



Pilgrims Hospices Quality Account



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As part of the hospice's holistic approach to patient care, Pilgrims offers a wide variety of complementary therapies and creative activities. This picture was taken during Carers' Week, where patients, their friends and families enjoyed time with hospice staff and volunteers, including Tere the beautiful therapy pony.'

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Statement by Thanet CCG's Hazel Carpenter

Thanet CCG welcomes the 2014/15 Quality Account submitted by Pilgrims Hospices. We have reviewed the available information provided by Pilgrims Hospices and, as far as we are able to comment, our view is that the report is materially accurate. The Quality Account is written in an accessible way for the public audience. However, the account does not provide clarity regarding which priorities have been delivered for 2014/15.

Thanet CCG recognises the significant work undertaken by the Pilgrims Hospices to improve Infection Prevention and Control (IPC) and the introduction of Tissue Viability and IPC Specialists within Pilgrims Hospices. The CCG continues to work with Pilgrims Hospices in relation to reporting of Serious Incidents and gaining assurance that all lessons have been learnt. The CCG is working with Pilgrims Hospices to strengthen its staff competence and arrangements for safeguarding vulnerable people.

This last year has no doubt been challenging for Pilgrims Hospices. However, the CCG has noted and continues to note that the commitment and care of frontline staff in the organisation has been

praised by the CQC and continues to be evidenced in our Quality Assurance work. Patient satisfaction with the doctors, nurses and health professionals who directly care for them remains high.

Thanet CCG looks forward to continuing to work closely with Pilgrims Hospices colleagues to assure the quality of local services and ensure the culture of continuous improvement and excellence remains a constant within Pilgrims Hospices.



Hazel Carpenter
Accountable Officer
NHS Thanet CCG

Thanet CCG looks forward to continuing to work closely with Pilgrims Hospices colleagues to assure the quality of local services and ensure the culture of continuous improvement and excellence remains a constant within Pilgrims Hospices.

Chief Executive's comment

Cate Russell, Pilgrims Hospices

On behalf of the senior management team and the Board of Trustees, I am delighted to introduce our Quality Account for the year April 2014 to March 2015.

This account reflects on the work and achievements for the last year and offers an insight into our commitment and objectives for the forthcoming year.

My role in introducing this Quality Report is qualified, having only taken up the post of Chief Executive in February 2015, so I can take no credit for the excellent work that has gone on within this hospice group.

We are a unique organisation in having three inpatient units, as generally most hospices in the UK have only one or two sites on which to operate. We reach out across east Kent in three very distinct geographical areas: Ashford, Canterbury and Thanet. Each has its own character and needs. We employ nearly four hundred staff supported by over 1,600 volunteers.

This past year has been challenging for Pilgrims Hospices. It has worked its way through changes in senior management and Trustees, however the commitment and care given to patients has not wavered. As you will see throughout this report the continued professionalism of the staff

has ensured we have not moved away from the Care Quality Commission standards. Indeed, our Ashford hospice achieved an 'Outstanding' rating. Everyone working within Pilgrims should be very proud of their achievements in such testing circumstances.

In 2015/16 we are taking the opportunity to re-establish our vision and commitments. I am working with the senior management team to drive a very patient focused approach to our service development. We will retain inpatient services on all of our three sites, and together take a holistic approach to supporting patients in the community and their own home, if that is their wish.

I am very excited and honoured to have an opportunity to work with such a great team of people. I look forward to being part of the story of this very successful charity that has cared for so many patients and families over the years, providing such vital support for the people of east Kent.

Turn to page 19 to read more about our new strategic vision and aims.





1.3

About our services

For over 33 years Pilgrims Hospices has provided free of charge specialist palliative care, advice and clinical support for people with life-limiting illness, their carers and families. Our vision for hospice care is of a community where people with a terminal illness are supported and empowered, together with family and friends, to live well in mind and body until the very last moment of their life.

The first of our three hospices opened at Canterbury in 1982, followed by Thanet in 1992 and then Ashford in 2001.

On each of these three hospice sites we have an inpatient unit, a day therapy hospice and various clinics and drop-in centres.

