

Community Hospital - Patient Information Pack

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Welcome to our Community Hospital

The purpose of this information pack is to help you understand about the ward and the team that will be supporting you to recover and rehabilitate; what is expected of you during your stay with us and how we will work with you to plan your discharge. Although this may seem premature, we start planning your discharge home as soon as you are admitted to our care. This helps keep the process as seamless as possible and avoid you having to stay in hospital any longer than you need to.

Shortly after your arrival we will start to gather information about how you were previously managing at home with every day activities, as well as your home circumstances, including finding out what matters to you in relation to returning home. This information will help to set your recovery and rehabilitation goals.

1. During your time with us, the team will be working with you to achieve the following:

- Support you to get the most out of your recovery.
- Support you to take control of your health and wellbeing needs and regain as much independence as possible.
- Plan for your discharge to continue your recovery, rehabilitation and transition back home into your local community.
- Identify and address any conditions (diabetes, dementia, sensory loss), support needs (nutrition, continence as well as control of other symptoms, such as pain) or changing health and circumstances.
- Work with you, your family and circle of support, to enable you and support you to build your independence.

2. Personalised goals:

Following the information sharing and appropriate assessments, goals will be set as part of your recovery and rehabilitation. You are actively encouraged to take part in the setting of these goals so that your wishes, beliefs and personal preferences are taken into account. These goals help us to assist you in achieving a safe and timely discharge.

Any goals that are set will be recorded on a goal sheet and stored in a file at the end of your bed. These goals may include:

- **Mobility goals** - your ability to walk and transfer (getting in and out of bed, on and off the chair, toilet etc) as well as safety on the stairs
- **Personal care** - your ability to complete personal tasks
- **Medication** - continuing to manage your own medication; understanding the risks and benefits of your medication; for yourself and your carers
- **Functional tasks** - How you cope in the kitchen or completing a home assessment if appropriate.

These goals will take your health and wellbeing into account and reflect what you want to achieve both during your time with us and beyond.

Each member of the team will follow these goals and support you to work towards them during your time in hospital. All goals will be reviewed regularly.

Occasionally when goals are not achieved, goals may be adapted and alternative solutions will be discussed. These solutions may include asking for support from friends or family; the use of technology and/or equipment and accessing extra support at home from voluntary services and/or health and social care teams. We may therefore, with your consent, need to involve our colleagues from Adult and Social Care when appropriate.

3. What you can do to support your recovery and rehabilitation:

We rely on you to play a part in your recovery and rehabilitation. For example, helping to agree realistic goals, completing your exercises as prescribed and engaging in activities agreed to be of benefit to you. We also rely on family, friends and carers to engage and work in partnership with us.

Get dressed: Getting up and dressed is an essential part of your recovery and is necessary for many of the ward-based activities. Please ask relatives or friends to bring clothes and shoes in for you. The hospital doesn't provide a laundry service so clothes will need to be serviced by family or friends.

Maintain your normal routines: Where your family member actively supports you with tasks/activities at home we would also encourage them to continue to do so, as part of your plan to return home e.g. support with eating and drinking. If this is the case, please speak to a member of the team about what they would normally do and how they could continue to support you on the ward.

Individual activities: If there are any activities that you like to do at home that can be brought to the ward to support your recovery and rehabilitation, please mention this to a member of the team about bringing them in e.g. knitting; reading; sewing; puzzles. Where possible our therapists will try to include your preferred activities into your goals.

Take part in activities on the ward: These activities may be within a group or individual activities e.g. breakfast club; lunch in the day room; exercise groups. Where ever possible we would encourage you to take part in these activities as they are designed to help you to achieve your goals. Information about activities on the ward will be given to you on admission. Please ask a member of staff about the ward schedule of activities.

Nominate a family/carer spokesperson: We ask that you have one nominated spokesperson for you, during your stay in hospital. If your nominated spokesperson is going to be away at any time, please nominate an alternative person. Discharge cannot be delayed due to family being on holiday. If you or your family have any useful information which will support you to return home, we encourage you/them to speak to a member of staff as soon as you are admitted.

Make arrangements for essential provisions and transport home: Once all the necessary arrangements are in place, a date for discharge will be confirmed. When you know this date, start making arrangements for essential provisions such as bread and milk to be in place for when you get home. Please let us know if you have difficulty with this. You also need to consider how you will get home on the day of discharge. Please inform staff as soon as possible if no transport is available to you.

Give us feedback: During your time with us please feel free to discuss any issues or concerns you or your family may have with your care and ongoing support. When you are discharged you will be telephoned by a member of our team to ask you questions about your experience of being on our ward. This information is useful to us as it tells us how we are doing; highlights any problems or allows us to consider and make changes that may be needed to improve peoples' hospital stay.

