

# Information for patients

## Hospiscare's in-patient unit

### Information for patients

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## Contact details

### **To contact our nurses: 01392 688044**

This is a direct line to the nursing office. Ask your relatives to ring this number if they want to talk to one of the nursing staff.

We are always happy to answer telephone enquiries but of course, we will not discuss details about you by telephone unless you are happy for us to do so.

Our ward meeting is between 9.30am and 10.30am so it is helpful to avoid these times if possible.

### **For others to contact you: 01392 688047**

This portable phone rings at the nursing station and will be taken directly to your bedside. Ask your relatives and friends to call this number if they want to speak to you. If you use this phone for outgoing calls we are grateful for donations towards the cost.

## Welcome to Hospiscare

Welcome to the in-patient unit of Hospiscare. We hope that you will settle in easily and find our care helpful and supportive. In this booklet we will answer some of the questions and worries you or your family may have.

We know that it may be difficult for people to take things in on arrival in a new environment and hope the following information helps.

If you would like to take any of this information home with you, your nurse can arrange for you to have a copy.

## These are Hospiscare's values

**We shall put your needs as a patient, and of those close to you, at the centre of all we do.**

### **We shall be sensitive, honest and clear in all our communications**

Communication is key to our work. We listen carefully to patients to determine your needs and we shall explain the situation clearly and honestly and support you in the choices you make.

We recognise times when honesty may be distressing, but even then we will not mislead you. We communicate clearly and consistently about the services we provide.

### **Balance in life to achieve well-being**

For you as the patient we recognise the need to balance unpleasant treatments with positive therapies such as massage. For your relatives we recognise the need to grieve, but we encourage them to live as well.

## **Reasons for coming to the hospice**

Everyone has a different reason for coming to the hospice. You may be here:

- To try and sort out a problem that's proving difficult to improve at home. Pain, nausea, sickness, shortness of breath and constipation are some of the most common problems which we are asked to help with.
- To carry out a specific treatment such as a blood transfusion or to attempt to drain fluid from the chest or abdomen.
- For care at the very end of their life. This can happen when it's not possible for a patient to remain at home.

Our hospice does not have a long-stay unit. The length of time you spend with us will depend upon what help you need, and may involve discussions and plans for your future care at home or in a nursing home.

Discussion and careful discharge planning involving yourself, your family, your district nurse, GP and social services where appropriate, will follow when your condition stabilises.

## **When you arrive**

When you arrive at the hospice you will be welcomed by the staff who will be directly involved in your care. The staff will show you around ensuring that you know where the bedrooms, bathrooms and sitting room areas are.

### **Medication**

When you are first admitted to the hospice a doctor and nurse will discuss with you and your relatives the medications you have been taking and when you take them.

If you have brought your own medications with you these will be locked away for safe-keeping. Occasionally, we may keep some of your medicines but we prefer to send the rest home with your relatives if possible.

### **Your first assessment**

Once you are settled, a nurse and doctor will usually come together to meet you and to

talk to you about your illness and problems and to examine you. If you wish it, your family or close friends can stay with you throughout this first assessment.

The staff will wish to discuss your care with you and plan the best way to look after you.

You will be allocated to one of our two nursing teams, blue or red, and will usually be cared for by nurses from one team.

### **Please ask questions**

Please feel free to ask the doctors and nurses questions. We will be honest with you and explain things clearly. If you are worried and feel you do not understand what is happening, it is important to share these worries and let us know about them.

## **Your medication**

### **New medication**

Your medication may be changed to try and improve any difficult symptoms you have. The changes will be explained to you and you are always welcome to ask any questions about your treatment.

Your medication will be given to you at set times once they have been prescribed by the hospice doctor. Between these times it is important to let the nurses or doctors know if you experience any pain, nausea or other difficult symptoms, so that extra medication can be given to you when you need it.

Usually medication can be taken by mouth as tablets or liquid. If you are finding it hard to swallow or feel nauseated, it may be more effective to have your medication under the skin either as an injection, or through a syringe driver which is a tiny plastic tube placed just under the skin and attached to a battery driven syringe.

### **How we use medications**

All the medications you are given are carefully chosen. Our experience has shown that some medicines can be used for purposes other than those identified in the marketing licence given to the companies which produce the medication. This use of medicines beyond licence is common and safe practice in many areas, including hospices and palliative care departments.

