



Enter & View Visit Report

Details of Visit

Service Name and Address	Bridgnorth Community Hospital, Northgate, Bridgnorth, Shropshire, WV16 4EU
Service Provider	Shropshire Community Health NHS Trust
Day, Date and Time	Friday 9 th October 2015, 2pm - 4pm
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Roz Conway Vanessa Barrett

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.

Context of Visit

In 2014 the Shropshire Clinical Commissioning Group visited the community hospitals in Bishop's Castle, Bridgnorth, Ludlow and Whitchurch. These visits focused on the quality of care being given in terms of dignity and respect. Following these visits the Shropshire Community Health NHS Trust, who run the community hospitals, produced a series of action plans.

In 2015 Healthwatch Shropshire agreed to visit all the community hospitals in Shropshire to follow up this piece of work.

This visit was announced.

What we were looking at

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

When we arrived, it was clear that staff, patients and their relatives had been told about our visit. We were made to feel very welcome and shown around the whole hospital.

Not all patients were able to communicate with us, but many had visitors and we spoke to a number of patients and their visitors. We also spoke to 5 members of staff on the ward, in addition to the ward sister.

We talked to members of staff about whether they feel able to provide a quality service. We also asked about their approach to working with patients who have dementia.

What we found out

The Hospital

The hospital has been refurbished in the last 13 years. It is light, airy and clean with generous space in most areas. In addition to the inpatient services it was noted that there were a wide range of out-patient services available at the hospital.

The Ward

The ward is split into two wings with a total of 25 beds. All beds were occupied on the day of our visit. The wings are linked by a shared day/dining room. Although it was originally planned to have one wing for men and one for women, the design is flexible enough to create self-contained bays for either men or women. Bays contain either six, four or two beds and there are three single rooms. Each bay has its own wet-room and other facilities. Clear pictures label the toilet doors, and the male and female signs can be reversed as necessary.

We saw small but pleasant planted areas through the ward windows, and were told these were the result of the work of volunteers. News items about recent fundraising activities by the Hospital League of Friends were on display. We were told about the equipment that had been bought with money raised by the League of Friends. Their volunteers run an all-day cafe, and came to the ward to serve visitors when we were there. The therapy team described how they were involved in choosing the different types of chairs being purchased by the League of Friends.

Comfortable and able to relax

Many patients and visitors commented on the homely and caring atmosphere in the ward.

Most patients we spoke to said they slept well or reasonably well. Several said they need help to get to the toilet at night, but that the staff are always available. In one bay a patient with dementia was sometimes noisy at night. Another patient in this bay said 'I take out my hearing aid and sleep like a log!'

Patients were impressed that bed linen is changed frequently and because it is fresh it is much more comfortable. The temperature throughout the ward was described as comfortable. There is a television in the day room. All ward bays and en suite facilities were clean and tidy. If patients want to make phone calls they use their mobile phones. There is not a designated patient phone; however patients can have access to the ward mobile phone if needed.

All comments about the food were complimentary, e.g. 'It is nice that it's home-made'. One visitor told us that the staff will always make something for their parent with dementia if they sleep through a meal. However another visitor to a patient with dementia said that very often the patient's lunch was recorded as 'patient refused food'¹. We were told there are only a few members of staff who will take the time to encourage this patient to eat. In contrast to this, another visitor told us that she was always told exactly what her relative with dementia had eaten. She found this very helpful.

Privacy

All the comments made to us on our visit suggest that appropriate privacy is maintained. A physiotherapist described how they check that patients are appropriately clothed before joining the daily exercise class in the day room, and that she always asks patients if they want their visitors to be present when she is seeing them in the afternoon.

We saw staff using curtains appropriately during our visit.

There is an area next to the ward where patients can have private conversations.

Confidence in the ability of staff

The vast majority of the patients and visitors we spoke to said that the staff are very kind, caring and supportive. They told us that they always used the patient's preferred name. Those who compared their experience to other hospital experiences said that this ward was as good or better.

One patient said that staff were very helpful in assisting her with her personal care needs.

One relative of a person with dementia who had had a fall in a previous hospital said they felt their relative was very safe here. They also commented that the staff are flexible and try to provide personalised care, such as giving night medication earlier than to other patients because their relative goes to sleep early.

¹ Please see comment under Service Provider Response

Feel supported, listened to and understood by the staff

The vast majority of patients said communication was good, with staff taking the time to talk to them. One patient said that staff were 'perfect'. Most of them thought that visiting times (from 2.30pm - 4pm and 6pm - 8pm) were sensible, but one visitor said they were inconvenient. This visitor also said that no member of staff had talked to them about the care of their relative². Some appreciated that ward staff were not too strict about the number of visitors at any one time.

The relative of one patient with dementia told us they and their relative had attended the Dementia Cafe last Friday and how much they appreciated the opportunity to meet with other carers and the specialist dementia nurses. At the café there were activities such as a singalong or gentle exercises. We were told by the ward sister that two staff nurses who are designated Dementia Champions started this monthly session for patients and their relatives, held in the League of Friends cafe. Former patients and their home carers and others with dementia are also invited to attend.