Patients who are well enough to attend weekly day hospice sessions can take part in a range of activities including exercises, breathlessness management, complementary therapies as well as creative writing or arts and crafts.

Pilgrims Hospices also has weekly outreach support groups in the community for patients and carers across east Kent. These groups mean patients no longer need to travel to one of our hospices to access support from professionals and peers.

Wherever they are delivered, all therapies by the hospice are truly holistic, helping to ease physical

pain, anxiety, and spiritual distress. Therapies are given free of charge as part of the medical care at Pilgrims Hospices. They are offered to all patients, whether they are in one of the hospices or at home. They are also available for carers.

Our team is specially trained to support the whole family, including children and teenagers. There is also a bereavement counselling service. Services are provided by health professionals and volunteers.

A growing majority of our patients choose to spend their final days in the familiar surroundings of their homes in the company of loved ones. Pilgrims Hospices is fully committed to helping its patients achieve their wishes to do so by offering our Hospice at Home service in the community.

Last year we cared for over 2,300 patients and that number looks set to rise.

Pilgrims Hospices is working to give our patients and families true wellbeing: our vision is of a community where people with a terminal illness are supported and empowered, together with family and friends, to live well in mind and body until the very last moment of their life.

Review of quality performance

In the last year Pilgrims Hospices Ashford and Canterbury sites have been inspected by the Care Quality Commission (CQC). We aim to use the outcomes and learning gained from these inspections to improve our service provision overall for all three of our hospices.

Both inspections used the new CQC inspection model which asks other healthcare providers, staff, volunteers, patients and carers what they think of the service we deliver.

This approach was supported by a strengthened inspection process with both hospices having five-strong CQC inspection teams arriving on site, including Specialist Palliative Care Nurses and, at Canterbury, a pharmacist.

As this was a new inspection model, the Pilgrims team worked hard in preparation for the inspections to ensure that we had all the evidence available to demonstrate our performance on the five key lines of enquiry shown on page 9. Our effort was well recognised by the inspection teams when they visited our sites. We have also, during the year, introduced a new post of a Quality Officer. This

is to help support hospice teams in preparing for future inspections and supporting quality initiatives.

The Ashford inspection took place in August 2014 and we were awarded an overall 'Outstanding' rating for our service. The Canterbury site was inspected in January 2015 and received an overall 'Good' rating for the service that is delivered.

We are still waiting for our Thanet hospice to be inspected and no doubt this will happen in the near future.

Overall the inspections continue to reassure our commissioners, our patients (and future patients), their carers, our staff, our volunteers and the general public that Pilgrims Hospices delivers a strong specialist palliative care service in our three hospices, in patients' homes and in outreach venues across east Kent.

Pilgrims Hospices continues to deliver a strong specialist palliative care service in our three hospices.

Download the full CQC reports at www.cqc.org.uk



What inspectors said about our services



The CQC inspections identified evidence to demonstrate our performance on the following aspects of our service, which they call 'key lines of enquiry'. The outcome they found was:

Our service is **SAFE**

Our service is **RESPONSIVE**

Our service is **CARING**

Our service is **EFFECTIVE**

Our service is **WELL-LED**

Extracts from their report included:

A visiting health professional told CQC:

“The care here is second to none. The staff really care about people and look after them extremely well.”

“The staff had suitable training and experience to meet people's assessed needs: they always encouraged people to make their own choices and promoted their independence.”

“The service was proactive in education, research and local community projects to improve end of life care and care for people with life limiting illnesses and their families.”

PART 3 Indicators for clinical development

We make the safe care of our patients a priority. Like other care providers we are required by law to monitor and report on 'key measures' of care such as: the number of falls, pressure ulcers, infection control, medicine management incidents and serious incidents.

The table below shows the method we use to monitor these key measures, against the CQC five lines of enquiry as shown on page 9. It also shows the reporting structure we use to share results internally.