### **Self administration**

If you feel able to keep responsibility for your own medication, we will ask you to sign an undertaking to do this for some or all of your medicines. You can keep common treatments such as eye drops, nasal sprays or inhalers close by to use as you need them.

### **When you are discharged**

Before you are discharged from the hospice a nurse will explain your medication, what it is for and when to take it. You will also be given a chart about your medication and this will be a helpful record to keep and share with the doctors and nurses who provide future care. A hospice doctor will let your own doctor know what medication you are taking when you are discharged from the hospice.

### **Access to Hospiscare health records**

The Data Protection Act 1998 entitles you, or a representative authorised on your behalf, to be able to make a request for access to your health records. If such a request is required, please make this known to a member of staff.

## **How we aim to care for you**

We aim to recognise all the different ways your illness affects you. We know that people often have emotional, spiritual and psychological needs, as well as physical ones.

### **Your involvement**

We will also try to involve you in the planning and delivery of your care. You will be given opportunities to weigh up the pros and cons of proposed treatment if you wish to.

The views of those close to you are also important and we will make every effort to establish these to help us make decisions in your best interests. However, we will not talk to relatives, carers or friends if you do not want us to do so.

### **Living wills**

If you become less well, relatives and carers can often help medical staff to understand how you would wish to be cared for, but it is important to know that they cannot make decisions on your behalf.

We will abide by all valid advance directives or 'living wills' whether these are in writing or verbal. We encourage you to make your wishes clear in advance of a time when you may not be able to express your own views.

Treatments which might prolong your life, such as antibiotics, blood transfusions or fluid via a drip are used in the hospice when appropriate and after discussion with you. If you decide not to continue with such treatments, your decision will be respected.

### **Tissue donation**

Sometimes patients ask us about tissue donation. The transplantation of the cornea from the eyes can restore the sight of blind or partially sighted people. Discussing your wishes

with your family, joining the organ donation register and carrying a donor card are steps you can take. We would be happy to advise if you want more details.

### **Resuscitation**

Our main aim in caring for you is to maximise your quality of life and maintain your comfort and dignity. If you experience a sudden unexpected collapse, we will continue active supportive care to preserve comfort and ensure that any pain or distress is treated fully.

For almost all patients in the hospice, active resuscitation to reverse sudden failure of the heart or lungs is not helpful or appropriate. In those circumstances where active treatment is appropriate and the patient wishes to be resuscitated, this will be made clear in the medical notes.

In the event of sudden collapse by such patients, or any visitors, Hospiscare staff will carry out basic life support measures and contact emergency services immediately to arrange transfer to the Royal Devon and Exeter Hospital.

### **Please ask questions**

We encourage you and your relatives or carers to ask staff any questions or share any worries they have about the care we give.

## **Visiting**

### **At any time**

There are no specific visiting times at the hospice. Family and friends are welcome at any time although there are some points we ask visitors to consider in planning the timing of their visit.

### **Times to avoid**

The mornings are the time when you are most likely to have a wash and get ready for the day, so it's usually best for your visitors to come after 11am. We aim to have a quiet time after lunch, so if possible please arrange afternoon visits after 2.30pm.

We ask that visitors respect the needs of other patients, especially in the evenings. We ask that visitors leave by 9.30pm unless previously arranged with nursing staff.

### **Restrictions**

You may become very tired and prefer visitors to spend only a short time at your bedside. Should you or a close family member wish us to do so, we can restrict visitors or the number of visitors at any one bed. Visitors are always free to use the visitor's sitting room, chapel or coffee bar.

We also ask that people not to visit if they have had an upset stomach in the last 48 hours, or other infectious illness. Please ring and check with nursing staff if you are unsure.

## Children

Children are most welcome to visit, young children may benefit from bringing their own books, toys etc. There is a baby changing facility in the disabled toilet along the main corridor. We cannot however, supervise visiting children nor accept responsibility for their welfare.

## Pets

Some people get great comfort from family pets. Well-behaved dogs and cats are also welcome.

## Visitor accommodation

We do have some overnight accommodation which may be used by visitors in special circumstances. The nurse looking after you can discuss with your visitors whether it would be helpful for them to stay overnight at the hospice.

We also have a visitors lounge with a television, hot drinks machine and a small outside space.

