



# Statement of Purpose

## Responsibility and Accountability

- Ultimate responsibility: Hospice Director/Board of Trustees
- Responsibility/Accountability: Hospice Director:
- First line accountability: Day Care: Rachel Cannon  
Living Well Service: Ann Burgoyne  
Hospice at Home: Ruth Brown  
Information/Support Centre: Louise Furmston  
Volunteer/Support Services: Louise Chapman

## Aims and Objectives of Blythe House Hospice

The principal activity of Blythe House Hospice is the provision of specialist palliative care services and holistic care for people with life-limiting illnesses, and their families and carers.

## Mission Statement:

'Blythe House Hospice provides the highest levels of care and support for people with cancer and other life-limiting illnesses.'

## Values

- Caring: Treating each person with kindness, empathy, compassion and respect.
- Aspiring: Continually learning and developing; striving for excellence in everything we do.
- Professional: Delivering high standards through team work, a skilled workforce and good governance.

## Name and Address of Registered Provider and Registered Manager

Janet Dunphy, Registered Manager and Responsible Individual  
Blythe House Hospice, Eccles Fold, Chapel-en-le-Frith, High Peak, Derbyshire SK23 9TJ

## Relevant Qualifications and Experience of Registered Manager

**Qualifications:** MA; BSc; RGN; Cert Ed; Diploma in Palliative Care; Aromatherapy; Specialist Practitioner NMC; Independent Nurse Prescriber.

**Experience:** Worked in primary, secondary and third sector as specialist in palliative care for twenty five years. Planned and delivered education to clinicians in all clinical settings and at all levels. Has wide and relevant experience of general, acute, community, specialist palliative care in health, social and educational establishments, which together with qualifications and other experience provides evidence of life-long learning in a range of areas and specialisms.

**Published:** *'Communication in Palliative Care'* Radcliffe Press 2010

## Number, relevant Qualifications and Experience of Staff

46 permanent members of staff plus 7 bank staff. Hospice at Home bank staff under recruitment as at 03.2016.

Members of staff possess qualifications and experience relevant to their posts. These include NVQ; first degree; MBA; MA; RGN and BACP registration; diploma in counselling; complementary therapy qualifications.

## **Organisational Structure of Blythe House**

A Board of Trustees oversees the financial and service delivery of the organisation. Sub-groups report to the Board of Trustees and include the Clinical Committee, Retail Management Board, Finance, Audit and Remuneration Committees.

The organisation's day-to-day activities are managed by the Hospice Director supported by the Lead Practitioners for Clinical Services and the Fundraising, Retail and Support Services Managers.

A Palliative Medicine Consultant facilitates a weekly out-patient clinic and specialist medical support is provided from local GPs in the event of a medical emergency.

A large team of volunteers support many aspects of service delivery including complementary therapies, counselling and ancillary services. All volunteers have relevant qualifications and experience and are provided with training and supervision appropriate to their role.

## **Services, Treatments and Facilities intended to meet Patient Needs**

Blythe House is a purpose-built day hospice, which was completed in 2000. It offers professional, caring, holistic support in an attractive, welcoming environment. Services are provided free of charge, with a nominal charge for lunch, which is optional.

## **The Environment**

Light and airy open areas provide space for socialising, group discussions, creative art and craft, and dining. Private rooms are available for counselling, complementary therapies, medical consultations or quiet reflection. An information and resource centre provides a computer with internet access, books, videos and literature. Specialist bathing facilities are available on-site and a quiet area is open to all faiths for reflection, prayer or religious observation. In-house catering provides nutritious and enjoyable meals and specific dietary needs can be met. Gardens are accessible and well maintained. A range of equipment and aids ensures that patients are able to access all services. Where appropriate, an outreach service facilitates the provision of some services within a patient's home.

## **Services**

Service provision is aimed at supporting the physical, psychological, emotional, social and mental needs of people resident in High Peak and Dales and surrounding areas, who are affected by cancer and other life-limiting illnesses including cardiac, pulmonary and neurological conditions. Adults from 16 years of age can access all services, while counselling and family support is available for children and young people under 16.

## **Living Well Services**

The core services available are:

- Tuesday & Wednesday: Living Well Service
- Thursday: Living Well Day Service with registration for 12 patients.

