



# **WESTON HOSPICECARE**

## **STATEMENT OF PURPOSE**

**This is a public document – please read**

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SOMERSET  
BS23 4YQ**

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Schedule 1 regulation 6 of the Healthcare Commission for Independent  
Health Care

Updated April 2008

## **1. AIMS & OBJECTIVES**

Weston Hospicecare has a community approach to palliative care. The people cared for by the organisation have a life threatening illness that is no longer responding to curative treatments. Patients using the service are aged 18 years and above.

The services aim to meet the physical, psychological, social, spiritual and emotional needs of patients and their families, bearing in mind their dignity, self-esteem and independence. The patients needs can be met in their own home, in the in-patient unit, in the day hospice or as an outpatient.

A full multi-disciplinary team including a community service also supports the patient. Our philosophy includes advice and education that can be used both by the local and professional community.

The hospice management believes that the development of the staff is an essential aspect of good care and has followed the Investor in People standard to support this aim.

## **2. REGISTERED PERSONS**

Responsible Individual: Gill Blackshaw: Interim Chief Executive  
Registered Manager: Gill Blackshaw: Director of Nursing & Clinical Services

## **3. QUALIFICATIONS & EXPERIENCE OF RESPONSIBLE INDIVIDUAL**

Registered Nurse	1981
District Nurse Certificate	1989
ENB 998 Teaching and Assessing	1990
Post Graduate Diploma in Professional Management	1999
Master of Business Administration	2006

Has been a senior manager within the NHS for many years.

Commenced in post October 2007

## **QUALIFICATIONS & EXPERIENCE OF REGISTERED MANAGER**

Registered Nurse	1981
District Nurse Certificate	1989
ENB 998 Teaching and Assessing	1990
Post Graduate Diploma in Professional Management	1999
Master of Business Administration	2006

Has been a senior manager within the NHS for many years.

Commenced in post October 2007

#### 4. STAFF DETAILS

##### SENIOR MANAGEMENT TEAM:

Director of Nursing & Clinical Services (GB )	<b>1.0 wte</b>
Medical Director (JA)-Honary Post NHS employee	<b>0.5 wte</b>
Consultant in Palliative Medicine (AR) - Honary Post NHS employee	<b>0.3 wte</b>

**TOTAL = 3 = 1.8 wte**

##### CLINICAL MANAGEMENT STAFF:

Chaplain (KM)	<b>1.0 wte:</b> BSc (Econ) Post Grad Certificate of Education Ministerial Training, Wesley College Bristol Level 1 Foundation in Counselling Skills, ENB 285 Equivalent
Medical Secretary (PW)	<b>0.6 wte:</b> RSA 3 in a variety of topics, NVQ in Business Administration,
Medical Secretary (ET)	<b>0.6 wte:</b> RSA 3 typing, Clait desk top publishing, word excel and powerpoint.

**TOTAL = 3 = 2.2 wte**

##### COMMUNITY SERVICES:

Team Leader (JSB)	<b>1.0 wte:</b> RGN, RMN, ENB 931, Diploma in Professional Studies, C&G 7306, NVQ Assessor Award, Communication Skills Module, Personal Competence, Capacity & Capability all at Level 3, <i>Currently undertaking Advanced Nurse Prescribing at Level 3/4</i>
Hospice Community Nurse Specialist (BGC)	<b>0.8 wte:</b> RGN, Dip District Nursing, Dip Industrial Relations ENB 998, ENB 285
Hospice Community Nurse Specialist (SG)	<b>1.0 wte:</b> RGN, Cert Ed, ENB 931, Dip Prof Studies, Dip. Palliative Care, Post Grad Dip Public Health <i>Currently undertaking MSc in Public Health</i>
Hospice Community Nurse Specialist (AMJ)	<b>0.8 wte:</b> RGN, ENB 931, Dip HE, ENB Level 2 in Counselling
Hospice Community Nurse Specialist (BR)	<b>1.0 wte:</b> Diploma in Adult Nursing Studies, ENB 285 equivalent – 2 modules at Level 3, Continence module; Level 2, Ethics module; Level 3, <i>Currently on a degree pathway in palliative care, due for</i>

completion Jan 2008

Hospice Community Nurse Specialist (AG) **1.0 wte:** RGN, DN, ENB 931

Hospice Community Nurse Specialist (JB) **Bank:** RGN, HV, Degree in Nursing Studies – Palliative Care, Nurse Specialist Certificate in Palliative Care