# Useful things to have

- Personal toilet articles: soap, shampoo, tissues, toothpaste, etc.
- Male patients should bring their shaving kit or electric razor.
- Nightwear, dressing gown and slippers.
- Comfortable indoor clothes. Patients are encouraged to dress in comfortable clothes whenever possible.
- A small amount of money for purchases such as newspapers, which are obtained by our volunteers most mornings.

Please bring all the tablets and medicines which have been prescribed for you and which you are taking regularly.

## You will not need

- Towels and flannels – these are provided.
- Large sums of money, jewellery or articles of value. Any valuables or money should be handed to the nursing staff for safekeeping – a receipt will be given. Hospiscare cannot accept responsibility for the loss of property or damage to personal possessions.
- Mains-powered electrical items – all electrical equipment has to be tested for safety before it can be used on the in-patient unit. In some circumstances, with prior agreement, it may be possible for patients to bring their own electrical appliances.

# Personal care

Your stay in the hospice will provide an opportunity for your family or carer to have a rest from nursing care. However, if they wish to continue to take part in nursing care, please say so.

## Planning your personal care

The nursing staff will plan with you the help that you need with personal care. This includes bathing or showering and dressing. Our aim is for everyone to be as independent as possible but we also want to help when it is needed.

Mornings are the time when most personal care is offered but if you prefer a bath or shower at other times we will try to fit in with your wishes.

We can sometimes arrange for our hairdresser or manicurist to visit the ward if required.

## Laundry

The hospice provides all towels, flannels and bed linen. We do ask however, that your personal clothing be laundered at home by relatives whenever possible. If this cannot be done, please talk with a nurse and we'll see how we can help.

# Smoking

We understand that some patients enjoy smoking and try to be as helpful as we can in making that possible. Smoking is not permitted in any area by relatives.

## Smoking for patients

An undercover, outside smoking facility is available during the day for patients only. Staff will be unable to directly supervise you smoke, so if you are feeling poorly or sleepy you may be advised it is not safe. Any smoking is at an individuals own risk.

For people who have smoked heavily but are unable to do so, nicotine patches may be helpful and will be offered in such cases.

# Food and drink

All meals are freshly prepared daily on site in our own kitchens. Our chef or a member of staff will talk to you each day to discuss the menu and take your order for dinner and tea. Please feel free to inform them of your likes and dislikes and to ask for anything that is not on the menu.

## Special diets

We can cater for special dietary requirements, but please do not bring prepared meals from home as we cannot use these. Small quantities of cold food can be labelled for your use and kept in the ward fridge or freezer.

### **Breakfast**

Breakfast is served when you wake. We offer cereals, porridge, fruit segments or prunes. Cooked breakfasts and toasts are available to order.

### **Dinner**

A mid-day meal is served from 12.15pm.

### **Supper**

A light meal is available at 5.30pm.

### **Drinks**

If you have been taking supplement drinks at home then please feel free to bring them in. Drinks are available 24 hours a day.

A trolley with tea and coffee comes around the ward mid-morning and mid-afternoon and after each meal.

### **Alcoholic drinks**

A limited range of alcoholic drinks are available for patients.

Because of the nature of some medications, please leave any alcoholic drinks that you bring in with the staff who will serve them to you on request.

### **Meals for visitors**

Visitors can purchase meals from our café menu. In the absence of anyone in the coffee bar or reception visitors may order breakfast through the nursing staff. The kitchen staff will bring the food, visitors can then pay later.

Visitors are asked to make a donation if they have a drink from the trolley in the ward.

## **Telephones**

### **Mobile phones**

Visitors may use their mobile phones but are asked to consider noise levels in patient areas. Please switch your phone to silent mode during the quiet hour of 1.30pm to 2.30pm and after 8pm.

You can also ask to use our cordless phone to make outgoing calls.

### **IT access**

There is a laptop computer available for use by patients only. Please ask the nursing staff

if you wish to use it.

There is a wireless broadband connection if you wish to use your own laptop, this is available Monday to Friday.

## Newspapers, books, music, radio and TV's

On most days one of our volunteers will be available to take your order for newspapers and magazines to be bought from the main hospital shop.

### We provide

We have some library books on a trolley. There are a few music CDs and DVDs, and portable players.

Televisions are provided for all patients. The televisions in the ward areas have a radio incorporated, the radios offer all the BBC channels and include local commercial radio and Classic FM. Headsets are also provided.