Objective	Hospice will be ready for CQC inspections at all times.	Safeguarding policy is understood by staff.	Workforce training plan identifies needs from appraisals linked to organisational needs.	Flexible, integrated responsive service progressing new ways of working and delivery of service.
CQC Key lines of enquiry*	S, E, C, R, WL	WL	E, WL	S, E, C, R, WL
KPI Milestone	Will meet CQC standards for the integrated inspection process.	Policy and procedure awareness is demonstrated by staff.	Training plan in place reporting quarterly.	Patients requiring crisis intervention receive a direct face to face response within four hours.
Q1 April June 2014	Task and finish group set up to collate required evidence.			Nurse managers reviewing nursing rotas.
Q2 July September 2014	Completed. Information available in folders and electronically. Ongoing management of CQC will fall to the Quality Officer.	All staff informed that policy had been updated and available on the intranet.		Move to new model for nursing workforce.
Q3 October December 2014	PHC informed of an inspection, likely January 2015. Work is being completed to prepare the site as effectively as possible. PHA received a score of 'Outstanding'.	New policy incorporated into update sessions	Process in place that captures personal development plans from appraisal forms and training needs analysis drafted to capture competency requirements.	Nurse managers restructuring from site based to areas of responsibility completed. Recruitment for Registered Nurses and Hospice at Home vacancies. Senior nurses now weekend working as clinical leads to support service delivery.
Q4 January March 2015	PHC inspected by CQC 21.01.15. Preparation in progress for CQC visit to PHT. PHC awarded a rating of 'Good' for 2015. Still awaiting inspection at PHT.		Embed agreed work produced. Ongoing. Competency framework needed for Assistant Healthcare Practitioners also.	

*Key: S = Safety R = Responsive C = Caring E = Effective WL = Well led

PHC = Pilgrims Hospice Canterbury PHA = Pilgrims Hospice Ashford PHT = Pilgrims Hospice Thanet

3.1

Enhancing our understanding of the nursing needs of patients and families

Work has continued to improve our understanding of the complex needs of Pilgrims Hospices patients, their families and carers. During the past year the following initiatives to explore how our service can improve have taken place. These initiatives also demonstrate to our commissioners we are meeting their performance requirements:

- Members of the nursing team are leading on the development of dementia awareness training for all staff across Pilgrims.
- Links have been established with learning disabilities teams to enhance our understanding of the care needs of this group of patients to provide a service that meets their needs.
- All Senior Nurses have undergone training in deprivation of liberties and the *Mental Capacity Act*.
- A project to introduce Registered Nurses into the day hospices is underway to ensure appropriate and robust review of patients' needs.
- A review of our nursing resources has enabled us to have a Registered Nurse working with the Hospice at Home team, which is now being trialled. This has been well received by patients, families and other healthcare professionals.
- Specialist Palliative Care Nurses are now available 24 hours per day, seven days a week. This is to ensure greater flexibility of response and equity of access to care for patients in the community and provide additional nursing support to the inpatient wards overnight.
- There has been expansion in the number of Advanced Nurse Practitioners allowing one of these to be at each hospice site and development of their roles. These nurses have also completed prescribing courses to enable them to provide a more responsive service to patients, especially at end of life.
- A Senior Nurse Manager is available seven days a week to co-ordinate the mobilisation of services across sites and in the community.
- A review of all the pressure relieving mattresses used within the inpatient wards has been undertaken across all three Pilgrims sites to ensure they are appropriate to help to prevent the development of skin damage and to ensure comfort. This has led to the replacement of all our mattresses. See page 15 for an update on our nationally recognised research study on this.



Complaints and incidents

We view complaints as a way to learn and to improve our service.

Complaints received across Pilgrims Hospices in 2014/2015

Q1 April – June 2014

Verbal care complaints	8
Verbal non care complaints	4
Written care complaints	4
Written non care complaints	2
Total	18

The Care Quality Commission found that people knew how to make a complaint and the service was effective in responding to any complaint or concern that was raised.

The registered manager and senior staff were available and provided reliable, helpful support for patients, relatives and staff.

Staff understood the ethos and values of the service and how to put these into practice. Staff were motivated and said that there was good team working and communication, which enabled them to give good care to people who used the service.

