Welcome to the Day Therapy Unit

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Welcome to the Day Therapy Unit

This booklet is given to all patients who have been referred to the Day Therapy Unit. It contains a brief introduction to all the services that are available in the Day Therapy Unit.

With the information contained in this booklet, we hope that we will answer many of your initial questions. Please ask a member of staff for one of our other booklets should you require more detailed information on any other service that the hospice provides.

This booklet is for you and your family. Please let us have your comments on any changes that you think we should make to improve the contents or design.

“I was met with a beautiful smile, which made me feel so welcome.”

Member of the Patients’ Forum
Reasons why you have been referred to the Day Therapy Unit

Generally, patients may be referred for one of the following reasons:

- Access to doctors and nursing staff, with specialist palliative care expertise, for symptom control management.
- Access to psychological, social and spiritual support where patients may be having difficulty adapting to the changes their illness brings.
- Advance care planning recording the patient’s current and future priorities for care.
- Blood transfusions and drug infusions.
- Access to acupuncture.
- Access to the complementary therapies.
- Access to a Lymphoedema Nurse Specialist in the Lymphoedema Clinic.
- Access to physiotherapy, occupational therapy and diversional therapy.
What to expect

All patients are required to attend a pre-assessment with a doctor and nurse. This assessment will enable you to discuss and agree what we hope to achieve by your attendance at the Day therapy Unit (DTU).

At this time, the nurse will agree with you the dates and times of attendance and discuss transport arrangements with you.

When patients arrive in the DTU for the first time, they may feel a little nervous. A member of staff will be there to meet you and show you around the unit. You will be introduced to other members of staff and patients.

We appreciate that patients may wish to talk in confidence; the Nurse will offer you the choice of talking to her in one of the consultation rooms on the DTU. Our nursing staff are available throughout the day to discuss any issues or concerns that you may have.

All patients are reviewed after three months by the multi-disciplinary team. At this review, the appropriateness of continuing attendance at the DTU will be discussed with you. As a result of this meeting, you will be offered a continuation of your care or possible discharge will be planned.

“I was so frightened before I came here, not knowing what to expect. Now, I’m so glad that I had the courage to come here that first day.”

Member of the Patients’ Forum
How to identify different members of staff

The DTU is staffed by a team of professionals, who are very experienced and have specialised knowledge of palliative care.

Most of the staff in the DTU wear informal dress, unlike the formal uniforms worn on the In-Patient Unit.

All of the staff wear name badges.

We have listed below other staff, who you may come into contact with:

Doctors/ nurses Name badge
Social workers Name badge
Chaplain White collar
Lymphoedema Sister Navy tunic with white dots
Aromatherapist White tunic
Physiotherapist Blue shirt and name badge
Physiotherapy Assistant Blue shirt and name badge
Domestic and catering staff Grey tunic
Volunteers Name badge
Managers Name badge
Administrative staff Name badge

The DTU supports learning. From time to time, there will be students on the DTU. You will be informed when students are on the unit.

Calling a nurse

The nursing staff are always present on the unit and readily available should you need assistance.

There are also push buttons in the patients’ lounge and emergency pull cords in all the bathrooms, the patients’ toilets and the therapy rooms.
Care and Support Available in the Day Therapy Unit

Access to doctors and nursing staff, with specialist palliative care expertise, for symptom control management.

The nursing staff are available to discuss and help with any problems you are experiencing.

A doctor is available daily in the DTU. Patients are requested to inform the nursing staff if an appointment is required. If possible, could you inform us that you need an appointment prior to your day of attendance.

Access to psychological, social and spiritual support

Relaxation, emotional and psychological support are seen as part of the conventional support for patients. Patients, who have been given this type of support, have been shown to experience an improvement in their quality of life and a reduction in the side effects they experience in association with their treatment.

The Hospice has a holistic approach to care. Our nursing staff are trained to guide and support patients to adapt to the changes their illness brings. There is a psychological therapist available and our nursing staff will refer you, should this be required.
The DTU has its own allocated social worker, who visits the unit daily. Advice concerning benefits, social care and assessments is available. Speak to the nursing staff if you wish to make an appointment with the social worker. If you want more information this service, please ask one of the nursing staff or request our information booklet called “Social Work.”

