

Enter and View Visit to Monument House, Pontefract - Mid Yorkshire Hospitals NHS Trust (Announced Visit) on 20 March 2014 (Draft V3)

Visiting Team: Andrew Kent - Healthwatch Board Member
John Hyde - Healthwatch Board Member
Kate Honeyman - Young Healthwatch Coordinator
Helen Watkiss - Healthwatch Communications Officer

Background to the Healthwatch Visit to Monument House

The Healthwatch Chair, Board members and Intermediate Care Task and Finish Group agreed that an announced visit should be made to Monument House, Pontefract following the Healthwatch Wakefield visit to Queen Elizabeth House, Wakefield.

The objective of the visit was agreed as, to observe:

- 1) Quality of care/care and dignity of patients
- 2) Staffing levels
- 3) Produce a report on findings and conclusions with recommendations

The format of the visit is:

- 1) To meet staff
- 2) To talk to patients and any relatives
- 3) Give out information on Healthwatch
- 4) Look at the facilities
- 5) Conduct a feedback session with the visiting team and staff

Type of Unit

Intermediate Care: short term specialist care to people who have been discharged from hospital but need extra support, care and rehabilitation before they go home or to the place where they normally live.

Background and introduction from staff

Present: Christine Jackson - Matron for Care Closer to Home covering intermediate care units at Queen Elizabeth House, Monument House and the Kingsdale Unit
Nigel Hodgkins - Acting Locality Manager for Care Closer to Home
Isabelle Macniven - Team Leader for Queen Elizabeth House and Monument House
David Melia - for the report back part of the visit

Main Entrance is through a locked door into an open plan area with various corridors, spaces and offices off to the left and right. The building was originally a residential care home.

The Visiting Team were greeted on arrival by the Acting Locality Manager, Nigel Hodgkins and introduced to Matron Christine Jackson and Team Leader Isabelle Macniven, and were given the background information to the Unit which took place in a small lounge.

It is a 24 bed unit with 5, possibly 6, beds currently closed as the unit is being refurbished. The refurbishment should be completed within the timescale of five weeks as each section takes five days

and Infection Control sign off on a Friday afternoon. Both the Estates and Discharge Teams are keen to get the work done quickly and the unit back to full occupancy.

The Trust purchased extra beds from the Airedale Unit, adjacent to the Kingsdale Unit within the West Ridings Residential and Nursing Home, as a reserve to enable patients to move into intermediate care whilst the refurbishment was taking place.

The national average for length of stay in intermediate care is 27 days; the Mid Yorkshire NHS Hospitals Trust prefers the average to be closer to 14 days.

Most patients are over 65 years although can be younger particularly in the case of amputees. It was noted that the District has high levels of long term conditions such as diabetes and obesity is also an issue which impacts on services now and will do in the future if this remains the case.

Currently the unit is recruiting for a Team Leader for four months to cover a secondment, also a registered nurse, and a healthcare support worker. The Team Leader from Queen Elizabeth House in Wakefield is providing oversight in addition to her main role until the recruitment process is completed.

There are two trained nurses on duty during the day and night, plus four healthcare support workers during the day and two at night. It was reported that the social workers are very good, that they attend every morning and work as part of the multi-disciplinary team at the unit who function well. There are also intermediate care therapists, MY Therapy services.

The discharge process begins on admission and includes home visits with physiotherapists and family where possible; a package of care is put in place with Social Services; visitors/relatives are included; medication is organised; measures are taken to ensure the person has what they need, for example milk, or utilities are switched on. The unit also liaise with other partners and organisations such as Age UK.

There is the philosophy of 'home before lunch' in parts of the Trust but patients' needs are the priority and ensuring the proper care and support is in place before discharge, for example waiting for the availability of relatives and carers.

In the vast majority of cases everything is smooth when patients are brought in from the hospitals.

Patients' Facilities

The visiting team were shown around the unit and all facilities including those pre and post refurbishment.

Lounge Areas: two adjoining lounge areas were viewed and both were clean and cheery with a good atmosphere. One was being used for group exercise which a number of patients were participating in. there were also separate smaller rooms that could be used by patients and visitors. Buzzers for patients were visible and accessible and at least one patient was seen to have a hand held bell.

Dining Room: the dining area was clean and bright and patients seemed happy to be using it.

Therapy Room: the therapy room had lots of equipment including walking bars, a physiotherapy table, and many aids to assess and help patients regain mobility and dexterity etc.

Bathrooms: the bathrooms were clean and functional.

Individual Rooms: in particular those that had been refurbished were clean, bright and functional with necessary information accessible to patients and relatives/carers.

Issues raised and comments from Patients:

- Standard of care
All on the visiting team reported that patients were all happy with their care.
- Known estimated discharge dates
All patients asked knew their estimated date of discharge. This was also evident with the laminated booklets with the estimated date in patients' rooms.
- Food/food times
Patients spoken to reported being happy with the food provided, and information on the daily menu was displayed prominently in the lounge.
- Chiropodist requested
One patient did ask if it was possible to have a chiropodist come to the Unit. This information was passed to staff and the Team Leader said she would look into this.
- Door locks and codes
It was noted that doors to cleaning cupboards and staff only areas (ie non-patient areas) have digital locks with the same code. The same system applies to the room where medication is kept in appropriate cupboards and cabinets. This room also has bars on the windows for added security.
- Fire exit upstairs/contractors and building supplies
On the first floor of the building there are two emergency fire exits one of which is screened off because of the ongoing refurbishment. The only other emergency exit door which could be used had access restricted by the workmen's equipment. This floor had rooms still being used by patients. It was pointed out at the time and the staff would liaise with the workmen in order to make them aware of their liabilities under Health and Safety legislation.

Observations

Visitor 1:

'The staff seemed very happy and had an excellent rapport with the patients. The patients that I saw spoke highly of the staff and the way that they were being treated. One patient thought he could have more physiotherapy to hasten his return home however. I observed that he appeared to be very mobile with the aid of his Zimmer frame when called through for his lunch. The patients that I spoke to were very happy with the food and recreational facilities.'

Visitor 2:

'I spoke with three patients who all praised the care and treatment they were receiving. I observed very good relationships and communication between staff and patients. The Unit had a positive and active feel with patients and staff engaging in different activities.'

Visitor 3:

'The patient I spoke to was recovering from an operation and was very content with his current care, with staff being supportive and helpful. However they were looking forward to being back at home and were aware that support and treatment was working towards a planned discharge date.'

Visitor 4:

'I spoke with two patients who were very happy with the care, and thought staff 'couldn't do enough for them'. Also they liked the food, said there was plenty to eat and good quality; just one niggle one patient didn't eat as much at home and felt they couldn't cope with three meals a day. They both thought the care was right for them and that staff were helpful, kind and jolly. They seemed contented with the care they were given and both were looking forward to going home once they were fit to do so. Other patients I saw at the unit, all with varying levels of debility, appeared to be well looked after and thoughtfully encouraged in their rehabilitation. The unit had a happy feel to it, an air of kindness mixed with the professionalism. The way it should be.'

Healthwatch Actions/Recommendations

- 1) Staff to investigate the provision of chiropodist services for patients.
- 2) Staff to liaise with the workmen in order to make them aware of their liabilities under Health and Safety legislation.
- 3) It is suggested that consideration should be given to changing the code on the room where medication is kept so that only 'approved professionals' have access.

15th April 2014

This report was sent to Mid Yorkshire Hospitals NHS Trust on 17th April 2014 for factual accuracy checking with the service provider.