There were systems in place to review all aspects of the service and ensure the hospice provided quality care for people who used it.

Q2 July – September 2014

Verbal care complaints	4
Verbal non care complaints	2
Written care complaints	4
Written non care complaints	2
Total	12

Q3 October – December 2014

Verbal care complaints	2
Verbal non care complaints	1
Written care complaints	0
Written non care complaints	1
Total	4

Q4 January – March 2015

Verbal care complaints	5
Verbal non care complaints	1
Written care complaints	3
Written non care complaints	2
Total	11

3.3

Limiting falls

Update from the team

We do all we can to minimise risk of falls at the same time as allowing our patients to maintain their independence and make informed choices wherever possible.

The occupational therapy and physiotherapy teams work closely with the nursing team at Pilgrims Hospices to identify vulnerable patients so they can reduce the risk of falls.

Future projects for 2015 include introducing an information sheet to give to patients and their families on admission: this would detail the ways they can help minimize their risk of falls, and a review of the falls assessment to ensure it is a robust and useful tool.

Day services are piloting an occupational therapy led falls prevention workshop from our Folkestone Outreach in May. This is looking to target palliative cancer patients in the community early in their relationship with Pilgrims Hospices. This is a group of patients that are not targeted in other community-run falls prevention programmes. They are particularly vulnerable due to disease progression, symptoms, medication and treatment. We hope in these ways to empower patients to help themselves prevent falls. Once we've piloted this we would look to roll out the learning across our services.

Justine Robinson, Lead Occupational Therapist

The stats

The overall number of falls sustained on the inpatient wards at Pilgrims Hospice Ashford (PHA) and Pilgrims Hospice Canterbury (PHC) were down compared with the previous year. There was a period between April-September when falls increased at Pilgrims Hospice Thanet (PHT). This appears to be due to patients who are vulnerable to falls wanting to remain mobile and having multiple falls during their admission. This statistic is a reflection of our service remaining patient-centred and allowing patients to continue to take educated risks in order to maintain their quality of life. We handle these cases by ensuring our therapists work closely with the patients to maximise their safety while enabling them to stay mobile.



	2013-2014	2014-2015
Total Falls	145	96
PHA	45	33
PHC	48	22
PHT	52	41

Medicines management

Update from the team

During 2014-15 the Medicines Management Group (a multidisciplinary group of senior clinical leads, chaired by the hospice pharmacist) has used a cross-site system of peer review for medication incidents. This is to ensure that each of Pilgrims Hospices three sites learns from medication incidents reported at other sites. This helps us respond to incidents and allows each Pilgrims hospice to benefit from independent comment on the handling of their incidents.

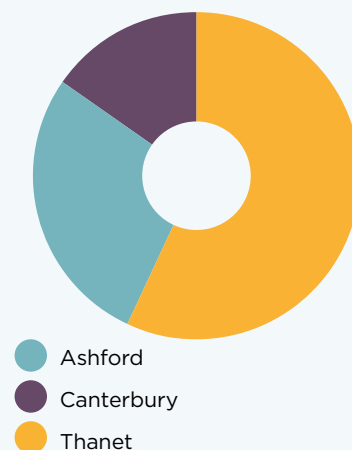
Feedback has been shared with medical and nursing staff through workshops and 'Learning from Medication Incident' posters. These have focused on areas where incidents have occurred and alert staff to areas of hospice practice where they should take extra care.

The group has worked with the audit facilitator on prescribing and medication administration audits which have ensured that the highest levels of practice are being followed at Pilgrims Hospices.

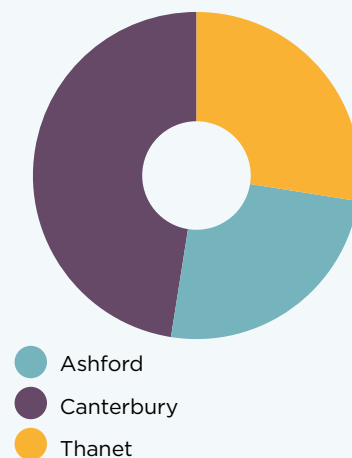
I have worked with Pilgrims Hospices Information Technology department to provide prescribing notes for discharge medication to facilitate a faster provision of discharge medication. Over the past year this work has been shared with East Kent Hospitals University Foundation Trust Hospitals and is now incorporated into their medication discharge procedure.