The Hospice offers spiritual care and support to all its patients and their families, whatever their individual beliefs. A daily religious service is held for all patients, who wish to attend. If you want more information about the spiritual care and support offered by the DMH, please ask one of the nursing staff or request our information booklet called “Spiritual Care.”

**Advance care planning**

Patients may like to record their choices and preferences for their current and future priorities for care. The nursing staff are trained to help and guide you through this process. The purpose of the advance care plan is to minimise the number of times that patients have to discuss these issues with different healthcare providers. Therefore, with your permission, this information will be shared with your other healthcare providers in order to support your choices.

**Blood transfusions and drug infusions.**

Where appropriate, patients can be referred to the DTU for blood transfusions as a day patient. Please discuss this with the nursing staff.
Access to acupuncture.

It has been accepted that acupuncture can help to relieve pain. Studies have shown that the insertion of the needles results in the release of natural chemicals (endorphins), which can relieve pain, relax muscles, ease nausea and increase feelings of wellbeing.

Acupuncture is available to suitable patients. The doctor will discuss the appropriateness of acupuncture with individual patients.

Access to the complementary therapies.

Complementary therapies are those therapies that are given alongside conventional medicines, such as the treatment you are receiving from your doctor. The complementary therapies used at the Douglas Macmillan Hospice are recognised for the positive effects they can have on a patient’s wellbeing.

The following therapies are available:

- Aromatherapy
- Reflexology
- Indian head massage
- Massage

This service can be extended to carers.

Please talk to the nursing staff for more information.
Access to a Lymphoedema Nurse Specialist in the Lymphoedema Clinic

A Lymphoedema Clinic operates within the DTU five days per week. Please speak to the nursing staff for more information.

Access to physiotherapy, occupational therapy and diversional therapy

The physiotherapist is available daily, providing enhancing ability and exercise classes in the specialist gym. The physiotherapist will devise a plan of care with the aim of helping your condition and maintaining independence.

The nursing staff may refer patients to the Community Occupational Therapist, who can advise on the practical aspects of living with your illness. These include advice on the following:

- Bath aids
- Shower aids
- A general assessment of living needs

Diversional therapy can provide a means of helping patients express their thoughts and feelings. Some of the choices on offer are:

- Art therapy
- Reminiscence
- Thought stimulation
- Computer skills
- Flower arranging
Wellbeing

Bathing can be provided. The Nursing Staff will assess patients on an individual basis.

Basic nail care is provided by nursing staff.

Body image groups are provided in the DTU. Changing body image due to illness or treatments can have a profound effect on patients. This group focuses upon hair, nails and make-up so as to raise self esteem, confidence and well-being. Speak to the nursing staff for more information.

24 hour advice line

Hospice patients and their carers can access our 24 hour advice service. Your call will be taken by our Palliative Care Nurse Specialists, who will be happy to give you advice and support. If required, for more complex issues, the nurse has access to our on-call medical team.

The number to ring is (01782) 344300.
Planning for your future care

You may want to take the opportunity to think about what living with a serious illness might mean to you, your partner or your relatives, particularly if you become unable to make decisions for yourself. You may wish to record what your preferences and wishes for future care and treatment might be or you may simply choose to do nothing at all.

One way of making people aware of your wishes is by a process of advanced care planning. This is a process of discussion between you and those who care for you, for example nurses, doctors, care home manager, or family members. Not everyone will want to engage in such a conversation and that is fine.

Advanced care planning can occur at any time you choose.

The wishes you express are personal to you and can be about anything to do with your future care, for example:

- How you might want any religious or spiritual beliefs you hold to be reflected in your care.
- The name of a person/people you wish to act on your behalf at a later time.
- Your choice about where you would like to be cared for, for example, home, in hospital, nursing home or hospice.
• Your thoughts on different treatments or types of care that you might be offered.

• Concerns or solutions to practical issues for example who will look after your dog should you become ill.

