



ST PETER'S  
HOSPICE  
BRISTOL

## **ST PETER'S HOSPICE**

### **PATIENT GUIDE**

Charlton Road  
Brentry  
Bristol  
BS10 6NL  
Tel: 0117 9159400

St Agnes Avenue  
Knowle  
Bristol  
BS4 2DU  
Tel: 0117 9159200

## **INTRODUCTION**

The purpose of this booklet is to offer you information about the services available to you and your family if you are referred to the hospice. All hospice services are free of charge to everyone.

## **WHAT DO WE DO?**

St Peter's Hospice provides specialist palliative care to adults in the wider Bristol area with life-threatening illness including support to their relatives, friends and professional carers.

Patients are referred by their GP, District Nurse or Hospital Palliative Care Team for help with controlling pain and unpleasant symptoms, for information and for ongoing support and advice.

The support offered by our team of **Community Nurse Specialists** is the first, and often the only, part of our service received by the majority of patients. These Specialist Nurses work in three geographical teams and are allocated to named GP practices. Each nurse has considerable experience, with additional specialist training and qualifications in palliative care.

The Hospice Community Nurse Specialists work closely with the Primary Health Care Team to provide on-going support for patients and their

carers. Their responsibilities include:- psychological support, symptom control, help with family issues if wanted, patient / carer education, financial advice, short term equipment loan and bereavement care. Other members of the hospice team, such as doctors, social workers and chaplain work with these specialist nurses to help them and the primary health care teams to achieve as much as possible for all patients.

The Nurse Specialists are available five days a week from 8.30-5.00. At all other times specialist advice and support is still available to any health care professionals dealing with patients with incurable illness by telephoning the inpatient unit. These calls can be dealt with by nursing staff or referred on to the senior hospice doctor on-call.

## **Day Hospice**

The Day Hospices based at Knowle and Brentry, offer a structured day for patients and our aim is to provide:-

- professional advice and practical help to enable the patient to lead as full and independent a life as possible
- monitoring of symptom control
- access to specialist medical and nursing input, social work, chaplain, physiotherapy and occupational therapy team
- the opportunity to meet other people with similar experiences

- the opportunity to learn new skills, develop coping strategies and regain lost confidence
- a respite for the carers
- transport by volunteer drivers to patients who are able to walk for short distances and get in and out of a car with minimal assistance
- complementary therapies such as reflexology, acupuncture and aromatherapy are offered by volunteer therapists
- diversional activities such as pool, art classes, craft activities
- hairdressing and beauty therapies
- organised trips and outings

## **Inpatient Care**

We have beds at Brentry and Knowle to provide more intensive symptom control and support to patients currently receiving care from the Hospice Community Team or Day Hospices. Occasionally patients may be transferred from hospitals or be admitted as a first contact following an urgent request from GP or Hospital Palliative Care Team.

An admissions meeting is held each weekday morning at which patients who are likely to need an admission are identified by the Community Nurse Specialists, Doctors or Day Hospice Nurses. The possible reasons for admission are identified and priority is then given to the most needy patients.

The Hospice Team will always liaise with the patient's Primary Health Care Team in arranging admission, including transport if required. Patients are offered short term admissions and are cared for by a multi-disciplinary team led by a Consultant in Palliative Medicine.

Two of the 22 beds are available for planned respite care throughout the year.

There is a telephone point in each patient room enabling patients to receive or make telephone calls.

On admission you will be seen by one of the doctors and a nurse who will plan your treatment and care with you.

Visiting times are normally between 11.00 a.m. and 8.00 p.m. We try and meet any special or different visiting requests. Visitors are advised that smoking is NOT permitted anywhere on our property although there is a designated room for inpatients to use.

## **Treatment and Care**

St Peter's Hospice believes that all treatments offered to patients should be appropriate for that individual patient, who can then make choices according to their own priorities. 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 will at all times attempt to involve you, the patient, in the planning and delivery of your 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 about the patient will take place between hospice staff and relatives/carers if the patient is unwilling for such discussions to take place.

