



STATEMENT OF PURPOSE

Dr Kershaw's Hospice
Turf Lane
Oldham
OL2 6EU Telephone: 0161 624 0420
Fax:
Email:
www.drkershawshospice.org.uk

Registered Charity Number 270194

Reviewed August 2017

This service has been registered by the Care Quality Commission under the Health and Social Care Act 2008.

Certificate of registration number: 1-101728663

Provider ID: 1-123327578

Name of Service Provider: Dr Kershaw's Hospice

Address of Service Provider: Turf Lane, Royton, Oldham, OL2 6EU

Name of Registered Manager: Joanne Sloan

Regulated activities: Treatment of disease, disorder or injury. Surgical procedures. Diagnostic and screening procedures.

Date of Registration: 27/10/2016

This document has been written in accordance with the Health and Social Care Act 2008. The document will be reviewed annually unless circumstances dictate that it should be reviewed earlier.

Mission Statement

“To add quality to the lives of those with life limiting illnesses”

Our Core Values

“Patients are at the centre of everything we do”

Openness & Transparency

Our openness and transparency reflect our duty to the patient and our statutory obligations

High Quality Care

We are dedicated to the provision of the highest quality evidence based care

Compassion

We treat our patients, families and carers with compassion

Dignity and Respect

We treat our patients with the utmost respect, maintaining privacy and dignity at all times

Responsiveness

We are responsive to the individual needs of our patients, their families and carers

Inclusiveness

We recognise, respect and embrace the diversity of our community promoting equality in all that we do

Philosophy of Care

Dr Kershaw's was first established in 1989 and has continued to provide Specialist Palliative Care services to people in the borough of Oldham for the past 27 years. During that time the service has undergone many challenges adapting to changes in legislation and government reforms.

Dr Kershaw's Hospice is a registered charity which aims to provide a range of specialist palliative care services to those people in Oldham and the surrounding areas, who are living with life-limiting illness, irrespective of age, gender, sexual orientation, disability, religious belief or cultural background. This will include:-

- Inpatient services to provide symptom control and end of life care
- Rehabilitation following specific treatments/sudden debilitation due to specific symptoms
- Day Hospice services
- Hospice at Home community nursing service for symptom control and end of life care
- Bereavement Support
- Complimentary Therapy
- Physiotherapy
- Multi faith and spiritual support through our chaplaincy team
- Lymphoedema service

- Interventions to avoid hospital admission e.g. low volume blood transfusions

The hospice staff work as a multidisciplinary team. Our aim is to respect individual needs and wishes, in order to care for the whole person. Our purpose is to alleviate suffering which may be physical, emotional, social and spiritual, in order to enhance the quality of life of each patient.

We believe that patients, their families and carers are partners with us in the planning and implementation of their care. Wherever possible, information is provided to enable patients to make their own choices about the care they receive and the setting in which it is provided.

The need to provide integrated health and social care has become very apparent and is driven by a need to provide patient choice regarding a preferred place of care and high quality, safe, sustainable services underpinned by the optimum use of the available resources.

Dr Kershaw's Hospice is inspected by the Care Quality Commission, local Clinical Commissioning Groups and also by Manchester and Salford Universities.

The Care Quality Commission (CQC) are an independent regulator of health and social care in England.

They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and they encourage care services to improve.

They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and they publish what they find, including performance ratings to help people choose care.

A copy of our latest CQC inspection report can be accessed on the Care Quality Commission website www.cqc.org.uk.

Hospice Directors/Trustees

The Hospice trustees are responsible for the governance of the Hospice and they also form the board of directors. The role of the board is to ensure that the charity functions within the law are in accordance with Charity Commission rules; that resources are managed efficiently; that there is a clear overall strategy and vision and that all policies and procedures are in place to manage risk. All major policy decisions concerning the overall direction of the Hospice are made by the board guided by the advice of the Senior Management Group. The board meets bi-monthly and holds an AGM in July of each year. A number of board groups, each with director representation, operate to monitor the different aspects of the Hospice. The board elects trustees/directors for a three year term of office, renewable at the AGM.

