

Details of visit	Beech Hill Intermediate Unit
Service Provider:	Sheffield Teaching Hospitals Foundation NHS Trust
Service address:	Norfolk Park Road , Sheffield, South Yorkshire, S2 3QE
Date and Time:	24 November 2016 (10.00 - 12.00); 23 January 2017 (2.00 – 4.00)
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Acknowledgements

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

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 experiences of all service users and staff, only an account of what was observed and contributed at the time.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives 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 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

The aim of the visit was to explore the quality of intermediate care in the community provided by Sheffield Teaching Hospitals Foundation NHS Trust. We wanted to identify examples of best practice that could be shared with other intermediate care providers in the city, and highlight any areas for improvement needed. We especially wanted to find out whether the care provided met people's needs and find out what patients and their families thought about the service provided.



Strategic drivers

- To expand our knowledge of patients' experience of intermediate care
- Part of Healthwatch Sheffield's statutory duties to highlight good practice and encourage providers to share good practice and make improvements where needed.



Methodology

This was an announced Enter and View visit. Management gave us a tour of the building, introducing us to clinical and non-clinical staff along the way. We met domestic staff, administration staff and members of the multi-disciplinary team. We spoke with members of management and members of staff working in various roles at the unit. We did not get the opportunity to speak to patients staying at Beech Hill during our first visit, as there was no opportunity to do so without disturbing patients or interrupting them during their lunch. We therefore returned on a separate occasion during visiting hours to speak with patients and their visitors. We spoke with seven patients and one relative at this time.

Summary of findings

Beech Hill is an NHS community rehabilitation unit based in the Norfolk Park area of Sheffield, providing intermediate care for patients following a stay in hospital. It is an NHS unit with 31 beds, located in a Grade II listed building which has been renovated to make it fit for purpose. The property is currently rented from the Shrewsbury Trust.

Patients often stay on the orthopaedic ward because they have had surgery following a fall and most commonly are admitted with fractures to the neck of femur (the hip joint) and may have had a hip replacement. They also tend to have long term health conditions such as diabetes or heart failure and may have a cognitive impairment or be affected by post-operative delirium.

Patients that are admitted into intermediate care usually have complex co-morbidities that require a team of specialist staff intervention in order to plan rehabilitation/intervention.

There are two wards, the Shrewsbury Ward on the first floor cares for patients experiencing orthopaedic problems and the Norfolk Ward on the ground floor is for patients who are recovering from a stroke. A multi-disciplinary team (MDT) works with patients to develop a rehabilitative care plan which involves setting and achieving realistic goals for improvement during their stay. Many patients stay at Beech Hill for around 4-6 weeks. If they deteriorate medically during their stay they may go back to hospital.

Goal planning is done with all patients so that they can manage the activities of daily living that are needed for their return home. These goals are reviewed weekly, and once a patient's potential in this environment has been realised, discussions take place with regards to returning home. The whole team, including the patient is involved in discharge planning. Patients may also have a home visit from an Occupational Therapist to determine what services and/or equipment will be required to enable a safe discharge home. Patients sometimes go on to have long term 24-hour care following a stay at the unit. The Transfer of Care Placement Team, are hospital based but they meet with patients and their families to help them look for a care home that suits the patient's needs. Before patients leave they have a care assessment to establish whether their needs can be met in a residential or a nursing home.

Results of visit

General

Meals

There is a rolling rota of food choices available through the housekeeping team. We were told by staff that some patients are served meals in their room because they are unable to come to the dining room. Wherever possible staff encourage patients that are able to leave their rooms to eat in the dining rooms at lunchtime and evening.

On the first floor, there is a breakfast room which also serves as an activity room when scheduled activities take place. This room will accommodate around 8 patients in wheelchairs, but staff told us that this doesn't cause any issues as not everyone wants to eat at the same time and some patients prefer to eat the first meal of the day in their room. Breakfast is served between 8am and 10am daily.

Patients are asked to decide what they want for lunch after breakfast on the day and staff prepare food in the kitchen for patients' lunches (and breakfasts), such as jacket potatoes and soups. In the afternoon, care staff ask patients to decide what they want for their evening meal, the main meal of the day. These meals are delivered from the Northern General Hospital and are the same meals as inpatients receive at the hospital. In the kitchen, we noted a list of the individual dietary needs of patients and we were informed that this is updated and checked regularly.

