



Details of Visit

	Bishop's Castle Community Hospital
Service Name and Address	Stone House, Union Street
	Bishop's Castle, SY9 5AJ
Service Provider	Shropshire Community Health NHS Trust
Date and Time	Tuesday 20 th October 2015 at 10am
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Anthea Fell Steve Price

Purpose of the Visit

To explore the standards of care experienced by service users in this setting in terms of dignity and respect.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.



What we were looking at

We looked at key topics affecting the quality of patient experience in the hospital:

- Do they feel comfortable and able to relax?
- Do they have confidence in the ability of the staff?
- Do they feel supported?
- Do they feel listened to and understood by the staff?
- Do they feel the staff communicate with them well?

What we did

On our arrival we noticed that Healthwatch leaflets and posters announcing our visit were on display. Staff in the ward were expecting us and patients were welcoming. We checked with nursing staff to make sure that there were no areas we could not enter.

We spoke to the majority of the in-patients in the hospital. The only patients we didn't speak to were those who were asleep or having treatment.

We talked to members of staff about whether they feel able to provide a quality service.

What we found out

The hospital is a single storey building and appears to have been recently redeveloped.

There are sixteen beds split across three four-bed single sex wards and four single rooms. Only fourteen bed spaces were occupied at the time of our visit but the two empty beds had been allocated that morning and were ready to be occupied.

We were told that most of the patients came from Shropshire but two came from Powys. Staff told us that one patient had been in the hospital for 38 days but they expected this patient to move within the next 14 days. The Integrated Care Team will then take over their care.



Comfortable and able to relax

The hospital was light and airy with clean painted walls. It was tidy and organised. There were blinds at the windows to reduce sun glare and improve privacy. There were coloured curtains around the beds for privacy. The colour of the curtains was different in each ward to help patients and their visitors recognise which ward they were in. There was no trace of odour and the temperature seemed comfortable.

There was a range of different types of seats in the dining room and Garden Room to meet the needs of the patients. These spaces were well lit and there were nice views.

Visiting hours are clearly shown. Visitors are asked not to come during mealtimes. The hospital has a "protected mealtimes" policy, so that the patients do not have unnecessary interruptions whilst eating. Staff are then able to help patients with their meals if they need it. However, family and friends can, if they wish, make an arrangement with the staff to give that help themselves.

The patients we spoke to said that they could usually get a good night's sleep and were not disturbed by the other patients or staff.

Each bed has a monitor which patients can use to watch TV or listen to the radio. The monitor has big buttons so it is easy to operate and also has a call bell on it. The call bell is easy to use and during our visit we saw a member of staff respond quickly when the bell was used by a patient.

Patients can use the ward telephones if they need to but most patients we spoke to said that they used their mobile phones to call relatives and friends.

Walking and general mobility aids such as Zimmer frames were by the beds of the patients who needed them but there were also spares available on the ward that were clean and ready for use.

Privacy

During our visit we saw that curtains were drawn around the beds of patients receiving treatment. We also saw staff knocking on the doors of single rooms before entering.

The patients who were out of bed were dressed and wore their own clothes. One of the patients told us that there were spare clothes for people to wear if theirs needed washing.



There was a Relatives' Room for private discussions, and patients and their families could also go to the dining room or Garden Room if they wanted to speak privately.

There were dementia friendly signs on all the toilets and bathrooms on the ward. These signs had words and pictures on the doors to show what they were and clearly showed if they were male or female. These rooms were large enough for staff to help patients with their personal care.

Confidence in the ability of staff

The patients and visitors we spoke to praised the GPs from the local GP practice who do a daily ward round. They also said that the staff on the ward were pleasant, caring, friendly and efficient; they felt the staff listened to them.

During our visit we saw patients being helped by the staff. Patients told us that they are given choices, including when they get up and go to bed. They choose what they want to eat from a daily menu.

Feeling supported, listened to and understood by the staff

Staff told us that the patients and their families were very much involved in their future care plans and relatives helped in preparations for discharge. The aim is for all patients to leave hospital after 14 days but this isn't always possible. A nurse speaks to the patient and their relatives after a week about what should happen next, including any care package they are recommending and what the family can do to help, for example moving their bed downstairs. We were told that most of the patients on the ward during our visit were waiting to go into a care home.

During our visit we saw patients being encouraged by the staff and supported to maintain their independence, for example by encouraging them to go to the Dining Room for their meals to keep them mobile.

Quality of staff communication

During our time on the ward we noticed that the patients and staff had a good relationship; staff seemed relaxed and friendly. We heard staff using the patients' "preferred names".

We saw staff asking patients for their permission before undertaking any procedures.



Some of the patients we spoke to said that they knew what the plans were for their discharge but others were not able to make these decisions for themselves.

Questions for Staff

The staff we spoke to told us that there is a duty rota and all staff rotate onto night duty.

Additional Findings

 During our visit members of staff spoke to us about the discharge of patients. These discussions were outside the purpose of the Enter and View Visit; Healthwatch Shropshire will share this information directly with the trust and local authority.

Summary of Findings

- The hospital is bright and comfortable, well-equipped for the patients, dementia friendly and with pleasant communal spaces.
- The patients we spoke to seemed happy with the quality of care, and with the way staff communicated with them.
- Privacy and dignity are maintained.
- Patients are encouraged to maintain their mobility.
- The GP practice which provides daily ward-rounds is well-regarded.
- Patients and relatives are included in the planning for discharge but patients often stay beyond the target of 14 days because the support they need in the community is not immediately available.
- The visit left us feeling that the hospital is well run and patient-focused.

Recommendations

 Healthwatch Shropshire to speak directly with the Chief Executive of Shropshire Community Health NHS Trust and the Director of Adult Social Care at Shropshire County Council about the discharge of patients.



Service Provider Response to the Report

Steve Gregory, Director of Nursing and Operations for Shropshire Community Health NHS Trust has told Healthwatch Shropshire that the report is being shared with hospital staff and will be discussed at the next ward meeting in January.

Healthwatch Shropshire Response to the Recommendation

In December 2015 we met with Jan Ditheridge Chief Executive for the Trust and Stephen Chandler Director of Adult Social Care for Shropshire County Council to discuss issues around delayed discharge. Both of them were very aware of the issues.

Stephen Chandler told us that Shropshire County Council are changing the way they buy in domiciliary care and that should help to increase the services available to people who live in rural areas. This includes giving contracts to providers which cover particular geographical areas to address the problems around access to services for people living in rural areas, i.e. the distance carers have to travel between appointments. He explained that members of the public might not see evidence of these changes until February/March 2016.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View



Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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