Treatment at St Peter's Hospice 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
- Life prolonging treatments (eg antibiotics, IV fluids, blood transfusions etc) are used where these are appropriate, after discussion with the patient. Where a patient decides not to continue with such treatments this decision is respected.
- In the event of a patient experiencing a sudden unexpected collapse active supportive care is continued to ensure that the patient is comfortable and free from distress. Active

resuscitation – that is, treatment to try and reverse the causes of sudden, unexpected collapse – is seldom appropriate for patients at the hospice. If a patient is admitted to St Peter's for whom such active resuscitation is thought to be appropriate in the event of a sudden, unexpected collapse, the limits of what the hospice can provide will be discussed with the patient on their admission.

- All patients and their relatives/carers are encouraged to ask the staff any questions they may have at any time about their care
- Should you wish to see your patient records please speak to one of the hospice nurses or doctors involved in your care.
- Drugs which are used for symptom control in palliative care are often used outside of their license. For example:- amitryptilline is licensed as an anti-depressant but is frequently used to relieve nerve pain. Similarly drugs may be administered by a continuous subcutaneous infusion (just under the skin) but they are licensed to use only intravenously or intramuscularly. This is recognised and common practice, please ask your doctor, community nurse or pharmacist for further information.

## **Lymphoedema Service**

We are able to offer assessment and treatment for patients with lymphoedema, who have been referred to the hospice for specialist palliative care.

## **Hospice at Home**

This service provides 24 hour nursing support to patients and their carers at home during the last week of life and can be initiated by the Hospice Community Nurse Specialists, Primary Health Care Teams or Hospital Palliative Care Teams. The aim of this service is to allow patients to choose to die in their own home when admission to hospital or hospice might otherwise be needed. Care is provided by both bank and contracted nurses.

## **Bereavement Service**

Initial follow-up is offered by the Community Nurse Specialists but thereafter referral is made for bereavement support. This support, organised by the hospice social work team, is offered by trained volunteers, chaplain or experienced social workers as appropriate. One to one support or an invitation to attend a bereavement support group is offered to family / carers as appropriate. Any children in need of support are followed up by one of the social work team and are offered both individual and group support.

## **Education**

The Education Department of St Peter's Hospice offers a wide variety of training to all who work in health care, including our own staff who are encouraged to undertake professional development.

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## **COMPLIMENTS, COMMENTS AND COMPLAINTS**

As an organisation our aim is to provide the best possible service to anyone who has contact with us. This may be within the hospice, in the community, in the day hospice, in our shops or at fundraising events.

We are committed to providing a quality service to all our patients, carers and visitors. To do this we need to constantly look for ways of improving the way we work. You are in the best position to judge how we are doing and we certainly need you to tell us when we get it wrong.

We strive not to give cause for complaint but every one is recorded and acted upon. Quite often we can resolve a complaint immediately. If not, we will investigate your complaint fully and deal with it quickly and confidentially. You can make a complaint, comment or suggestion or compliment an area of our work by completing a patient satisfaction survey and

returning it to the address on the form, writing a letter and passing it to a member of staff, leaving it at reception or posting to the address below:

Mrs Hazel Elliott, Nursing Director  
St Peter's Hospice, Charlton Road, Brentry,  
Bristol BS10 6NL

Alternatively you contact us as follows:

- you can ring us on: 0117 9159 444
- fax us on: 0117 9159 473
- email us on: [Hazel.Elliott@stpetershospice.org](mailto:Hazel.Elliott@stpetershospice.org)
- visit our web-site at [www.stpetershospice.org](http://www.stpetershospice.org)

## **What happens to compliments?**

Your comments will be passed on to the member of staff, team, volunteer or department that is being complimented. We will write to you to acknowledge receipt of your communication, and to confirm that your compliment has been passed on. We often like to use examples of compliments or praise in our literature as an example of the type of support that we can give. We will ask you for permission if we would like to use your comments and will ask you to confirm this in writing. We will obviously keep your personal details anonymous.

## **What happens to comments and suggestions?**

It is extremely important that we recognise the need to continuously develop our services. Comments and suggestions from anyone can help us look objectively at what we offer. These comments and suggestions can be related to the hospice environment, the care, the food, the gardens, the way staff and volunteers work, the management, the parking and so on. It would be helpful if you could consider when making your comments what you might suggest as a solution, if you are able. When we receive a comment the Nursing Director will acknowledge this within five working days and will write to you again within twenty working days with a response to your comment.