The side rooms have televisions without radios, if you require a radio please ask a nurse.

## Our staff

All the staff are here to help you. You may come across some, or all, of the following:

### Nurses

There are usually three to five members of staff on any nursing shift. The shifts are as follows:

Early	7.30am – 3.30pm
Late	1.30pm – 9.30pm
Night	9.10pm – 7.50am

A senior staff nurse or team leader is in charge of each nursing shift and a particular nurse will be allocated to your care on each shift. They will also have other people to care for. The nurses wear different uniforms according to their role:

Ward manager	Dark navy
Team leaders	Dark navy
Staff nurses	Royal blue
Healthcare assistants	Mid blue

## **Doctors**

One of our consultant-led specialist medical team is always on duty. We have three consultants, two assistant doctors and a registrar who is training to become a consultant.

The doctors work a rota system and you may not meet all of them during your stay. They do not wear a uniform but have a name badge and will introduce themselves to you.

One of the doctors will be responsible for your medical care each day. They will review how you are feeling and talk with you and your relatives as necessary.

A doctor is available 24 hours a day but is not in the hospice overnight unless needed.

## **Care Managers**

We have two Care Managers with training in social care and occupational therapy. They will help you plan your discharge from the unit either to your home or to a nursing home.

They arrange support and care and can help with finances and benefits and look at equipment needs focussing on helping you to achieve daily tasks and maintain as much independence as possible.

You may have anxieties about how your loved ones will cope or manage in the event of your death. One of the care managers co-ordinates the bereavement support that is offered to all families by trained volunteer members of the bereavement team.

## **Chaplain and spiritual care coordinator**

Hospiscare welcomes patients of all beliefs or of none. The chaplain provides the leadership for the pastoral and spiritual care of patients, carers and their families within the hospice.

Available to talk to patients and their families, he can provide Holy Communion for patients and access support from other Christian denominations, religious communities or spiritual bodies through the Royal Devon & Exeter chaplaincy department.

Our beautiful chapel is open at all times and provides a quiet space for reflection.

## **Volunteers**

Volunteers play a valuable role in Hospiscare and at the hospice. They have many roles on the in-patient unit and are involved in serving tea and coffee and lunch, arranging and caring for plants and flowers, checking bedside lockers and replacing water jugs.

Volunteers welcome people in reception and guide them as they arrive. The volunteers do not wear a uniform but have a name badge and some wear a blue tabard.

## **Domestic staff**

Our domestic staff are an important part of the team. They try to make themselves as unobtrusive as possible, but need to make sure that our high levels of cleaning and hygiene are maintained. They work on the ward throughout the day.

### **Ward secretary**

Our ward secretary has an office on the ward and helps the ward to run smoothly, by taking telephone calls and dealing with enquiries. She also coordinates the sale of paintings that you see around the hospice - contact her for further details.

### **Complementary therapies**

A trained complementary therapist is available to offer you either aromatherapy massage or reflexology on week days. She is also supported by trained volunteers. The therapist will ask you if you want to make use of this service.

## **Exeter day centre**

The entrance to daycare facilities are near reception. They are in use from 9.30am to 3.30pm on weekdays.

A range of therapies and social activities are provided for those attending. The majority come from home, but some in-patients also attend. A hairdresser is available each morning and arrangements can be made for a chiropodist to visit and occasionally a dentist or optician.

If you want to find out more about daycare please ask one of the nurses and the daycare sister or a staff nurse can show you around.

## **Fire alarm**

The fire alarms are tested regularly for short bursts only. All staff have regular fire drills and take safety and security issues very seriously. If you hear a prolonged ringing of the fire alarm at any time do not worry. The nurses will have the situation under control and will tell you what to do.

## **Travelling to the hospice**

Patients are brought to the hospice by ambulance when necessary. For those using their own transport, it is possible to stop briefly just to drop a patient off outside the main doors. Our own parking areas are free of charge and reserved for staff and hospice visitors, although parking can be difficult at certain times.

### **Visitors by bus**

From central Exeter: The H1 and H2 buses from Exeter city centre stops at the RD&E Hospital entrance from which it's a short (5 mins) and easy walk to the hospice.

By park and ride: The best way to avoid parking problems is by using the Park & Ride service from Digby, PR3. Parking is free and new easy-access buses provide a direct link to the hospital entrance.

