



## Enter and View Report

### Halton General Hospital Ward B1

Visit: 7<sup>th</sup> January 2016

Report published: 25<sup>th</sup> February 2016

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# Background

## What is Warrington/ Halton Healthwatch?

Local Healthwatch organisations help the residents and communities of their area to get the best out of local health and social care services. They gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services. This report was jointly undertaken by the Healthwatch organisations covering Halton and Warrington areas.

## What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Warrington and Halton have safeguarding policies in place which identify the correct procedure to be taken.

## Disclaimer

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

## Acknowledgements

We would like to thank all the staff for their time in showing the team round and answering questions. In particular we would like to thank Sue Matheson and Amanda Penketh. Thanks also go to all the patients who answered our questions and gave us their comments.

## Background and Purpose of the visits

As part of the work programme for 2015-16, Healthwatch Warrington and Healthwatch Halton are looking at all aspects of patient experience within the hospital trust to find out how it can be ensured that future changes will offer improvements and not just savings.

Throughout the whole engagement process we have collected comments from patients and relatives that highlight issues with delays and bed capacity.

This report will also look at the issues relating to ward capacity, the appropriateness of the bed provided, waiting times, the effectiveness of transition to ward when needed, as well as the overall quality of care.

# Details of the Visit

## Location

Halton General Hospital Ward B1 (intermediate Care Unit)

## Date/Time

The visit took place on 7<sup>th</sup> January 2016 between 11am and 12:15pm

## Panel Members

Irene Bramwell - Healthwatch Halton, Outreach and Intelligence Officer

Lyndsey Bushell - Healthwatch Halton, Enter and View Panel Member

Mike Hodgkinson - Healthwatch Halton, Enter and View Panel Member

Ruth Walkden - Healthwatch Warrington, Enter and View Consultant

## Provider Service Staff

Sue Mathieson - Ward Manager B1

Amanda Penketh - Sister B1

## Details of the Service

Ward B1 is an intermediate care ward for both male and female patients in separate bays. The ward has 22 beds and staff members were currently caring for 21 patients who were predominantly Halton residents in need of rehabilitation following surgery, illness or accidents. Patients mainly remain on the ward on average for a period of six weeks but this can be flexible depending on the progress of the patient. Whilst the majority of patients are deemed to be “frail, elderly” there are younger patients - some are in their thirties.

## Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the team’s reports have not been altered.

### Observations from the Visit

#### First impressions

On arrival at Halton Hospital car parking spaces were found fairly easily, though it was not immediately clear how to pay for a space.

The main entrance was accessible by wheelchair. Within the entrance there was a small office that is used by the Stroke Association. The main entrance was uncluttered and led into the main reception area.

The main reception area was clean bright and uncluttered. There was a shop within the reception area and a café which the Enter and View visiting team agreed to

meet in to discuss the visit. The main reception area was bright and clean. There was a reception desk and a help desk, which were manned. Patients and visitors could purchase books from a book stall adjacent to the café. It was noted there was a machine outside *the main entrance* to pay for car parking.

Once team members arrived the purpose and aim of the visit was discussed by the Enter and View Visit Lead from Healthwatch Halton and all volunteers were provided with the relevant paperwork in relation to the visit to the intermediate care ward.

The team navigated their way to the ward, corridors were bright, clean and uncluttered. The signage could lead to some confusion as on some signs the ward was identified by ward number B1, whilst on other signs it was identified as Intermediate Care and not outlined on the Hospital Map. The visiting team discussed the signage and there was a consensus amongst the team that it should be consistent across the hospital.

A further issue was identified when navigating to the ward, as the corridor and main entrance appears to be on the ground floor level. To access the ward, visitors and patients have to walk along a relatively long corridor that is directly in eye line with the main entrance. However, the main entrance although accessible at street level, is actually identified in the hospital as the upper level whilst the intermediate care ward is on a lower floor which is accessible by lift or stairs. The visiting team made use of the lift which was wide and accessible by wheelchair.

### Access

On leaving the lift the signage became clearer, identifying the ward as “Intermediate Care” On entering the corridor leading into the ward there were a number of notice boards displaying a wide range of information and services that patients and visitors could access for further support such as Age UK Mid Mersey and Halton Carers Centre who visit patients on the ward.

On entering the ward it was noted that the ward was clean and bright. The visiting team members were greeted by Amanda Penketh, as Susan Matheson, the Ward

Manager, was initially unavailable. The team members explained that they were undertaking an announced Enter and View visit. Amanda invited the team to put their coats and bags in a small room used both as a cloakroom and for storing forms and other paperwork. The team were taken into a visiting room that was well furnished and clean. Healthwatch Halton feedback forms and freepost envelopes were on display in the visiting room for visitors, staff and patients to complete.

### **Staffing & Leadership**

Staffing levels and training were discussed with Amanda and we were told that the ward currently has three ward managers and nine nurses and healthcare assistants. Amanda explained that the healthcare assistants undertake bay duties when patients have been identified as prone to falling.

### **Activities & Leisure**

The visiting area had a small kitchen area that visitors and patients used, Amanda explained that the patients have a breakfast club and patients are encouraged to socialise and supported to make tea and toast. Further activities include hairdressing visits and families are able to take patients for walks or out of the ward using a wheelchair when appropriate. A dog petting service visits the ward.

Patients during their stay on the ward are actively encouraged by health and social care staff to gain and maintain their own independence, as the main aim of intermediate care is to promote independence. However, there are times when patients cannot achieve independence and may need long term care home service provision, therefore the ward staff work in collaboration with the Hospital Social Work team.

Televisions were available in each bay, large screen without a need for patients to pay.