The Directors are as follows:

- Mr Vernon Cressey (Chair)
- Mrs Mirriam Lawton (Vice Chair)
- Mrs Susan Briscall
- Mrs Sally Deaville
- Mr Jonathan Lipton
- Mr Alan Moran
- Mr Gordon Russell
- Mrs Anne Sykes
- Mr Paul Vincent

Officers:-

- Company Secretary – Mr Neil Jones (Operations Director)
- Board Secretary – Mrs Lyndsey Donbavand (Quality and Governance Manager)

Hospice Management

Dr. Paul Cook

Dr Cook has been involved with the Hospice since 1993 and is currently the Medical Executive Director. He recently retired as Consultant in Palliative Care & Pain Medicine for Oldham. He has special interests in cancer pain treatments (including running a national cordotomy service for severe cancer pain, for 8 years at the Royal Oldham Hospital, until retiring from the NHS in September 2015), He also has interests in medical education and the use of information technology in healthcare.

Joanne Sloan

Clinical Services Director. Joanne is responsible for the overall management of the clinical services offered in the Inpatient Unit, Day Hospice and the Hospice at Home service, she provides a lead on any clinical service developments in the Hospice. Her nursing career spans 33 years and prior to joining the Hospice team Joanne worked for 11 years as a senior nurse manager at Pennine Acute Hospitals Trust, she holds a Master's degree in Health Service Management.

Neil Jones

Operations Director. Neil has responsibility for all business operational services for the hospice. The role has specific control of all the finances and ensures that all money is used in the best possible way in order to ensure greater patient care.

Lyndsey Donbavand

Quality and Governance Manager. Group leader of the Policy Monitoring & Review Group and Clinical Governance Group. A member of the IT group and Board Secretary. The role focuses on quality assurance with the implementation of a 12 monthly audit programme for both clinical and non-clinical areas within the Hospice. Lyndsey assists with organising the training and development for the staff at the Hospice.

Debbie Wells

Senior Sister of the Inpatient Unit. Debbie joined the nursing team in 2017. Her role is to manage the Inpatient Unit and oversee the coordination of care in Day Hospice and our Hospice at Home service.

Dr. Matthias Hohmann

Senior Speciality Doctor. Dr Hohmann has worked as doctor in the NHS since 1999. He has been a GP since 2004 and Member of the Royal College of GPs. He has a Diploma in Palliative Medicine (Cardiff) 2009, being Macmillan Clinical Director for Cancer for the NHS Oldham Clinical Commissioning Group. Dr Hohmann joined the hospice team in September 2015 as Senior Speciality Doctor.

