

**Enter & View
Japonica Ward
at King George Hospital,
provided by NELFT**

11 February 2016



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

What is an Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Background and purpose of the visit:

Healthwatch Havering (HH) is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident is not compromised in any way.

Japonica Ward is located within the building complex of King George Hospital, Goodmayes (KGH), which is provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT). KGH is located in the London Borough of Redbridge but accommodates patients from across the three constituent boroughs of the BHR area (i.e. Barking & Dagenham, Havering and Redbridge). As a health facility, however, Japonica Ward is provided and managed by the NELFT Trust (formerly the North East London Foundation Trust), which is the provider of

community health services across the BHR area and elsewhere in Outer North East London and Essex.

The visit that is the subject of this report was arranged by NELFT.

Although the visit was not undertaken as part of Healthwatch Havering's 'Enter and View' programme of visits using statutory powers, its content was similar and this report sets out the findings of Healthwatch participants.

The service

Japonica ward is a community inpatient rehabilitation facility, providing care to patients with rehabilitation needs. The aim of the service, which is funded by the BHR CCGs, is to promote and maximise independence in order to facilitate early discharge from hospital. It is also available to provide rehabilitative services to community patients who would otherwise be admitted to acute wards. It is hoped to increase this service provision in the future in order to reduce pressure on acute beds.

The unit is housed in Japonica Ward, a former maternity ward, managed by BHRUT and has succeeded Heronwood and Galleon wards at the former Wanstead Hospital site in Wanstead and will, with the planned increase in bed provision, replace Ward 3 at Grays Court - providing a single site dedicated unit for rehabilitation for Barking & Dagenham, Havering and Redbridge. Staff from Heronwood and Galleon are already in place and the Grays Court staff will join Japonica when Ward 3 closes in due course as part of the planned re-configuration of rehabilitation services in the BHR area.

The visit

The team was met by a representative from NELFT (Managers of the service), nursing, physiotherapy and occupational therapy staff who spoke to us about the philosophy and practice of the unit.

Currently there are 19 beds but plans have been developed and work is currently in progress to incorporate Jasmine ward, which is an adjoining ward within the KGH complex, and to which there is easy access, into the unit to provide a further 11 beds and more dedicated space for the specialist care elements of the service. It is anticipated that an average of 25 beds will be used at any one time. The anticipated handover of this extra accommodation is 21 March this year.

The care of patients is led by Consultant Geriatricians and provides a service mainly to elderly patients. However, the unit is able to provide rehabilitation to a younger age group, e.g. patients who are recovering from various traumas.

Nursing staff rotas are displayed on notice boards and are provided over a three- shift system as it is felt that 12-hour shifts are too long to provide an effective service. In addition, there are 3 Physiotherapists, 2 rehabilitation assistants and 3 Occupational therapists. The team noticed that, helpfully, the notice boards also displayed fire wardens' details.

The ethos of the unit is holistic, with all elements of care being provided by any member of staff being regarded as rehabilitative. All members of staff have Moving and Handling training, appropriate to the needs of the patients, together with all other statutory and advisory training elements. Fire training is provided via the acute service as this is most appropriate.

The only criterion for admission to the ward is the rehabilitation potential of the patients in order to discharge them back into the community. Care pathway facilitators assess patients prior to admission to ensure that potential admissions will benefit from this service. This means that there is a wide range of dependency levels on the ward. Where a patient becomes acutely unwell and requires acute medical intervention, they are referred back to the acute service through the Medical Assessment Unit rather than Accident & Emergency.

There is a target of 3 days between referral and admission but no patient has, as yet, waited more than 2 days for admission. Penalties may be incurred if the admission target is breached. Length of admission is dependent on progress but is currently averaging at 21 days. When patients are discharged they are referred to the relevant community service. In response to a question about the availability of Physiotherapy services, the team was advised that levels of urgency were noted when referrals were made. The decision to discharge is made jointly but senior staff are permitted to make decision without consultant input. There is a Social Work team on site to assist with the provision of post discharge service requirements.

Cleaning, catering and maintenance services are provided through SLAs with BHRUT.

A tour of the unit was undertaken and it was noted that beds were provided in 6-bedded bays and a number of single rooms. These single rooms were often used to ensure compliance with single-sex requirements. The team was impressed with the colour schemes for the individual bays, which made the unit right and cheery and provided appropriate contrast to ensure that confused patients could identify where they were. The dining room appeared to be small for the number of patients but staff agreed that it was currently sufficient for the number of patients using it as some preferred to eat by their beds and others were confined to bed.

The team noted that one bay was dedicated to an administration area for therapy staff, staff lockers and a gym. The team was advised that, once the extra space was available, each of these functions would be provided in a discrete area. Additionally, there was provision for a quiet room, ADL suite and a rempod area, which is currently a cinema rempod. "Rempod" is a reminiscence therapy tool which has different scenes which are being rotated through the NELFT wards.

The team noted that the sinks in the ward were traditional elbow-operated ones and that the flow of water was sufficiently strong for

water to be splashed over floor, which could prove a potential hazard. The sinks, soap and towel dispensers were also too high for wheelchair-bound patients.

The team was pleased to note that there was a notice board giving full details of services, printed in large letters. There was also a facility for patients/relatives/visitors to make comments, which was mostly complimentary. All patients spoken to were very happy with the service.

In response to questions about controlled drugs and covert medication, it was clear that there were good policies and procedures in place to ensure best practice.

Overall, the team was very impressed with the unit and felt that there was evidence of a cohesive, dedicated group of staff providing a much-needed service in, at present, rather cramped conditions.

Recommendations

Whilst this was not a formal enter and view visit, the team offer a couple of recommendations:

- That consideration be given to lowering the height of sinks (although the team appreciate that this may be a hospital-wide issue). However, it is possible to provide sinks that can be raised or lowered according to need and this would not be required for all sinks. Alternatively, perhaps it would be possible to restrict the flow of water to ensure that there is no potential for splashing.
- That all soap and towel dispensers be refitted at a lower level.

The team would like to thank all the staff for their hospitality and their dedication to an impressive unit. The team wish them well for their upcoming CQC inspection and hope that the visit and comments will assist in a good report.

Disclaimer

This report relates to the visit on 11 February 2016 and is representative only of those residents, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email
enquiries@healthwatchhavering.co.uk



*Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383*

*Registered Office:
Queen's Court, 9-17 Eastern Road, Romford RM1 3NH
Telephone: 01708 303300*

Email: enquiries@healthwatchhaverling.co.uk

Website: www.healthwatchhaverling.co.uk