**TOTAL = 7 staff = 5.6 wte + bank**

#### **Hospice at Home Service:**

The majority of this team combine work within Hospice at Home with other work within the Hospice, both the Community and In-patient Unit, and are contained within the relevant sections.

Staff Nurse (NW)	<b>0.24Fte:</b> RGN
Nursing Auxiliary (AH)	<b>0.24Fte:</b> GNVQ Level 3 Health & Social Care
Nursing Auxiliary (JC)	<b>0.24Fte:</b> NVQ Level 2 & 3
Nursing Auxiliary (KP)	<b>0.24Fte:</b> NVQ Level 2
Nursing Auxiliary (SB)	<b>Bank:</b>

#### **OUT PATIENT SERVICES:**

Team Leader (JF)	<b>1.0 wte:</b> Dip COT; Cert. fieldwork education; VTCT Dip. Holistic Therapies; VTCT Dip. IHM; Dip AOSM. Currently undertaking MSc modules
Staff Nurse (PW)	<b>0.6 wte:</b> RGN,RSCN, Principles of Palliative Care Module 1
Complementary Therapist/s (YD)	<b>0.8 wte:</b> VTCT Dip. Holistic Therapies
Physiotherapist (CLS)	<b>0.8 wte:</b> Dip Physiotherapy. Commenced Specialist Palliative Care Modules at Level 3

**Total = 4 = 3.2 wte**

#### **IN PATIENT SERVICES:**

Team Leader (KET)	<b>1.0 wte:</b> RGN, RM, ENB 100, ENB 931, C&G 7306, D32, D33, ENB 285 equivalent modules at Level 2, Dip Health & Social Care (OU), BSc (OU) (Hons) Health & Social Care, Communication Module at Level 3
Junior Sister (CEM)	<b>0.8 wte:</b> RGN, ENB 285 equivalent modules at Level 2, Communication Module Level 2, Dip
Specialist Doctor (HH)	<b>1.0 wte</b> MB, BCH, BAO, MRCGP. DCH, DO.

Staff Nurse (DiK)	<b>1.0 wte:</b> RGN, RM, ENB 901, ENB 931, ENB 285 equivalent modules
Staff Nurse (JN)	<b>1.0 wte:</b> RGN, Specialist Palliative Care Modules at Level 3
Staff Nurse (MO)	<b>1.0 wte:</b> RGN,
Staff Nurse (JR)	<b>0.8 wte</b> RGN, RM, HV, ENB 931
Staff Nurse (TH)	<b>0.8 wte</b> RGN, One ENB 285 Equiv. at level 2
Staff Nurse (JG)	<b>0.59 wte</b> RGN,
Staff Nurse (WR-J)	<b>0.79 wte</b> RGN, 12, ENB 931, ENB 285 equivalent modules
Staff Nurse (LD)	<b>0.6 wte</b> RGN
Staff Nurse (DaK )	<b>0.6 wte</b> RGN,
Staff Nurse (VH)	<b>0.6 wte</b> RGN
Staff Nurse (ME)	<b>0.6 wte</b> RGN
Staff Nurse (PW)	<b>0.4 wte:</b> RGN, RSCN, Principles of Palliative Care Module 1
Staff Nurse (BC)	<b>Bank:</b> RGN Level 2
Staff Nurse (CH)	<b>Bank:</b> RGN, ENB 931
Staff Nurse (BW)	<b>Bank:</b> RGN
Staff Nurse (DJ)	<b>Bank:</b> RGN

