



# Case Study

## Compassionate Visiting

### Somerset NHS Foundation Trust

As the pandemic took hold, Somerset NHS Foundation Trust strived to enable compassionate visiting for end-of-life patients and their families – and even their pets – in a covid-safe and friendly space.

#### Context

Somerset NHS Foundation Trust has 9 community inpatient wards providing specialist services for adults who require care for a combination of medical and physical needs. This case study focuses on South Petherton, Wincanton and Crewkerne Community Hospitals who routinely all provide end of life care when required as part of their inpatient specialist work. As visiting became extremely restricted across health and care settings during Covid-19, the way patients and their families were supported through end-of-life care had to change.



CREWKERNE



SOUTH PETHERTON



WINCANTON

#### What we did

Patient visiting had to be extremely restricted at the height of the pandemic – and in effect the Community Hospital staff interviewed felt ‘they were their patient’s family’ in some circumstances. The staff wanted to ensure that compassionate, Covid safe visiting was enabled for end-of-life patients, and that wider access was supported through technology. This case study explains the approach taken with specific examples.

#### ENABLING PERSONAL VISITS

During the Covid lock downs, spaces in the hospitals not normally used were accessed to enable covid-safe visiting for patients after careful and considered risk assessments, as part of providing compassionate care for the patients and their relatives.

Building the key relationship with families, started on admission. We were aware how anxious and concerned they were about the patient’s admission and so the Activities Coordinators contacted all the families of new admissions to explain how we could positively and actively support communication with them.

# Case Study

## Compassionate Visiting



For patients at very end of their life there was a decision taken to arrange specific booked visits with their next of kin where appropriate, with the consent of the patient. Some patients had large families and provision was made for several children/siblings to visit so all could say their goodbyes, each family member then visited the patient alone unless they required someone else to be there, e.g., to push a wheelchair or for psychological support. The visiting family members were required to wear masks, gloves and apron and an allocated staff member supported the donning and doffing of all Personal Protective Equipment (PPE) to ensure it complied with the national guidance and that it was worn for the entirety of the visit.

In Crewkerne Hospital, there was a side door into the ward from a courtyard which was opened and used to make access safer so nominated visitors did not have to travel through other areas of the hospital.

South Petherton Hospital has balconies outside many of the individual rooms on the ward, and families were able to stand in the hospital garden below and communicate with patients. This started as an addition to the collection and return of patients' personal clothing as this was one of the few reasons people were allowed to leave home and travel during lockdown. A relative asked if she could just see her Mum as she knew there was a balcony outside her room. This then developed into what became 'balcony visits' when other family members collected or returned patients' personal laundry. Patients were asked if they wished to see their family member and if they did, a staff member would take them out onto the balcony in a wheelchair or walk them to a chair. The staff member would sit with them as often a patient could not see or hear well so the staff member was able to support a two-way conversation. The balconies have a wooden rail on top of clear Perspex panels so the family members could see directly up onto the balcony, patients did not have to lean over. These visits became so important to patients and their families, contact even if remote made such a difference. The families were also encouraged to bring dogs, and even cats, to see patients as part of outside visiting, which patients really appreciated.



In Wincanton Hospital, where they do not have the benefit of balconies, other ways of enabling compassionate visiting were introduced. For example, a lady at end of her life was wheeled outside in her bed several times onto the patio area which provided a safe environment for visiting, which was so important to her and her family.

Another example was a patient who did not have Covid was moved into the day room in their bed at very end of life, so their family was able to visit without a strict time frame. This was enabled as the Covid risk was reduced to the other patients on the ward as the day room is at the entrance to the ward. Other arrangements facilitated patients being cared for in single rooms with close external access or direct external access into the room to allow for a second family member to attend when a patient's relative had needed extra support or pet dogs could be seen safely.



# Case Study

## Compassionate Visiting

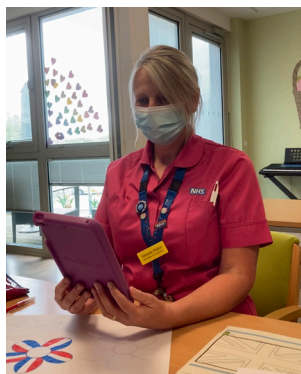


**“ We always tried to ensure someone sat with the patient if family members were unavailable, including me, as Senior Ward Sister. One patient’s relatives commented after their loved one had died that they would miss us as the team had become family to them as well.**

KATIE HART – SENIOR WARD SISTER AT CREWKERNE COMMUNITY HOSPITAL



Specific visiting arrangements were also put in place for other patients too. Staff remember one patient in particular was finding it very hard to engage in stroke rehabilitation due to the restrictions during lockdown and his only wish was to see his two dogs. This was made possible in the grounds of the hospital once the restrictions were lifted for a while in the summer. There was still no visiting in the Hospital except for patients



in the last days of their life but this patient, accompanied by the Activities Coordinator, was able to see his dogs in the hospital garden on several occasions. The reward of seeing his dogs inspired the patient to engage in his therapy and so enabled him to be discharged from hospital a few weeks later.

### USE OF TECHNOLOGY

Technology was of course used effectively too. The Activity Coordinators managed an iPad visit booking system where family members who couldn’t visit were able to connect virtually with their loved one. One Activities Coordinator, Sarah Jayne, in particular became known as the iPad lady.

SARAH-JAYNE RECALLS

**“ I remember Christmas Day 2020 – where we did 8 separate calls in the morning – a particular gentlemen having a Skype call, eating a mince pie, wearing his Christmas hat. His whole family were together on screen to wish him a Merry Christmas. He sadly passed away a few days later, but I remember the lovely feedback from family after this.**





Although this was a really difficult time for patients and families, and some of the rules were hard to take on in a time of grief, particularly where a loved one passed away very quickly, there was very positive feedback from them about the compassionate end-of-life care. Families were aware that care homes were unable to accept any visitors, and appreciated the effort being made to enable them to visit their loved ones safely in their end-of-life setting.

**We were able to ensure connection between patients at the end of their lives and their relatives through risk managed compassionate visiting, using a variety of appropriate environments in our hospitals.**

### Benefits

#### BENEFITS FOR PATIENTS

- Compassionate care which enabled them to connect with their relatives

#### BENEFITS FOR RELATIVES

- Pro-active communication and connection when patients were admitted to hospital
- Gave families important time together and provided dignified end of life care.

#### BENEFITS FOR STAFF AND THE TRUST

- Staff felt confident they had done everything they could to enable contact safely, and this was appreciated by patients and families.
- Learning to use technology to enable virtual visiting
- Stronger understanding of how to support the needs of people receiving end-of-life care and their families in the context of Covid.

“ Everything possible was done ”

### Learning

- Some staff found the presence of visitors on the wards during Covid stressful as they feared Covid infection coming onto the ward. This was carefully managed with PPE, social distancing and strict adherence to timed visits and touch point cleaning alongside checking patients' family members felt well prior to coming in. This reassured staff and reflected to them that effective systems had been put in place.
- We are continuing to use Skype and Sarah-Jayne (Activities Co-ordinator) is investigating also using WhatsApp in the future as an alternative as some relatives have found Skype quite challenging.
- 'Balcony visits' are continuing at South Petherton Community Hospital as are visits in the garden for larger groups of family for an occasion for the patient e.g., Birthdays as it is far safer as we learn to live with Covid.

# Case Study

Compassionate Visiting



## Contributors

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*'The national voice for Community Hospitals'*