The housekeeping team prepare snacks and can offer alternative options to the main meals if required. They prepare snacks for patients such as cereals, fruit, yoghurts, tinned soup and beans on

toast. They also make and serve sandwiches and crumpets in the evenings if patients want them. There is fruit and individually wrapped biscuits in the main dining room so that patients can help themselves.

Patients had varied views about the food at Beech Hill. Comments ranged from *I like the food, food is interesting, needs some inspiration, food is not bad but terrible at weekends, the food is good with a variety of choice but it's not like homemade.*

Visiting

Visiting hours are 2.00 – 4.00 and 6.30 – 8.00. The evening visiting times are slightly later than usual hospital visiting times because of the timing of the evening meal. Staff said they prefer protected meal times so friends and relatives are advised not to visit during these times.

Staff reported that they can be flexible around visiting times to accommodate individual cases, adding that they understand the value and benefit for patients of having time with family and friends. The acknowledgment of the importance of visiting to patients can be seen in their previous trial of open visiting, which meant relatives and friends could visit patients at any time during the day. However, they decided to return to restricted visiting times because visitors often wanted to talk to staff who were busy with other duties such as drugs rounds, and they found it difficult to fit in therapy sessions for some patients. In addition, some patients found this arrangement too tiring. Someone visiting a family member praised the visiting arrangements saying *visiting is good, if you arrive a bit early they will let you go up.*

There is no on-site shop for visitors to use but there are two vending machines. These offer hot drinks, soup, cold drinks, and various crisps, chocolate and sweets.

Provision and activities

Patients are given a welcome pack on arrival to the unit.

A podiatrist visits every 6-8 weeks, and particular vigilance is paid to the podiatry needs of diabetic patients. A hairdresser visits on a weekly basis, as do Age Well volunteers who engage in activities with patients. Volunteers play a central role in providing activities for patients: for example an art therapy volunteer regularly works with patients on Friday and on Wednesday volunteers lead activities such as bingo and art. We were informed that the uptake for the various activities tends to be variable and visitors can join in activities.

Language Line is used for interpreter services and relatives of patients may help interpret when they visit. We were informed by staff that some staff speak languages other than English which also helps with communicating with some patients.

Staff informed us that patients can request a visit from a cleric or other faith leader, however there is no space for a dedicated prayer room within the unit.

End of life care

When we visited, End of Life Care was about to be reviewed. They have a dedicated Palliative Care Champion who has undertaken new training and also acts as the Dignity Champion for the unit. Staff

informed us that patients do have a choice about where they receive end of life care. They can either stay at Beech Hill, go to a palliative care unit or St Luke's Hospice. In some cases patients may return to hospital for treatment and may then go on to receive end of life care in hospital.

A private provider of intermediate care beds has been awarded a gold standard for end of life care, and the principles of best practice have been shared with Beech Hill to help them provide the best quality care possible. Staff told us how this is a good example of shared learning across intermediate care private providers and that 'matron meetings' across providers also encourages sharing of best practice.

Patient feedback

We spoke with four patients who had been in the Northern General or Hallamshire hospital for 2 – 3 weeks prior to being moved to Beech Hill. Three patients had fallen or collapsed at home and one patient described her fall from a taxi which resulted in a fractured hip.

In general, patients' comments indicated they were mainly happy with their care at Beech Hill. One patient told us *Very impressive. Excellent quality of care and it's a well-run establishment.* However, a visiting relative told us they were less happy about how joined up patient care is - *It seems to me that there needs to be someone more senior in charge to pull all aspects of care together.* The relative was concerned about what happens after their relative leaves Beech Hill... *I'm unhappy about post-discharge care that is being sorted and I'm worried. I've not been spoken to about what options there are after discharge.* A patient also told us they had concerns about *this... I'm fed up and worried about going home and being lonely.*

Another patient we spoke with was pleased with the communication with those involved in their care... *I'm kept in the loop. My GP and physio are always in touch.*

Staffing

A variety of health care professionals work with patients as part of a multi-disciplinary approach to rehabilitative care. Some staff have worked at the unit for the last 17 years. Most staff are employed by Sheffield Teaching Hospitals but some staff, such as occupational therapists and mental health workers, are employed by Sheffield Health and Social Care Trust. Professionals such as psychologists, physiotherapists and speech and language therapists may all play a part in a patient's recovery. On each ward, there are three support workers during the morning and evening shift, and two staff nurses working a 7.5 hour shift daily on weekdays. Monday to Friday there are two ward sisters on duty, one for each ward. They work longer shifts over four days, and they aren't off at the same time. Matrons are responsible for checks such as the standard of cleanliness on the wards.