### Visitors by car

From the M5: Exit at junction 30, and take the A379 towards the city centre. At Countess Wear roundabout (by the Shell garage) turn right into Topsham Road. Turn right just past the army barracks into Barrack Road.

Turn right at the next traffic lights into Dryden Road. Take the first left turn into the grounds of Wonford House Hospital. Turn left in front of the main house, and go straight ahead, down the ramp to Hospiscare.

From the City centre: Follow signs to the M5, which will take you out along Topsham Road. Turn left just before the army barracks into Barrack Road, and follow directions above.

### Visitors by rail

The nearest stations are Exeter Central and Exeter St David's, the H1 and H2 buses also run from here, on Sundays etc. it may be necessary to get a taxi, it will take 15-20 mins. by car to get to the Hospice

## Feedback

While we will do everything we can to make your stay with us a contented one, we appreciate that from time to time we do not get everything right. If there are things you think we should do, or you are dissatisfied with our care, we need to know.

We cannot improve the service we give if people do not tell us when we are getting things wrong. It also helps us to know what you feel is particularly good about the care we give.

If you want to make a written comment or complaint there are feedback boxes in the main reception area and on the ward.

You can also write to:

Director of Patient Services, Hospiscare, Dryden Road, Exeter EX2 5JJ

Hospiscare has a formal complaints procedure in place.

From time to time we may need to survey patients' opinions to monitor our standards. We quite understand if you would prefer not to be included in a survey.

### Formal complaints procedure

We take every complaint seriously and will respond to all written complaints within two working days. If you feel a complaint has not been dealt with satisfactorily you will be offered a chance to meet with relevant staff involved to express your views or help to take the complaint further to our trustees.

Hospiscare is registered with the Healthcare Commission which has responsibility for the regulation of voluntary healthcare providers. If you have a concern that has not been dealt with to your satisfaction, they can be contacted at:

Healthcare Commission, Dominions House, Lime Kiln Close, Stoke Gifford, Bristol BS34 8SR. Tel: 0207 4488158.

## Funding

Hospiscare is a registered charity, providing a free service for our patients and their families. We receive less than a third of our income from the NHS so fundraising is vital if we are to ensure our service is maintained.

If you or your family would like to find out more about how you can help Hospiscare please ask your nurse to contact a member of the fundraising team. Below are some of the most popular ways that people choose to support Hospiscare.

- Making a regular donation
- Joining the Hospiscare Lottery
- Joining a local support group
- Volunteering
- Leaving a gift in their will
- Asking their company/work colleagues to support Hospiscare
- Organising a fundraising event

### Private health insurance

Some private health insurers may provide cover in respect of a stay in a hospice. If you have private health insurance, and are willing to claim the costs of your stay and donate to this to Hospiscare, it would help us continue care for others. Please mention it to one of the staff.

## A history of Hospiscare

Hospiscare is a local charity. It began in 1982 as a community nursing service for those with a range of illnesses for which cure was no longer possible. Nurses gave skilled care

and support to patients and their families at home.

The hospice was opened in 1992 offering in-patient care to 12 patients and their families, as well as daycare facilities. With its opening Hospiscare expanded its expertise with the addition of its own team of doctors, a chaplain and a social care department.

Hospiscare has continued to grow and expand and now offers care to patients throughout Exeter, mid and east Devon. The hospice lies within the grounds of the Royal Devon & Exeter Hospital where it can benefit from its laboratory facilities and additional medical expertise when necessary. Hospiscare receives about one third of its £4m running costs from the NHS and has to raise the rest from voluntary donations.

### **Hospiscare's aims**

Hospiscare offers high quality care and support to people with life-threatening illness and those close to them. We tailor our service to the needs of each individual. We aim to meet emotional, social and spiritual needs as well as physical ones, enabling people to make the most of their lives within the limitations of their illness.

Hospiscare offers care in their in-patient unit, daycare centre, at home and in the Royal Devon & Exeter Hospital. The services are available free of charge to all those who need them in the Exeter, mid and East Devon primary care trust areas. Hospiscare also provides support and advice to health care professionals.

Hospiscare is a registered provider of specialist palliative care services and is governed by a board of trustees. Hospiscare's multi-professional team all have appropriate and qualifications and experience in palliative care.

Hospiscare consults with patients about the planning and delivery of their own care, takes measures to ensure the privacy and dignity of patients and makes full provision for families and friends to contact and visit patients.