An open referral system provides free access for patients, carers or professionals involved in their care. Following referral and assessment, patients are invited to attend our services and volunteer transport can be provided where necessary.

Patients participate in regular reviews to ensure their needs are identified and supported.

*BHH10: Statement of Purpose: Revised 03.2016*

*Approved by Board of Trustees: February 2016 Originator: Hospice Director Review date March 2017*

## **Other Services, Clinics and Groups**

A wide range of other services, clinics and groups support our core services and include:

- Back on Track: Children and Young People's counselling service
- Bereavement counselling service
- Bereavement Groups: a drop-in group and a therapeutic group
- Breast Friends: an open, monthly support group for anyone affected by breast cancer
- Carers Support Group: monthly
- Circle of Friends: a social support group for the long-term bereaved
- Counselling service
- Creative art and crafts
- Complementary therapies
- Nurse-led heart failure clinic
- Nurse-led lymphoedema clinic
- Nurse-led respiratory clinic
- Palliative Medicine Consultant out-patient clinic
- Prostate cancer support group: an open, monthly support group
- Service user group: 'Have Your Say'
- Stepping Stones: support group for patients well enough to move on from core services
- Education, training and supervision sessions for staff and volunteers.

## **Hospice at Home**

This service commences in April 2016 and provides 3-hour day sits and 9-hour night sits for people in the last year of life who wish to remain at home. It is led by a senior manager who coordinates care alongside the patient's primary care team and trained, experienced health care assistants support both the patient and those close to them in their own homes. The legal responsibility remains with the patient's General Practitioner.

## **Consent to Care & Treatment**

Patients are asked to give their consent to the implementation of their agreed personal support plan and to any care, treatment and support they receive, and to the request to their GP for the provision of appropriate medical information.

Written patient consent is specifically required before a therapy or treatment is given.

Patients are provided with information about how to change any aspect of their support plan.

Where appropriate, key workers will discuss advance care planning with individual patients and complete the necessary documentation to ensure that their wishes for future care are recorded should their condition deteriorate and they are unable to communicate their wishes.

## **Arrangements for the Privacy and Dignity of Patients**

The privacy and dignity of all our patients is a high priority.

Patient participation in personalised care planning is regularly undertaken; permission to discuss or share any aspects of that care or personal details is sought before any disclosure. Private and specialist facilities ensure that privacy and dignity is maintained; staff are trained, monitored and

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reviewed to ensure they deliver all care in a professional and appropriate manner and family members or carers' participation is fostered and encouraged according to patient requests.

### **Arrangements for contact between in-patients and their relatives, friends and representatives**

Blythe House Hospice does not have in-patients.

Confidentiality of all information regarding all patients and carers is a high priority. Permission is obtained from all service users regarding who and in what circumstances we may approach others about any aspect of their attendance and care.

Patient information is only shared on an as-needs basis and patient documentation is securely stored and access restricted. An open culture invites freedom of communication whilst ensuring strict confidentiality.

### **Complaints Procedure**

A complaints policy with procedures exists for the management of any complaints.

A copy of the complaints policy and details of how to make a complaint are readily available in the reception area and are included in patient information literature. Any complaints received are appropriately actioned.

Blythe House operates an open culture where concerns are addressed as soon as possible and an apology is offered immediately when appropriate.

Details, actions and outcomes of any complaints are reviewed according to CQC guidelines.

### **Arrangements with Patients for consultation about the operation of Blythe House**

Blythe House welcomes comments, suggestions, feedback and participation from all service users, who are invited to attend an open forum on a regular basis. Regular one-to-one reviews with clinical staff are intended to identify any patient concerns.

Participation in in-house and national surveys seeks patient opinion and feedback; a wide range of freely available literature is displayed and distributed.

Feedback forms are available in the reception area and other areas accessible to patients.

A suggestion/post box is situated in the reception area and is accessible to all.

Clinical sub-groups have external representation. Internal and external, formal and informal audits provide a basis for two-way consultation.

Open mornings are open to all, as is the well-publicised Annual General Meeting.

Services are evaluated regularly and outcomes appropriately actioned and results disseminated.