Lisa Pearson

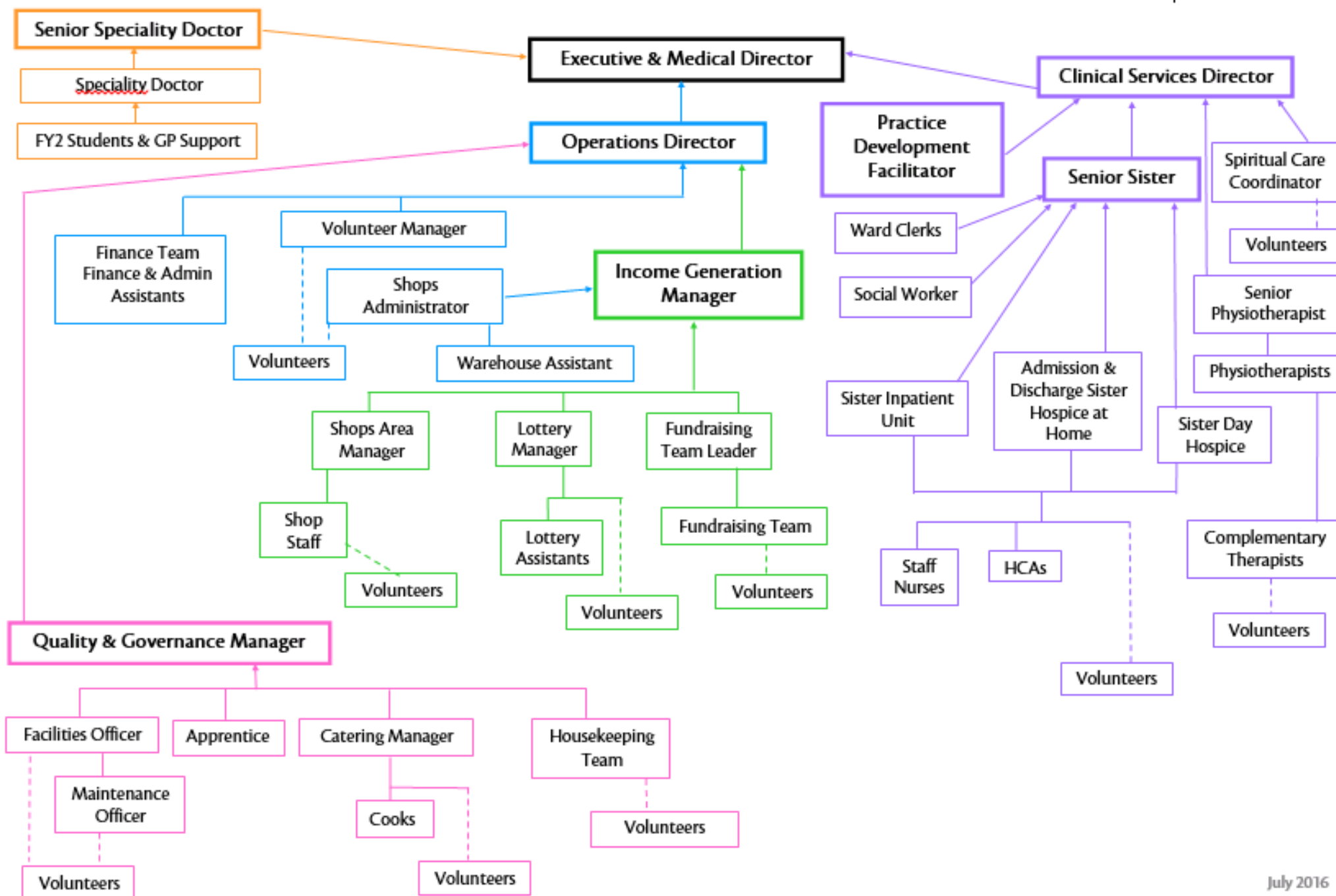
Income Generation Manager. Lisa has worked for a wide variety of corporate organisations throughout her career. Her experience in marketing and business development combined with her commercial outlook have enabled her to move into fundraising. Lisa manages a team that deals with all elements of income generation including: shops, lottery, corporate and community fundraising, eBay, and legacies, and helps the Hospice generate sufficient funds each year to provide care to the people of Oldham.

Adele Doherty

Practice Development Facilitator. Adele is a senior nurse educated to Masters Level with 28 years nursing experience working in clinical, managerial and educational settings. Adele has been appointed to work as part of the senior nursing and Quality and Clinical Governance teams to support the clinical workforce to have the knowledge and skills to deliver Dr Kershaw's Strategic Plan through the provision of excellent

person centered palliative and end of life care for patients and those who are important to them.

HOSPICE STRUCTURE



Hospice Services

Inpatient Service (12 beds)

Our inpatient unit can accommodate up to 12 patients at any one time. Beds are in private bays with their own TV, recliner chair and storage unit for personal items.

The medical and nursing staff are experienced in palliative medicine and are supported by a Multi-Disciplinary Team (MDT) of specialist nurses, allied health professionals, social workers, spiritual leaders and bereavement support workers who assist in providing a seamless service for patients across hospital, community and hospice boundaries. This multi-disciplinary approach allows the palliative care team to address the physical, emotional, spiritual and social concerns that arise with advanced illness.