### **Administration**

The team discussed IT systems with Amanda as team members were aware that Halton and Warrington Hospital Trust had recently installed a new IT system called

LORENZO which helps to track patient records. Amanda told the team that whilst they had some teething troubles at first, this is now sorted.

### **Cleanliness**

Team members enquired about laundry services and were told that family members usually undertake laundry tasks but on occasion some patients do not have family or friends to do this, so staff use laundry facilities in the Brooker Centre, which is the mental health wing of the hospital

### **Management of Medicines**

Medication is ordered the day before discharge to ensure that discharge is not delayed. Patients can bring in their own medicines provided they have been prescribed by their GP.

### **Food and Refreshments**

Food is provided on a different system to the rest of the hospital. Breakfast consists of toast, omelette and cereal. Lunch is usually soup and sandwiches with a choice of hot meals in the evening.

The team discussed dietary needs with Amanda, who informed the team that all patients' dietary needs can be met during their stay on the ward, including Halal food, and further explained that the menu is varied.

### **Smoking**

Amanda explained that the Hospital has a no smoking policy. Although smoking is actively discouraged, relatives can take patients outside of the hospital grounds to smoke.

### **Privacy & Dignity**

On admittance to the ward patients are asked how they would like to be addressed.

Patients can access a wide range of further services, including the audiology facility at the hospital. Opticians and dentists visit patients.



Following discussions with Amanda the team were invited to tour the ward. The team spoke to several patients and relatives.

A relative told the team *“I am very happy with the care my father receives on the ward, staff never stop they are really helpful. I find the staff very approachable and caring, not just for my father but to me as well. I brought my father to live with me but he could not walk. I had to carry him to the bathroom and do everything with no help. When he comes home we are having carers coming in to help me.* The team enquired if he was registered with Halton Carers Centre. The visitor told the team he was not registered so the team gave the visitor details of the carers centre.

Another patient in the ward told the team that he just wanted to go home he said *“I am totally fed up being in hospital I do not like hospitals I just want to get home”.* Whilst another patient said *“it is like heaven in here compared to Warrington Hospital as I was made to stay in bed for weeks on end and I am now struggling to walk. The staff here are angels they are marvellous they work so hard and my physio is brilliant, It is like heaven honestly nothing is too much for the staff I cannot thank them enough”*

A patient said they were concerned in being in hospital over the Christmas period as it spoilt their usual routine. They had felt able to discuss this with staff and felt that everyone had done as much as possible to make it pleasant. She felt that her care couldn't have been better but was nonetheless looking forward to going home that afternoon.

One patient said that she had no complaints. She said she had her own medication which was kept in a locked drawer.

### **Safety & Security**

The team asked about signing in visitors but were advised that it was felt to be impractical.

The ward follows Trust policies including accident records. Handover notes at the end of a shift identify safety briefings and individual risks. The team were advised that patients and their families have access to the complaints process. Patients are made aware that they can complain to staff or can be supported to go through the formal complaint process with PALS.

Staff on the ward are confident they are able to manage patients with dementia.

### Discharge

The team enquired about hospital discharge as Healthwatch Halton were in the process of gathering patients views on the discharge of people from hospital. Amanda informed the team that the discharge process, which is continually assessed, begins on the day of admission as patients have a staged discharge. This involves patients returning home for a few hours then progressing to overnight stays at home. Amanda also explained that the Red Cross offer a 'home from hospital service' on discharge that provides additional support for patients in their own homes.

GP services were discussed with Amanda who told the team that whilst GP's do not visit the ward GP's are provided with a discharge summary of the patient on discharge which includes medication.

### Staff Training

Training includes mandatory training for all staff regardless of band. Staff are provided with the opportunity to able to continue their professional development. The ward also offers students placements for eight to twelve weeks. Amanda explained that staff have to be aware of the NHS trusts policies and procedures, accidents are recorded and discussed during handover, to reduce risks.

### Summary

This is a well-run busy ward providing the support they need to patients leaving hospital. Patients on the whole were very satisfied with the care they received.

## Recommendations

1. A decision needs to be made in respect of the name of the ward. In some places it is called BI, in others Intermediate Care. All signage should then be altered to reflect that name.
2. There were issues with a lack of storage and staff cloakroom facilities. Coats and bags ended up on the floor. The current facility combines a cloakroom on one side of the room and shelves containing forms and paperwork on the other. If a filing cabinet could be situated on the ward, this would store the paperwork in a smaller footprint whilst still easily accessible to staff. That would also free up space in the room for staff possessions.

### Distribution List

*This report has been distributed to the following:*

- *Warrington and Halton NHS Foundation Trust*
- *Halton CCG/ Warrington CCG*
- *Care Quality Commission*
- *Healthwatch England*
- *Adult Social Services, Halton & Warrington*

## Appendices

### Appendix A

#### **Response of Warrington and Halton Hospitals NHS Foundation Trust to Healthwatch Enter & View Report - Halton Intermediate Care Unit (Ward B1)**

Firstly, we would like to thank members of Healthwatch Warrington and Healthwatch Halton who visited our Intermediate Care Unit at Halton Hospital. We appreciate the efforts of our local Healthwatch members and respect the valuable insights offered about our service.

The report was circulated to senior nursing staff, managers and commissioner for information and to share within the Divisions. On behalf of the unit we would like to thank the Healthwatch inspection teams for their very positive comments. It is really rewarding for our staff to know that their hard work is recognised by external bodies.

During the visit Healthwatch members have raised issues regarding signage for the unit and storage space within the unit. These issues regarding signage are currently being reviewed by the Trust, and as a unit we are reviewing the storage issue.

Once again we would like to thank Healthwatch Halton and Healthwatch Warrington for continued support and being that vital 'voice of the patient' as we work to provide high quality, safe healthcare.

Susan Mathieson- Team Leader, Intermediate Care Unit