Neile Taylor, Hospice Pharmacist

2013-14 Incidents Reported
(Total 86)



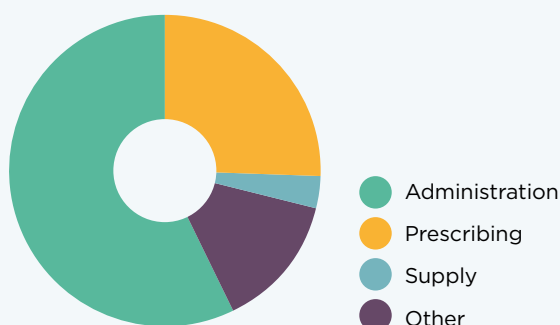
2014-15 Incidents Reported
(Total 76)



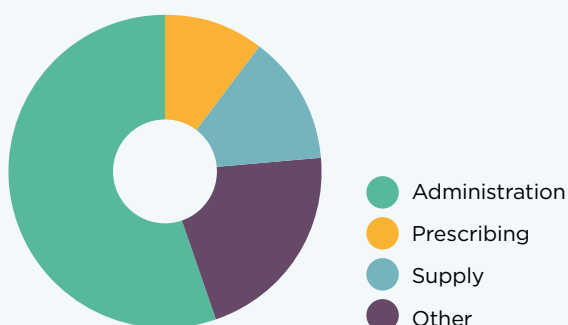
The stats

The overall number of medication incidents at Pilgrims Hospices fell in 2014-15 by 11% when compared to 2013-14. A breakdown of the incidents reported per site and the categories of incidents is shown here.

2013-14 Incidents by Category (Total 86)



2014-15 Incidents by Category (Total 76)



3.5

Skin care management and infection control

Update from the team

For some years, each Pilgrims site has had a Link Nurse for Tissue Viability and for Infection Control. These nurses are part of the ward teams and work alongside their colleagues and the audit team to ensure that quality standards are met.

The recent appointment of a Lead Nurse for Tissue Viability and a Lead Nurse for Infection Control will strengthen the assurance work of the Link Nurses. It will support them in delivering innovative, research-based practice that can inspire and encourage.

The two Lead Nurses work closely together and have organised study days, disseminated information on best practice and hold quarterly joint meetings with all the Link Nurses. They also regularly visit all three sites to meet the staff and patients and gather feedback.



to run projects to explore ways of identifying patients who are being cared for at home and who are at risk of developing pressure ulcers. The Lead Nurse for Tissue Viability has given advice and support on wound management, completed the National Institute for Health and Care Excellence self assessment tool on skin integrity and has composed an action plan that will benefit patients and colleagues.

patients to expect hand hygiene to be performed in line with World Health Organisation recommendations. This is backed up by the annual update programme for staff which includes practical and theoretical assessment delivered in a lively and interactive way.

Overall we have seen the Lead Nurse and the Link Nurses in infection control work together to provide a safe, clean environment for all those accessing hospice services.

Debbie Todd, Registered Nurse and Infection Control Lead Nurse.

National project with Queen's Nursing Institute

The management of skin care and pressure ulcers has continued over the past year to be a high priority for the nursing team at Pilgrims, both on the wards and in the community. We have successfully bid to the Queen's Nursing Institute (QNI) for funding

Raising awareness of infection control

The appointment of the Lead Nurse for Infection Control has helped to raise awareness of infection prevention and control in all settings across the three hospices. An important aspect of this work has been to focus on empowering