Nursing Auxiliary (RD)	<b>1.0 fte:</b> NVQ Level 2
Nursing Auxiliary (JM)	<b>0.96 fte</b> NVQ Level 2
Nursing Auxiliary (TK)	<b>0.95 fte</b> NVQ Level 2 & 3
Nursing Auxiliary (CS)	<b>0.8 fte:</b>
Nursing Auxiliary (EC)	<b>0.72 fte:</b> NVQ Level 2
Nursing Auxiliary (EAT)	<b>0.66 fte</b> NVQ Level 2
Nursing Auxiliary (TH)	<b>0.47 fte</b> NVQ Level 2
Nursing Auxiliary (JF)	<b>0.46 fte</b> RGN, RM
Nursing Auxiliary (JR)	<b>0.42 fte</b> NVQ Level 2
Nursing Auxiliary (SE)	<b>0.42 fte</b> NVQ Level 2
Nursing Auxiliary (MG)	<b>0.42 fte</b> NVQ Level 2
Nursing Auxiliary (AH)	<b>0.6 fte:</b> GNVQ Level 3 in Health & Social Care
Nursing Auxiliary (AJ)	<b>0.4 fte:</b> HCA Core training
Nursing Auxiliary (HF)	<b>Bank:</b>
Nursing Auxiliary (LD)	<b>Bank:</b>
Nursing Auxiliary (AB)	<b>Bank:</b>
Nursing Auxiliary (GJ)	<b>Bank:</b>

**Total = Specialist Doctor = 1 = 0.8wte, 19 RGNs = 11.49 fte + bank**

**15 N.A's = 7.08 fte + bank**

#### **BEREAVEMENT SERVICE:**

Service Manager (LR)	<b>0.8 wte</b> Cert Counselling Skills, RSA Counselling Skills, Dip. Religious Studies & Pastoral Care
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**Total = 1 = 0.8 wte**

**A group of trained volunteer Bereavement Visitors support this service.**

#### **SUPPORT SERVICES:**

House & Estates Manager (CD)	<b>1.0 wte</b>
Chef (GB)	<b>1.0 wte</b>
Senior Cook (JS)	<b>1.0 wte</b>

Cook (DA)	<b>0.48wte</b>
Kitchen Porter (MP)	<b>0.6 wte</b>
Unit Assistant (CH)	<b>0.56wte</b>
Unit Assistant (Vacant)	<b>0.4 wte</b>
Unit Assistant (SM)	<b>0.56wte</b>
Unit Assistant (CB)	<b>0.66wte</b>
Unit Assistant (vacant)	<b>0.43wte</b>
Maintenance (AP)	<b>1.0 wte</b>

**Total = 11 = 7.69 wte**

**ADMINISTRATION:**

Financial Controller ( )	<b>0.6 wte</b>
Secretary (EC)	<b>0.7 wte</b>
I.T. Hardware Support (NB, PW)	<b>1.0 wte</b>
I.T. Software Support (DG, SB)	<b>2.0 wte</b>
Accounts (PL)	<b>0.6 wte</b>
Accounts (AP)	<b>0.5 wte</b>
Personnel & Volunteer Officer (TC)	<b>0.9 wte</b>
Fundraising & Communications Manager (PB)	<b>1.0 wte</b>
Fundraiser (SS)	<b>1.0 wte</b>
Fundraising Administration Assistant (SP)	<b>0.66 wte</b>
Volunteer Coordinator (ER)	<b>1.0 wte</b>
Receptionist/Admin Support (SG)	<b>1.0 wte</b>