Following admission, patients are assessed and individual plans of care are developed through discussion with the patient, their relative and carers. During the course of the patient's stay at the Hospice this plan of care is regularly assessed and altered in response to the patients' individual needs.

Discharge planning meetings are held for all patients from the Oldham borough prior to their discharge. These meetings are attended by the relevant health care professionals together with the patient and their relatives or carers. This enables that the appropriate care package can be put into place prior to the patient's discharge home or to an alternative place of care. This ensures the discharge is safe and well supported.

Comprehensive channels of communication are in place to ensure a seamless service between hospital, hospice and community.

Day Hospice Service

Day Hospice offers support to people and their families living with cancer or advancing chronic disease. We are advocates of dynamic palliative care and wellbeing we can assist with symptoms and provide skilled psychological and emotional support.

We have a team of dedicated volunteers working alongside staff to offer assistance throughout the day. The focus of our care is about wellbeing. Our environment is welcoming and routines are flexible to allow for holistic individualised care.

A careful assessment of the patient's needs will be made by the Day Hospice team and together with other professionals involved in the patient's care we will monitor and address those needs throughout attendance at Day Hospice. After assessment patients are guided into the service that most suits their needs. Patients can tap into a range of holistic activities devised to support survivorship and improve wellbeing.

Consideration and support is also offered to carers through a café style programme of activities. We link closely with all members of the multi-disciplinary team engaged in your care. We follow a strict code of confidentiality.

There are a range of activities and treatments the Day Hospice team are able to provide. This is a great way of meeting others within a supported environment. These include:

- Social and emotional support
- Symptom management
- Physiotherapy and gentle exercise
- Information and advice
- Wound care

- Group and individual support
- Complementary therapies
- Creative therapies
- Relaxation
- Health promotion

Hospice at Home Service

The main aim of the Hospice at Home service is to provide patients and their families with the appropriate level of additional care required, to ensure the patient has the support they need to remain in their own home if this is their preferred place of care and to prevent any unnecessary admissions to the hospital. Following a successful pilot we were delighted to receive recurrent funding from our local commissioning group.

Our Hospice at Home team is available between 7.30am and 9pm, seven days a week, 365 days a year. The timing, length and frequency of visits during the day is flexible and is determined by the needs of the individual patient.

The Hospice at Home service is designed to work alongside, and in addition to, any current services provided by the Community Nursing team, home care providers and Macmillan nurses. This in turn, enables Community and Macmillan Nurses to plan their visits, knowing their patients have an extra level of support.

Telephone Advice Line

The hospice runs a telephone advice line for patients, carers and healthcare professionals 24 hours a day. Common symptom control flowcharts are followed and call details are written down. Calls are followed up and feedback is welcomed.

Lymphoedema Service

Dr Kershaw's Hospice is proud to be supporting and delivering a new lymphoedema service in partnership with Pennine Care to offer care and support to people living with this lifelong condition from right across the borough.

Patients can be referred to the lymphoedema clinic at the Hospice by their GP, District Nurse or other healthcare professional. At an initial consultation our specially trained staff will undertake an assessment of the patient's condition. This assessment will cover the four cornerstones of treatment for lymphoedema:

- Skincare
- Compression
- Exercise
- Massage

Complementary Therapy

We have two qualified complementary therapists at the Hospice. In addition we are extremely lucky to have several volunteer therapists who each hold the relevant qualification for their area of practice and give their time freely for the benefit of the hospice patients collectively. This enables the Hospice to offer a varied range of complementary therapies to patients.

The therapies are designed to complement conventional medical treatment and are carried out in a warm, comfortable, quiet environment primarily to help patients:

- Relax and ease stress
- Feel good about themselves
- Cope with symptoms
- Treatments Available

- Aromatherapy Massage
- Therapeutic Massage
- Facials
- Reflexology
- Reiki

Physiotherapy

The physiotherapy service at Dr Kershaw's Hospice aims to maximise patient's ability to function, to promote their independence and to help them adapt to their changing condition.