Looking back on 2014/15

In May 2014 we made public a strategy for future service delivery which we had been working on over the previous year. This included a proposal for closure of our Canterbury inpatient services which was wholly rejected by our stakeholders. This resulted in a major re-think and a publicly reported commitment to keeping beds on all three sites in Canterbury, Ashford and Thanet. Further to this we also developed and built on the original strategy to craft a new vision. We are now working on the detail of the five year plan in the light of this change in policy (see part 4.3 for more). With this in mind, we have identified six areas of strategy which have been a consistent part of our focus to achieve quality improvements in our care – which we report on here:

1. We continued to gain feedback relating to the patient and family experience by participating in Patient Led Assessment of the Caring Environment (PLACE) and this is now an established yearly assessment that takes place around May.
2. We have continued to refine and embed the complaints procedure which has proven robust for the complaints received to date. Any investigations required are completed within set timeframes and all involved are kept informed throughout the process.
3. We installed Qlikview on our computer network which has enabled us to develop report templates in-house. Pilgrims Dashboard is a comprehensive document for distribution internally and is used as a basis for Clinical Commissioning Group reporting requirements. Over the last year the dashboard has grown as new data items have been added and now includes items relating to clinical activity such as pressure ulcers, falls and medications errors, all of which are of interest locally and nationally.
4. Along with a number of other hospices we continue to provide information once a year to the National Council for Palliative Care for their Minimum Data Set report. In 2013/2014 we began providing occupancy, falls, medication error and pressure ulcer data on a quarterly basis to the national hospice charity, Hospice UK.
5. We have undertaken audits to ensure compliance with national and professional standards and guidelines, for example in the area of prevention and control of infection which focuses on patient safety.
6. The Crossroads, Pilgrims and Macmillan volunteer partnership was launched enabling our volunteers to have the opportunity to help in patients' and carers' homes. This has resulted in nearly 40 hospice patients and families receiving this support over the past year.

4.2

Working together for continuous improvement to our care

During the past year we have further developed our community hospice care to support more patients and families with care at home, supporting choice of their place of care and place of dying.

To do this we have continued to develop relationships between ward nursing staff and the Hospice at Home Team, as well as to implement new ways of delivering community hospice care.

Many of our patients have complex needs. They require assistance and support from some or all of our skilled team members such as: nurses; occupational therapists; physiotherapist; counsellors; social workers; spiritual support; medical staff and many of our volunteers.

We have continued to explore the most effective ways to deliver our care, while considering resource management and how we can reach out to more local people in need of hospice services.

Updated and improved nursing competency frameworks are almost complete. They will enable nurses to record progression of their training and expertise in accordance with Pilgrims being an expert organisation.

We are improving resilience, equity of access and efficiency by standardising our administrative and clinical processes across the sites, centralising some components. This will ensure a patient's (and their family and carer's) experience of the hospice is as smooth as possible and enable clinicians to see more patients in the community.

We will also continue to refine our reporting procedures, giving better insight and assurance in all areas of service delivery.





Achievements for 2014-2015

- An exchange programme between ward Health Care Assistants [HCAs] and Hospice at Home HCAs across all three sites has developed relationships between community and ward staff. This has created a more detailed understanding of roles and working. For the service this has resulted in being able to use resources where needed. Patients and families can see the same staff across the service, which supports continuity of care.
- Registered Nurses from the wards have been visiting with the Hospice at Home Team to provide nursing interventions such as injectable medication that HCAs cannot undertake. This has been especially useful at times when it has been difficult for community nursing services to respond quickly.
- This is now developing into providing specifically allocated trained nurse time for Hospice at Home support.
- A number of ward nurses from both Ashford and Canterbury hospices were seconded to observe and experience how the Thanet hospice used staff nurses to manage their incoming, unplanned telephone calls. On the other sites a Palliative Specialist Nurse [PSN] undertook this activity on a daily rota. Many of these calls relate to symptom control and deterioration of patients of which many are from anxious relatives and carers.
- At the beginning of March we began to use a Palliative Specialist Nurse and staff nurse working together, based at Canterbury to handle all the calls for the three hospices during routine working hours. This Nursing Advisory Team has allowed another PSN to be available for community working on a daily basis. Staff from all the three Hospices contribute to this service on a rota basis.
- To enable an enhanced service to patients both in the hospice and the community our Senior Nurse Team now covers a seven day service. This provides more available expertise and support to colleagues at weekends and bank holidays.
- Working to ensure resources are matched and available across all three hospice sites to care for patients and families has led to our nursing workforce becoming more flexible. This has allowed us to use resource more wisely and further develop staffing relationships. A new innovation has been the development of a daily teleconference between the three hospices clinical staff to flag any care or facility issues that impact on the service and to agree the management of these.