**Total = 13 = 11 wte**

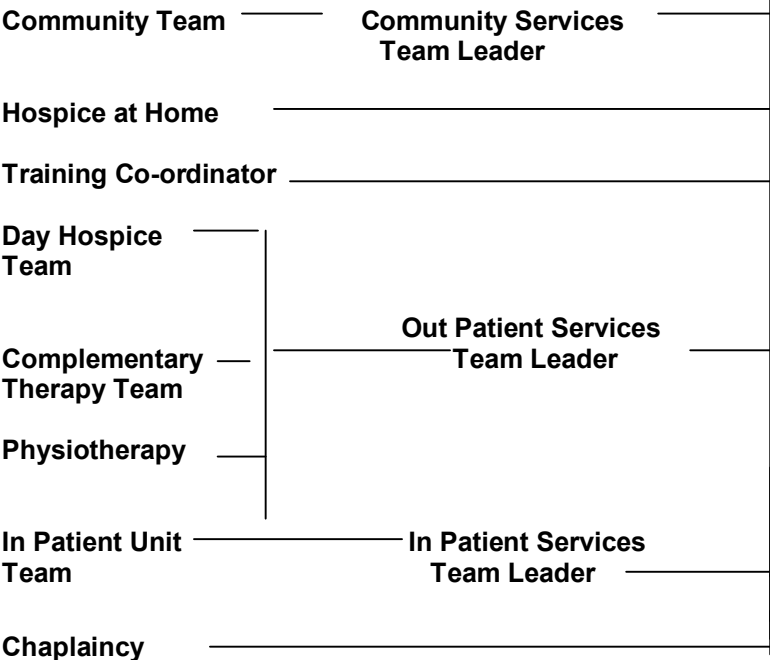
# Weston Hospicecare – Organisation

**COUNCIL OF MANAGEMENT**  
(Directors & Trustees)  
**Function Sub Groups**

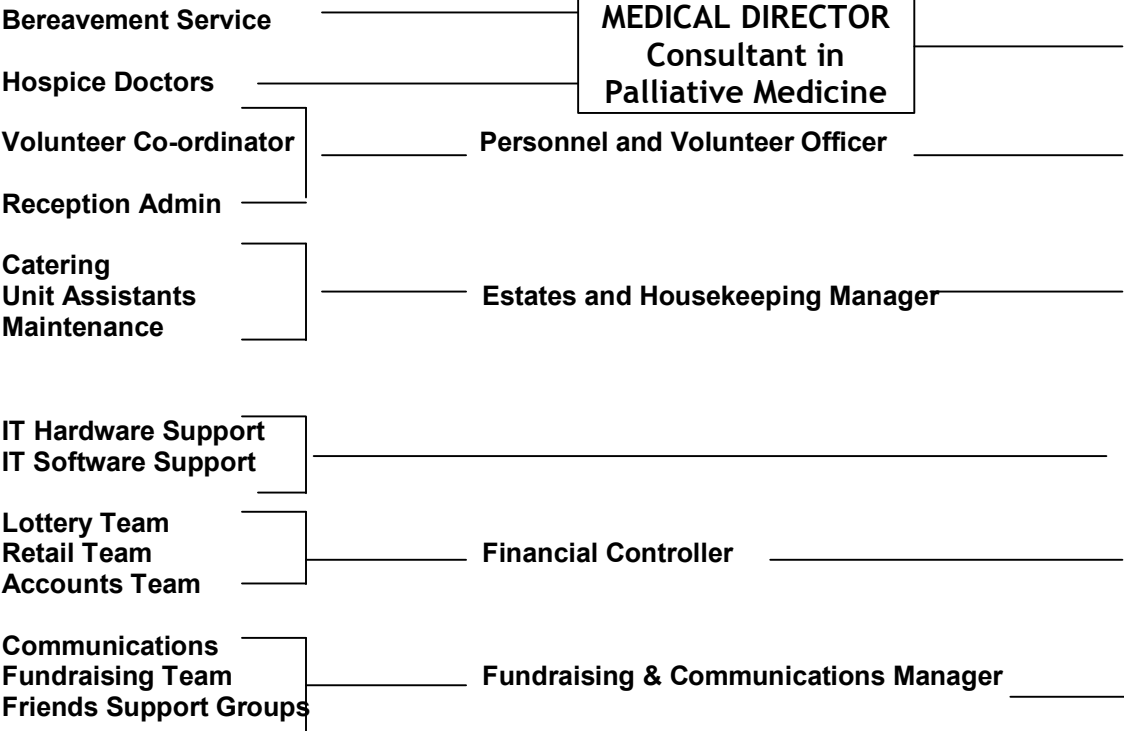
*Chairman of Council*

**CHIEF EXECUTIVE**

**DIRECTOR OF NURSING & CLINICAL SERVICES**



**MEDICAL DIRECTOR**  
Consultant in  
Palliative Medicine



The range of needs which those services are intended to meet and the facilities, which are available for the benefit of the patients.