This is achieved by:

- Improving/maintaining patients' mobility by supplying walking aides, e.g. rollator frames or sticks so patients can mobilise safely and are less breathless.
- Improving patient's exercise tolerance by gradually increasing their exercise regime as possible, e.g. sitting out of bed for a longer period of time/ increasing the distance patients walk/ time cycled on the motor med etc.
- Teaching patients with respiratory conditions the best method of clearing their chest, the best positions to lie/sit/stand in, in order to decrease their shortness of breath. We teach breathing and relaxation methods which can help patients regain control over their breathing.
- Asking patients about their lives, families, homes etc. in order to identify what is important to them. We then try to help them 'pace' themselves so they can achieve more of what they want to/ like to do whilst identifying things that can be left undone.
- Maintaining patients' bed mobility so transfers/bed bathing etc. are easier.

In Day Hospice, in addition to the above, we support the FAB (fatigue, anxiety and breathless) programme provided and run exercise classes for patients when appropriate.

Pastoral & Spiritual

Dr Kershaw's Hospice is here for people of all faiths and none. Our Spiritual Care Coordinator and our multi-denominational team look after the spiritual care of patients, relatives, friends, staff and volunteers. The team is available for everyone, whether religious or not.

Members of the chaplaincy team pay regular visits to the Hospice to meet with patients, their families and friends. We are also here most Sundays when we will visit patients for prayers or Holy Communion. The Hospice's Chapel can be used for prayer, meditation or just a 'place to be'.

Chaplains' work with patients, families and friends at whatever part of their journey feels right for them, and also provide support and resource to medical and nursing staff in their provision of spiritual care.

Staff and Staff Training

The Hospice employs medical, nursing, social work, complementary therapy and chaplaincy staff as well as administration, fundraising, Estates, and ancillary staff. The catering service is provided on the premises by our own catering team. The recruitment and selection policy and procedure ensures that all staff are carefully screened and references are always checked thoroughly including DBS checks where appropriate.

All staff undergo an induction programme organised and supervised by experienced staff. An overall welcome and induction interview is carried out during the first week, on the first day if possible.

The induction of a new member of staff is an important managerial responsibility and is an opportunity for the new employee to establish rapport with colleagues and learn something about the hospice. Where a senior member of staff joins the hospice, he or she is given an opportunity to request particular meetings or visits.

All staff undertake core mandatory training which includes fire, basic life support, moving and handling, governance - health and safety including incidents, infection control, information governance, equality and diversity, safeguarding and any the job essential training.

The hospice employs a large number of professionally trained staff a number of whom have obtained a qualification in palliative care. All qualified nurses joining the hospice team are supported in obtaining recognised accredited training in palliative care. Competence in the administration of drugs by qualified nursing staff is assessed annually.

Many other education and training sessions relevant to the specialty of palliative care are run by the Practice Development Facilitator. Staff are actively encouraged and supported a dedicated training budget to obtain a vast range of external qualifications and training.

Financial Arrangement & Fees

There is no charge for the hospice services. However, as a registered charity we are always grateful for any donations that will help us continue to provide our service to the local community.

Privacy & Dignity

All staff strive to preserve and maintain the dignity, individuality and privacy of all our patients and their families within a warm and caring atmosphere.

Comments Compliments & Complaints

It is very important to us at the hospice that we seek the comments and views of those who use our services. We try to do this informally by our 'How Did We Do' feedback system located throughout the Hospice encouraging comments which can be deposited in suggestion boxes throughout the Hospice.

We also issue satisfaction questionnaires to service users. The information received is compiled into reports and are made available to staff to acknowledge good practice, make changes and improve our services where appropriate.

Our Pledge

We will at all times, make every effort to provide a service and environment that will prevent the need for complaint. However, we may not always get it right and welcome comment and feedback for any aspects of our service.

We have a Complaints Procedure that:

- Is easy to use
- Is aimed at complaints being resolved promptly and satisfactorily.
- Ensures that we as an organisation listen and learn

Paul Cook
Medical and Executive Director
Revised August 2017