## **What happens when I complain?**

Most difficulties can be resolved by speaking or writing to the manager of the department involved. Please ask a member of staff for their name. If you would prefer, you may wish to speak with, or write to, the Nursing Director or Chief Executive.

When we receive your letter, we will confirm that we have received and recorded your communication within two working days.

A senior manager will investigate your complaint and the Nursing Director will aim to send a full response outlining the findings within twenty working days of the receipt of your communication, unless there are complexities that make this

impossible. In these circumstances we will write to let you know of the delay, and when we can expect to complete the investigation.

If we find that the complaint is justified, we will certainly apologise and let you know what we are doing to ensure matters are put right to prevent it happening again.

If you wish you can contact Health Care Commission at any stage in the investigation for advice or help.

Health Care Commission,  
Dominions House  
Lime Kiln Close  
Stoke Gifford  
Bristol  
BS34 8SR

Tel: 0117 9314278 or email:  
[sally.windsor@healthcarecommission.org.uk](mailto:sally.windsor@healthcarecommission.org.uk)

St Peter's Hospice services are inspected each year by the Health Care Commission. You can obtain access to a copy of the most recent report from the above address or by asking a member of staff to access one from the Nursing Director.

## **Feedback received from inpatients:**

Every patient leaving the inpatient unit is given a questionnaire to complete which they then return to us. Our last report was received in December 2007. 24 people had returned the questionnaire in the previous 3 months and their comments indicate that patients and families are very happy with the service and environment. Comments include: "The staff were all friendly, caring, efficient, reassuring", "Excellent, it met all our needs and much more!".

When asked whether staff made an effort to meet individual needs and wishes, every patient said that staff always or mostly did so. There was a 100% excellent response to the question re the cleanliness of the environment and to them being treated with dignity.

Day Hospice patients have also completed questionnaires and the vast majority appear very well satisfied with the service being received. Their comments are generous and positive. A couple of patients omitted to answer some of the questions and gave no explanation as to why they chose not to. It is very pleasing to see that there are no negative comments about lack of space at Knowle since the new conservatory has opened and that there is very positive marking in respect of the environment and cleanliness across both sites. I am particularly pleased that the patients comment positively re privacy, dignity, communication and being given time to ask questions.

## **Important Information**

When people have serious illnesses there can be times when they are unable to make decisions for themselves, sometimes for a few days and sometimes for longer periods.

On April 1<sup>st</sup> 2007 a new law came into force. The Mental Capacity Act requires carers to always act in the patient's best interests. It allows you to make a Lasting Power of Attorney (LPA) enabling you to appoint someone (family member or friend) to make decisions about your finances and property or your health care and welfare should you ever lack the capacity to make those decisions yourself.

It also enables you to make an 'advance decision to refuse treatment' in case, at some time in the future, you might be unable to participate in discussions about your preferences.

There are leaflets available to give you more information. These can be downloaded from [www.dca.gov.uk/legal-policy/mental-capacity/index.htm](http://www.dca.gov.uk/legal-policy/mental-capacity/index.htm)

or you can ask your hospice nurse to get one for you or to discuss issues with you.

## ST PETER'S HOSPICE

### Is this patient guide helpful?

We are keen to ensure that this guide contains useful information and explains everything you need to know. If you have any comments about the guide, please take time to complete the questionnaire below and return it to Hazel Elliott (Nursing Director), St Peter's Hospice, Charlton Road, Brentry, Bristol BS10 6NL

1. Was the information useful?	YES-VERY	FAIRLY USEFUL	NOT USEFUL
2. Was the information easy to understand?	YES	FAIRLY EASY	NOT EASY
3. Is there any other information you would have liked?			
4. a) Did you receive the patient guide at the right time?	YES	NO	DON'T KNOW
4.b) If it was not at the right time, when would you have liked to receive the guide?			
5. Do you have any suggestions to improve the guide?			

Thank you for taking the time to fill in this questionnaire. We have recently changed our patient information. It would be very helpful to know whether this new guide is helpful or not.

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