You may have a very specific view about a particular treatment that you do not wish to have. This can be done by making an advanced decision to refuse treatment. You are advised to discuss this with a health care professional who is fully aware of your medical history. The advance decision will only be used if at some time in the future you lose the ability to make your own decisions about your treatment.

You may wish to name someone, or more than one person, to speak on your behalf if you are not able to make decisions yourself. This person can be a close family member or friend. If in the future you are unable to make decisions for yourself, a health or social care professional would if possible consult with the person named to provide information about your wishes, feelings and values. This would help the health care professional to act in your best interests. This is not the same as legally appointing someone to make decisions under a lasting power of attorney. More information on making a lasting power of attorney is available from the Office of the Public Guardians. Professionals involved in your care and members of your family may find it helpful if your wishes and preferences are in writing with a copy given to everyone who needs to know.

Remember you can change your mind at any time.
The Douglas Macmillan Hospice’s policy on treatment decisions, including resuscitation

It is the policy of the Douglas Macmillan Hospice (DMH) that all treatment offered to patients will, at all times, be appropriate for that individual patient’s needs and will be discussed with them.

The care and treatment offered by the DMH is best described as active supportive care. This means that the main aim of treatment is to enhance and maintain the best quality of life possible on a day-to-day basis.

For some patients, active supportive care may include treatments such as intravenous fluids, blood transfusions and/or antibiotics. However, when a patient decides not to continue with such treatments, this decision is respected.

When a patient experiences a sudden and unexpected collapse, active supportive care will continue to be given to ensure that the patient is comfortable and free from pain and distress. Active resuscitative care, that is treatment to try and reverse the causes of a sudden, unexpected collapse is seldom appropriate for patients under the care of the DMH.

For patients attending the Day Therapy Unit, active resuscitative care might be appropriate. Please speak to the doctor if you want to discuss this.
The views of relatives and carers are important and every effort will be made to establish these. However, it is important that relatives and carers are aware that their views will not override those of the patient. Staff will use the views of relatives and carers as guidelines but not as instructions.

If you have made an advanced decision to refuse treatment, or have appointed a lasting power of attorney for health and welfare, please make sure that you let the medical and nursing staff know.

We strongly encourage you and your family to raise any questions about your care with our staff. We are happy to provide you with all the information and support required.

**The care of patients who lack mental capacity and are no longer able to make their own decisions.**

Patients will be assumed to have capacity unless there is evidence to show that they lack capacity.

Staff will help and support vulnerable patients to make decisions about their own care. For those patients who lack capacity and are no longer able to make their own decisions, hospice staff will always act in the best interests of the patient. In these cases, the Mental Capacity Act Code of Practice will be followed.
General Information

How to get here

The DMH lies on the A5035, which runs between the A34 and the A50. A map is included at the back of this booklet.

Patients are encouraged to organise their own transport where possible. For those people who, for various reasons, cannot access their own transport then the hospice provides our own ambulance and a team of volunteer car drivers.

Car parking

There are designated car parking spaces for the use by patients wishing to drive themselves. The Douglas Macmillan Hospice has plenty of parking spaces for visitors. However, we wish to point out that parking is at the owner’s risk.

A guide to the daily routine

The DTU is open between 9 a.m. and 5 p.m., Monday to Friday, including bank holidays (excluding Christmas and Easter). Patients and carers can contact the DTU staff at anytime between these hours. Outside these hours, advice can be obtained through our 24/7 advice line on 01782 344300.

Lunch is served between 12 noon and 1 p.m. All visitors to the unit are requested to avoid this time where possible.
All of our food is prepared fresh each day, on the premises. Mention to one of the nursing staff if you do not like any of the items mentioned on the menu; our Chef will prepare something that is more to your liking, within reason.

We are happy to cater for special dietary requirements, making alternative diets available and taking account of the patients preferences regarding portion size and textures. You should mention any special requirements to a member of staff, who will ask the Chef to talk to you.

**Smoking**

The hospice has to comply with legislation to prohibit smoking in public places. Patients are not allowed to smoke inside the hospice buildings. We have provided designated external smoking shelters for patient use.