A holistic approach to care is used to support the physical, psychological, social, spiritual and emotional needs of patients and their families, bearing in mind their dignity, self-esteem and independence. To provide this, the following services are available.

#### **a) In-Patient Unit**

The hospice at Jackson-Barstow House provides an In-Patient Unit which has 10 single en-suite bedrooms of which 7 are used for short term care of patients who require specialist palliative care support for symptom control, care in the last days of life or where appropriate and space allows, short term respite care. However, staff and families are asked to seek a back up location as admission to the hospice for respite care is seen as a lower priority due to bed capacity. It is anticipated that most patients do not stay longer than 14 days. The further 3 beds are supported with Continuing Health Care funds by North Somerset Primary Care Trust (PCT) to provide care for the last weeks of life for people whose needs are complex.

Plans for patient discharge are discussed with the patient and, with the patient's permission, their families. The patient's General Practitioner and District Nurse are informed of plans for discharge and community services alerted for additional care.

#### **b) Day Hospice**

The hospice also provides support for up to 14 patients on three days per week. These patients attend on an assessed, planned need basis. A 16-attendance programme for patients, is individualised with the patient to meet their needs. A discharge policy exists at the end of an episode.

#### **c) Community Service**

The majority of the care given to the patient is within their own home. The hospice community team provides a service from Monday to Friday, providing patients, families and primary care services with advice and support on symptom management, emotional support, and financial advice.

#### **d) Hospice at Home Service**

The hospice works with Marie Curie Nursing Service and their own bank of trained nurses and nursing auxiliaries in providing care for people in their own homes for up to 24 hours a day. The service offers two forms of support.

- Supportive Care – providing up to 5 days of nursing at home to help in times of crisis, whilst waiting for a hospice bed, following chemotherapy or radiotherapy treatments or to enable an earlier discharge from hospital or hospice
- Terminal Care – providing care in the last days of life

#### **e) Specialist medical support**

There is a team of doctors including consultants in palliative medicine who provide medical advice to patients, families, nursing staff, hospital staff and the primary health care teams. They are also involved in education, audit, research and clinical governance.

#### **f) Spiritual Care**

The chaplain is employed on a full time basis and is available for patients, families and staff. All patients have access to the chaplain who is available for individualised pastoral support. The chaplain also holds a small daily service for day hospice patients in the hospice chapel. Communion is offered at the bedside or on a monthly basis in the chapel.

#### **g) Physiotherapy**

A qualified physiotherapist is available for advice and direct care. This is offered as out patients, in-patients, in day hospice and by domiciliary visits.

#### **h) Complementary Therapy**

Reflexology, aromatherapy, massage, Indian head massage and on-site massage is provided as an out patient, in-patient, in day hospice and by domiciliary visits. The therapists are qualified.

#### **i) Diversional activities**

Arts and crafts are available mainly in the day hospice guided by members of the volunteer team.

#### **j) Bereavement Support**

There is a bereavement team that provides emotional and psychological support to patients and their families. The bereavement service manager coordinates the team of bereavement visitors who are all volunteers, and provides training and supervision. Memorial Services are held twice a year in June and December at a local church. Monthly coffee mornings are held in the town jointly with CRUSE.

### **7. The arrangements made for consultation with the patients about the operation of the establishment:**

We welcome the views of patients, their families and carers. Patients and visitors are encouraged to comment or make suggestions on any aspect of their hospice experience.

Patient Guides are left with the patient. There are also copies in the Day Hospice and in each bedroom of the In-Patient Unit. There is also verbal information supplied primarily by the Hospice Community Nurse Specialist (HCNS), which is reiterated or expanded on by other members of the multi-disciplinary team and given to the patient

and their carers as and when appropriate. Other written information on the hospice services is given when a patient is about to enter a service such as day hospice or in-patient unit.