4. The Ward Team - Staff skills and knowledge

Our **Physiotherapy staff** including registered Physiotherapists and Rehab support workers will help you to work on muscle strength, range of movement of stiff joints, balance and mobility and building your exercise tolerance. If appropriate they will also provide you with necessary walking aids. They will be involved in the management of some of your conditions and may also help with pain and or fatigue management.

Our **Occupational Therapy staff** including registered Occupational Therapists and Rehab Support Workers aim to improve your ability to do everyday tasks if you're having difficulties. An Occupational Therapy assessment supports peoples' ability to continue to take part in daily occupations and activities. They provide advice in falls prevention; arrange home adaptations and signpost people to support services so they can manage on their return home.

Our **Nursing staff** is made up of a Senior Nurse, Matrons; registered and unregistered staff who are here to support your medical wellbeing, ensuring we assist you to manage your nutritional care; continence care; safety; skin care; mental wellbeing, pain management and dignity.

Our **Medical Staff** are a team of doctors who are on hand to assess and treat any medical conditions which might arise. They provide daily medical support on the ward to ensure that each person is receiving the most appropriate high quality care. The team is led by a consultant physician in Healthcare for Older People.

Our **Onward Care staff** include a Registered Nurse/Therapist and a Social Care Assessor. Their primary aim is to help with planning your discharge and to ensure that you and your carers get the support you need to return home and reconnect with your community. They do this by discussing your ongoing needs and finding the best solution for support. Where you find it difficult to make decisions about discharge, the team will arrange family meetings to discuss your discharge and will liaise with your family or Power of Attorney. Please ask about the advice and support we can give to yourself and carers, including carer assessments.

Our **Pharmacy staff** including registered Pharmacists and Pharmacy Technicians will ensure you get the right medicines at the right time, including on discharge. We ensure the medication you are prescribed is safe and appropriate for you. The team will explain any medication changes to you. Please talk to them about your medicines. It is important that we know about all your medicines including inhalers, creams, patches or over the counter medicines. We help you maintain independence with your medicines; provide advice on compliance aids and inhaler technique. We can also support you at home after discharge.

Our **Domestic and Hotel Services staff** attend the ward for cleaning duties from 07.00am cleaning patient areas, corridors, bathrooms, showers, toilets, kitchens. They remove hospital laundry, empty waste bins and replenish supplies to the ward areas. Their job is to keep the ward clean and tidy which reduces the risk of infections and to provide meals and drinks.

The Team also work alongside other specialists such as Speech & Language Therapists & Dietitians, as appropriate.

5. Other useful information about the ward:

Visiting Times: 10:30am until 8pm (If you normally receive support at home from family or a carer, we encourage this to continue - during your stay.)

6. Useful Information/ contacts when you are at home:

General Practitioner:
Health Centre:
Tel:

Patient Advocacy and Liaison Services (PALS)
Tel: **01392 402093**
Available from **9:30am - 4:30pm**

Contact and Services numbers after your discharge from hospital:

**Ward Contact Telephone number (Call within
first 24hrs of discharge):**

**Call NHS 111 if you need urgent medical
help or advice but it's not life threatening.**

**For immediate Life threatening emergencies
call 999.**

**Your local Urgent Community Response
Team: Circle/tick as appropriate:**

Crediton, Mortenhampstead, Okehampton -
(01363) 771096

Woodbury, Exmouth, Budleigh - **(01395) 282065**

Tiverton and Cullipton - **(01884) 235609**

Honiton and Ottery St Mary - **(01404) 540530**

Exeter - **(01392) 465676**

Sidmouth Axminster and Seaton - **(01297)
300450**

Pinpoint: Lists thousands of services and
community groups across Devon. Search using
<https://www.pinpointdevon.co.uk> or call
0345 155 1015 (24hr line).

Care Direct Plus: 0345 155 1007 or **0845 155
1007** for social care eg washing and dressing a
patient. Information and help for older people,
vulnerable adults, and their carers.

The Silver line: 24hour free and confidential
helpline to support older people including
befriending. Tel: **0800 4 70 80 90**

AGE UK: Advice Line: **0800 055 6112**. Lines are
open 8am-7pm, 365 days a year.

Devon Carers: Helpline **03456 434 435** -
support for family / friends who are carers. Lines
are open Mon to Fri from **8am - 6pm, Sat 9am
- 1pm**. They are closed on Sundays and bank
holidays. If you would prefer they called you
back, please do let their helpline advisor know
and they will happily do so.

Wiltshire Farm Foods: Freephone number:
0800 077 3100

Oakhouse Foods: 0333 370 6700

John's Campaign - Ask a member of our team
about John's campaign which promotes the
importance of relatives being able to visit or stay
with patients who have dementia or delirium.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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