Nicola Le Prevost, Associate Director Nursing and Lorna Pollock, Senior Nurse Manager

4.3

Strategic plans for the future

Our strategic aims which will underpin everything we do going forward are:

Patient experience: We will continue to put our patients at the centre of all we do. This is so we can deliver on our vision for a community where people with a terminal illness are supported to live well in mind and body, free from pain and distress, until the very last moment of their life.

Stakeholders: We will exceed the expectations of our stakeholders so we are seen as leaders in the sector – providing excellence in End of Life care across east Kent

People and development: We will be recognised as a preferred employer within east Kent – attracting, developing and retaining talented people across our organisation. Our volunteer service model will be recognised as best practice within the hospice universe.

Finance and operations: We will achieve a sustainable reserve. We will deliver outstanding care in a legally compliant, cost efficient operation that provides the optimum environment for achieving our vision for care.

As part of our operational aim we will work to rebuild our Canterbury site, either in our current location or as a new build within Canterbury so we can continue to offer patients the most up to date environment for their care – this will include flexible family space and a level of privacy that is not currently available.

“Our vision is of a community where people with a terminal illness are supported and empowered, together with their family and friends, to live well in mind and body until the very last moment of their life.”

To conclude:

Pilgrims Hospices in East Kent is committed to improving the care of the people in east Kent, regardless of age, sex or ethnicity, suffering from advanced, progressive and incurable illness. This is by the provision of specialist palliative care services to patients and continuing support to their families and carers. These objectives are achieved through the provision of:

1. Inpatient facilities at our hospices in Canterbury, Margate and Ashford.
2. Support at home as and when needed. This will be from our team of community nurses, and our Hospice at Home service which offers rapid response, 24 hour help for those at the very end of life who wish to die at home.
3. Day care in the day hospices at all three sites with a range of clinics and support programmes for patients, their carers, and families.
4. Social, pastoral and bereavement support for families from social workers, chaplains and counsellors and other professionals at all three hospices.

5. Training and education for professionals and the public and liaison with community services by the Education Department. This is based at the Ann Robertson Centre next door to Pilgrims Hospice in Canterbury are supported by qualified members of staff from all three hospices.
6. Continuing audits, which are conducted under the guidance of our Research and Audit team. Individual research projects carried out by members of staff as part of their professional development under the guidance of the Patient Safety and Quality Committee, and participation in external research conducted by universities and other institutions.

We continue to forge links with the new local strategic clinical networks which were formed when the NHS was reorganised in 2013. The charity supports 'Hospice UK' (formerly 'Help the Hospices'), the national hospice charity, and has developed ties at local, regional and national levels with other hospices. These connections enable us to share and learn from the experiences of others in all aspects of hospice care.

PART 5 What our patients and their families say



Lorna is a day patient with Pilgrims:

"Hospice is a big word, and when I first went to day hospice, I was scared. Now I know that I need not have worried, and I quickly learned that hospice is anything but end-of-life care. At Pilgrims, nurses and volunteers are totally engaged in patients and their lives, not just our conditions."

Dan's mother was cared for by Pilgrims Hospice at Home team:

"We were very grateful to have the Hospice at Home service caring for my mother in her own home. This allowed her to stay in surroundings that were a great comfort to her. The nurses were amazing. They were kind, thoughtful and above all cheerful, they helped make a dark time lighter."

Steve is a carer: "On seeking help from the hospice we encountered a world of caring, professional, helpful people, nothing was too much trouble. As well as dealing with the medical side of my wife's illness, the hospice cared for her wellbeing and for me as a carer too."



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