## **8. The arrangements made for contact between any in-patients and their relatives, friends and representatives:**

It is the policy of Weston Hospicecare that all treatments offered would be appropriate for the individual patient.

- ❖ The care and treatments offered by the hospice will always aim to treat all aspects of the whole person: physical, social, psychological and spiritual.
- ❖ The hospice staff will at all times attempt to involve the individual patient in the planning and delivery of their care.
- ❖ The views of relatives/carers are important and every effort will be made to establish these. However, it is important to note that views expressed by relatives/carers must not override those of the patient, and are given to staff as guidelines not as instructions.
- ❖ No discussion will take place between hospice staff and relatives/carers if a patient is unwilling for such discussions to take place.
- ❖ Treatment at Weston Hospicecare is best described as active supportive care. This means that the principle aim of treatment is to enhance quality of life on a day-to-day basis.
- ❖ All patients and their relatives/carers are encouraged to ask the staff any questions they may have at any time about their care.

## **9. The arrangements for dealing with complaints:**

Whilst we will do everything we can to make the patient's stay with us a contented one we will appreciate that from time to time we do not get everything right. We aim to achieve a high standard of care, but if there is anything they think we should do, or they are in anyway dissatisfied with our care, we need to know. We cannot improve our service if people do not tell us when we are getting it wrong or even just not quite good enough!

We ask patients or their carers to mention to a member of staff if there is anything with which they are not happy or they would like us to provide. They may choose to speak to the Sister in charge. Alternatively they may speak to a member of the management team;

Chief Executive;	Mr Colin Sills
Director of Nursing & Clinical Services;	Mrs Gill Blackshaw
Medical Director:	Dr. Julian Abel (Honorary post)
Consultant in Palliative Medicine;	Dr Alison Rich (Honorary post)

If they want to make a written comment/complaint they may write to one of the above at the address below. They can remain anonymous if they prefer. Leaflets explaining the process and response times are available in all service and public areas.

### **Formal Complaints:**

If they have completed a feedback form and/or have spoken with one of the management team, but still feel they have a complaint that has not been dealt with satisfactorily, they should write to:

The Chief Executive  
Weston Hospicecare  
Jackson-Barstow House  
28 Thornbury Road  
Uphill  
Weston-super-Mare  
Somerset  
BS23 4YQ

Tel: 01934 423900  
Fax: 01934 432901

### **The Process is:-**

You will receive a written acknowledgement of your complaint within two working days.

1. An investigation, if required, will be carried out with all the staff involved.
2. A full response to a complaint will be sent to you within 20 working days.
3. If it is not possible to send a response within 20 working days time scale, a letter explaining the delay will be sent to you.

Although Weston Hospicecare is an independent charity, unsettled complaints can be directed to:

The Healthcare Commission  
Dominions House  
Lime Kiln Close  
Stoke Gifford  
Bristol  
BS34 8SR

Tel: 020 7448 9200  
Fax: 0117 931 2817

**10. The arrangements for respecting the privacy and dignity of patients:**

- Patient autonomy respected
- Private consultation rooms
- Individual en-suited bedrooms
- Privacy signs for doors
- Blinds / voile at windows

We wish to treat all patients with courtesy, consideration and respect. To this end we aim at all times to:

- Assess health needs in a timely, appropriate and accurate manner
- Fully inform patients of any recommendations regarding care
- Gain full consent for any treatments or examination
- Ensure that patient's rights are central to our resuscitation policy
- Respect privacy, dignity and confidentiality at all times
- Address patients by their preferred name and title
- Treat patients with courtesy and consideration
- Provide access to health records in line with the data Protection Act 1998
- Consult with patients and families about the planning and delivery of our services, taking into account the planning and requests
- Ensure that our services are accessible to people of different cultures and ethnic backgrounds, also for those with physical disabilities, sensory disabilities and learning difficulties.