable and do not have signs and symptoms of infection.

Limited transport will be available for those unable to access the services without it and will be booked through the GRACE Unit Coordinator following assessment that they are safe to travel.

4.4 Clinic Appointment

A GRACE clinic appointment lasting approximately one hour will be carried out by a clinician and include the patient's Support Needs Approach for Patients (SNAP) using the "How are you?" booklet, a baseline IPOS³, AKPS⁴ and goal setting.

The patient will then be offered a bespoke treatment and intervention plan for a period of 12 weeks in two 6 week blocks. A review will be carried out at 6 weeks and evaluation at 12 weeks prior to discharge.

4.5 Respite, Reablement and Wellbeing Treatment Plan

The plan will detail what interventions the patient will receive and the expected date of discharge from the GRACE Unit. The plan involves a number of choices that are individualised to meet the needs of the patient and carer. These will include:

- 1:1 or group sessions in the form of physio and /or complementary therapy treatment, therapeutic activities, creative therapies and social opportunities.
- support for the emotional and spiritual needs of the patient.
- any requirements to meet the cultural needs of the patient and carer.
- any requirements the patient may have with respect to the nine characteristics of the Equality Act 2010 see:
<https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

² Electronic Palliative Care Coordination System

³ Integrated Palliative Outcome Scale

⁴ Australian Karnofsky Performance Status

- bereavement interventions tailored to meet the needs of the patient.

These offers will be made in accordance with the patient specific goals and centred around Respite, Reablement and Wellbeing activities.

A personalised daily care plan if required will reflect the care needs of the patients whilst at the unit and ensure collaboration with community nursing and therapy services over any shared requirements.

4.5.1 Disease Specific programme

These sessions can include but not an exhaustive list:

- complementary, physio and occupational therapy sessions
- symptom management workshops such as breathlessness, fatigue and anxiety
- education and advice on advance care planning, exercise, nutrition, diet and relaxation

4.6 Transition to adult services.

Young people entering adult services will be offered a bespoke plan in conjunction with current individual needs.

4.7 Carers

At initial assessment the patient-focused plan will be agreed with the carer where appropriate.

Carers may be offered support over the duration of the 12-week programme.

Carers will be able to pre-book to counselling and complementary therapies if appropriate and availability allows.

Carers will be offered the opportunity where appropriate to attend education and advice sessions.

4.8 Occupancy and Discharge

The GRACE unit will decide the number of attendees based on the sessions available and the dependency of the patients, the IPC UK GOV guidelines and staffing levels.

On completion of their 12 week individual Therapy and Wellbeing programme, the patient and/or carer will complete a final review to ascertain whether their goals have been met. We understand that discharge from the service may be distressing and raise anxieties and concerns for some patients and their carers. For this reason, before discharge they will be offered, if appropriate:

- a named Wellbeing volunteer.
- follow up appointments in person or via Zoom.
- details on how to access future drop-in sessions including the Café and Care.

- Signposting on to other agencies that maybe able to support with wellbeing and selfcare in line with their identified goals.

The identified GRACE Clinician will write to the patients GP or referrer detailing the outcome of the programme. Letters will be issued no later than 2 weeks after discharge.

4.9 Café and Care

The hospice will operate a drop-in Café and Care service between the hours of 10am and 2pm from Monday to Friday. This will be staffed primarily by volunteers but an identified clinician will be available on a daily basis for advice and support.

This facility will allow people to drop in, without a pre-existing appointment to find out more about the hospice and its services or to reconnect with others. It will provide an opportunity for reflection, friendship and support.

Tea and coffee will be available alongside a range of light refreshments.

5. STAFFING

The GRACE Unit team includes:

- Occupational Therapist
- Physiotherapist
- Registered Nurse
- Complementary Therapists
- Rehabilitation Support Worker
- Therapy Assistants
- Unit Coordinator
- Support staff including volunteers

The Unit is a teaching unit and as such occasionally has students from a variety of Healthcare professions including Medical, Nursing, Social Work, Physio and Occupational Therapy.

6. RECORD KEEPING

The GRACE Unit staff will keep up to date records on the patient's progress in SystemOne.

Records will be kept and shared within the organisation where necessary following strict data protection and GDPR.

7. EVALUATION

The Director of Care will collate information monthly on the effectiveness of the HTWS/GRACE Unit assessed against the following criteria:

- Occupancy rates
- OACC⁵ and Pathway specific outcome measures e.g. breathlessness scores pre and post intervention, IPOS, AKPS and Views on Care

⁵ Outcome Assessment and Complexity Collaborative.

- Goal attainment through review at 6 and 12 weeks.
- Patient satisfaction questionnaires
- Clinical incidents and complaints

Evaluation of services will be supported through the attendees and the support of the volunteers and staff where necessary.

The Director of Care will present the information to the Quality and Safety Committee quarterly and to others as required.

Appendix One

Covid Screening Questionnaire

Symptoms and Self-Isolation

It is expected that patients attending the Unit are generally well and not suffering with any acute illness.

Patients will be asked a series of COVID-19 specific questions during the screening. These include:

- Do you have a new continuous cough and/or a high temperature?
- Do you have a new or worsening shortness of breath or difficulty breathing?
- Do you have a recent onset of a loss, or change in, your normal sense of taste or smell?
- Are you, or a member of your household, self-isolating in accordance with the government guidance for Coronavirus?

Patients with any of the above will not be able to attend the GRACE Unit until it is safe to do so.

COVID-19 – Patient Safety Protocol

All patients attending the GRACE Unit will be informed of our COVID-19 protocol, designed to ensure patient and staff safety.

The protocol will be delivered via a variety of methods including telephone call scripts, email, SMS, website and through posters displayed in the hospice. The protocol includes:

1. Remain in your vehicle until greeted by a member of staff
2. Maintain 2m distance from others whenever possible
3. Use hand sanitiser before and after your appointment
4. We encourage the use of face coverings as per government guidance
5. Follow the guidance in the GRACE Unit for social distancing
6. Attend your appointment alone unless a chaperone is essential
7. Our staff will be wearing appropriate PPE

Patient Consent Patients must be engaged in the rationale for virtual or face-to-face consultations. This is a shared decision-making process based upon the benefits, COVID-19 risks and being informed of the controls and measures in place for safety.