**Private medical insurance**

If you have private medical insurance could you please let us know as your insurer may wish to make a financial donation to the hospice as a result of the care provided to you.

**Personal Budget Holders**

If you are in receipt of a personal budget for your care needs please could you let us know. In certain circumstances we may request that the relevant part of this budget is used to contribute towards the costs of your care at the hospice.
Confidentiality

The Douglas Macmillan Hospice (DMH) keeps information about your and the details of the care you received. It is the duty of the DMH to protect the confidentiality of your information. In certain circumstances, we are required to pass this information to other healthcare providers to ensure continuity of care provision.

If you wish to restrict the sharing of your health details with other Healthcare professionals, please make this clear to one of the staff caring for you.

Some statutory bodies have the legal status that enables them to access patient records for quality monitoring purposes.

Access to your own health records

You have a right of access to your own health records (subject to certain regulations). There would be a cost implication should you require your notes to be photocopied. Please ask one of the staff if you require further information.

Zero tolerance

To enable our staff to care for patients in a safe environment, the hospice will not accept any form of aggressive or abusive behaviour towards our staff.

If the behaviour of a patient or visitor is considered to be inappropriate, we will ask them to leave.
Regulation

The quality of care given by the Hospice is monitored by the Care Quality Commission. Periodic inspection reports are available on the Care Quality Commission’s website: www.cqc.org.uk

You may wish to make a comment, good or bad, to our regulator about the quality of care received. The contact details of our regulator are as follows:

The Care Quality Commission,
National Correspondence,
Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Telephone: 03000 616161
Email: enquiries@cpc.org.uk

Have we done what we aimed to do?

In this booklet, we have told you about the level of service that we aim to provide. We would greatly appreciate your comments on the level of service that we have provided. It is through your comments that we are able to identify if there is some shortfall in our service.

If you have any comments, please talk to one of the nursing staff.

What to do if you are unhappy with any aspect of our service

Please let us know if you are unhappy with any aspect of our service. In the first instance, we ask you to raise your concerns with one the nursing staff.
If you would prefer to write to us and make a formal complaint, please write to the Chief Executive, at the address given on the front of this booklet.

We will make every attempt to resolve any complaint within 20 working days. If you are unhappy with our response, you may request a referral to our Clinical Governance Committee.

Our patient and carers opinion questionnaire

At regular intervals, we send out a questionnaire to monitor the opinions of our patients and their carers. Should you receive one of our questionnaires, it would be very helpful if you would complete the form and return it to us.

A copy of the results obtained from our most recent survey is available on request.

Our Patients’ Forum

The Douglas Macmillan Hospice has a Patients’ Forum, which meets each month from 1.30 p.m. until 2.30 p.m. The group discusses how the Hospice can best meet the needs of the patients. Patients from the DTU make a valuable contribution to this group. Please contact one of the nursing staff if you are a patient and would like to join this group.
Booklets available from the Douglas Macmillan Hospice

- General Information
- Welcome to the In-Patient Unit
- Specialist Palliative Care in the Community
- Welcome to the Community Lodges
- Hospice at Home
- What to do When Someone Dies at Home
- What to do When Someone Dies in the Hospice
- Social Work
- Spiritual Care
- Bereavement Support
Further Information

If you would like further information on any healthcare services, the following may be of help.

DMH 24/7 Advice Line  01782 344300

For general enquiries relating to health services
• Contact your GP or District Nurse - 0300 123 0989
• Out of Hours Urgent Care (non-emergency) - 111

If you are receiving hospital treatment
• Contact your hospital doctor or clinical nurse specialist
• Royal Stoke University Hospital - 01782 715 444

For general enquiries regarding cancer services
• Telephone Macmillan Cancer Support on 0808 808 00 00
• The UHNS Macmillan Cancer Support and Information Centre on 01782 676 333
• Marie Currie Support Line - 0800 090 2309

You may also find the following websites useful:
• www.carersuk.org
• www.cruse.org.uk
• www.mariecurie.org.uk
• www.macmillain org.uk
• www.carersfirst.com
## Your attendance at the Day Therapy Unit

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How to find us

[Map showing directions to The Douglas Macmillan Hospice]