Quality of staff communication

The staff told us that a multi-disciplinary team meeting is held every Monday morning. All patients are discussed, and proposed changes in treatment agreed or arrangements made for discharge. Staff said patients can be updated during the lunchtime medicines round and that many relatives ask for an update when they visit on a Monday afternoon.

The majority of patients and visitors said that communication with the hospital staff is good or excellent. However one family of visitors who live some distance away and whose relative's health has deteriorated over a few months, said that often they don't see any staff during their visits and aren't really kept informed. A family member of a different patient said that they can visit only in the afternoon when there has just been a change of shift. When they ask for information about their relative the staff say they don't know the details as they have just come on shift. Another visitor said they had had no conversations with staff about the present or future care of their relative³.

² Please see comment under Service Provider Response

³ Please see comment under Service Provider Response

A discreet blue butterfly is placed on the wall behind the beds of people with dementia. The purpose is explained to relatives. A member of staff told us that when they see the butterfly, it reminds them that they need to take more time with that patient e.g. recognising signs when the person needs the toilet or help with eating.

Additional Findings

- A senior staff member said both the hospital management and Trust management are very supportive.
- A nurse told us they really enjoy working with such a good nursing team and ‘the patients are lovely’.
- All ward staff have times when they work at night.
- Staff felt that they were listened to by hospital and trust managers.
- Staff felt they were able to give a good standard of care when the ward is fully staffed.
- Having the therapists based on the ward means therapists are fully involved in patient rehabilitation, including running morning exercise sessions in the day room and offering individual sessions in the afternoon.
- Therapists appreciate the opportunity the Trust’s therapy review has given them to work with colleagues at other community hospitals.
- Four patients told us that they were ready for discharge. Two said their home care packages had been agreed and were funded, but that there were no carers available to deliver the care. Another commented that she knew that the hospital would not let her be discharged until they found somewhere where she would be well-cared for and safe. The fourth knew her discharge destination and was happy with it. Staff confirmed that delays in putting care packages in place had increased, and this means that some patients stay on the ward longer than they need to.

Summary of Findings

- The majority of patients and visitors were positive about the quality of patient care on the ward, and had confidence in the staff.
- The ward is clean, airy and well-cared for, and has a homely atmosphere appreciated by patients and their visitors.
- Having therapists based on the ward means they have a high level of involvement in patient care.
- Most patients and a visitor commented on the care staff took to communicate clearly with them about their care. However one family felt they were not really kept informed about their relatives condition. Another visitor said that staff were not able to give them detailed information about their relative if they had just come on shift.
- Support for patients with dementia is particularly good, for example there are discreet signs for staff to show which patients have dementia. There are staff who are Dementia Friends and they are setting up a Dementia Café for new and old patients to meet.
- The positive contribution of the League of Friends to the patient and visitor experience and environment is easy to see.
- Delays in putting care packages in place can mean that some patients stay on the ward longer than they need to.

Recommendations

- Consider how to make sure that all patients and their families receive high quality information about their care.
- Continue to work to reduce the number of patients who are unable to be discharged because care packages are not available in time.
- 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

Steve Gregory, Director of Nursing and Operations for Shropshire Community Health NHS Trust has told Healthwatch Shropshire that the report accurately reflects the hospital and has provided the following comments:

Food (page 3)

Comments about the patient who refused food are difficult to comment on without knowing the individual patient. Any patient who requires assistance with eating is identified and offered the relevant assistance or encouragement, however we are aware that we are unable to force a patient to eat who refuses.

Visiting (page 4)

We will always try to accommodate those who are unable to visit in normal visiting hours if staff are made aware.

Staff Communication (page 4)

I think communication could be improved upon based on comments made - however without more context it is difficult to be exact about the issues. Sometimes with numerous visitors to patients we would liaise with one individual however we would always talk to relatives if approached as long as it's appropriate. It is sometimes difficult as afternoon visiting can coincide with handover, so it is possible that staff approached before they hand over would not have the information to give patients.

I do think that communication is always something that can be improved and it is worth making staff aware of how relatives and visitors feel.

The trust has provided the following response to our recommendations:

Consider how to make sure that all patients and their families receive high quality information about their care.

The reports will be discussed at the staff meeting on the 20th January. Karen Maynard (Ward Manager) will oversee a review of the information boards and how staff communicate with visitors at visiting time. This will include raising awareness of staff body language and how communication and messages can be interpreted by patients and relatives. They will look at common themes that relatives are saying are an issue regarding communication and review other feedback regarding communication issues. This will be completed by 29th February 2016.

Continue to work to reduce the number of patients who are unable to be discharged because care packages are not available in time.

Actions:

- Daily board rounds to review all patients
- Early escalation of issues that need to be resolved that are contributing to delays
- Engagement with family and carers regarding care needs and their ability to assist with or be involved in care and reduce dependency on care agencies
- Clear goal setting and expected date of discharge from admission
- Use input and support from the Emergency Care Improvement Programme to look at systems and processes

This requires a multi-disciplinary approach so will be overseen by the Ward Manager, Multi-Disciplinary Team and Discharge Liaison Nurse.

Progress will be reviewed in April 2016

Healthwatch Shropshire Response

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 people's 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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