The manager works Monday -Friday 9am – 5pm. The office of the Intermediate Care Team for Sheffield Teaching Hospitals is based at the unit. This team includes a bed manager and a clinical operations nurse manager. The office is the base for where all intermediate care beds in the city are managed, including those in private care homes. We were told that the majority of beds for intermediate care are in the community. The Pathway Manager for Intermediate care is also based at Beech Hill. A chief pharmacist and assistant pharmacist and infection control specialist are also based at the unit. Non-clinical staff include a housekeeping team, two administrators, a receptionist and buildings officer and maintenance manager.

Staff reported having good working relationships with their colleagues, and seemed to enjoy working together as a team. They told us...*we care for each other to be able to care for our patients*. When we spoke to some members of staff, it was clear that they took pride in providing care for patients. One person said...*We make a difference, we are proud of what we do and we put our patients first*. Another member of staff said they were *honoured to work here*.

Staff informed us that they conduct rounds to check on patients every two hours, although some patients have rounds as often as every 30 minutes if needed. Regular multidisciplinary staff meetings take place, so that staff in different roles who are providing patient care can come together and share information.

Staff told us that the Building Manager plays an important role in maintaining the décor inside the building, and watching over health and safety and infection control. The unit has an Infection control accreditation.

Patients reported being happy with the staff delivering their care. We were informed by a patient that the staff are *knowledgeable and personable*. Some patients informed us they weren't happy about how often they saw some of the staff involved in their care...*The OT only visits once a week, I'm left to my own devices a lot*.

Staff training

A thorough approach is taken to training staff. We were informed that all staff undergo a varied programme of mandatory Sheffield Teaching Hospitals training, including infection prevention and control, health and safety, adult safeguarding, managing violence and aggression and equality and human rights. Over the last 2 -3 years, the trust has used PALMS which is an online Personal Achievement and Learning Management System, to manage and monitor staff training. Staff can log on to Palms to view their training record, view and book onto courses and complete Clinical IT systems Training. We were told that they have a system in place to keep track of staff training and registration requirements. Every month the manager receives a report informing them of who has had appraisals, staff registrations and notification of when these are coming up for staff. We can appreciate this system may work well in managing the varied development needs and achievements of many staff. Some training happens in-house, for example they undertake training in fire safety, where they test out scenarios and observe how staff manage the situation.

Physical environment

Ground Floor

There are car parking spaces at the front of the building and clear signage with the name of the unit visible from the road. Reception is easily found just inside the main entrance of the building on the right-hand side. We noticed signage in the entrance area which indicates the direction of the lift and patient room numbers. The talking lift enables patients and visitors to access all three floors.

On the ground floor, there is a large common room for patients to use when they want to spend time out of their rooms or want a more spacious area to use when visitors come to see them. It has a homely feel and French doors which look out onto an outdoor area with plants and gazebos that can be used by patients.

The room contains 6 chairs and 2 sofas, as well as coffee tables. We were pleased to find that there are various sources of entertainment in the room including a piano, books, board games, jigsaws, a music player, television, DVD and video player, karaoke machine and Wii games console. There are wireless alarms dotted around the room, in case patients need to call staff for assistance.

There are two dining rooms for patients from both wards, both with a homely and welcoming decor. We observed that there are hand wipes for patients in this room to use before or after their meal.

We noticed a 'family and friends test' box in the corridor leading to the patient rooms so that patients and their visitors can fill in a card to indicate how likely they are to recommend Beech Hill to family or friends needing a similar service.

There is CCTV in the corridors but not in patients' spaces. There is also a staff meeting room on this floor and three disabled toilets.

There are noticeboards on the wall in the corridor with information about dignity and respect and preventing and taking care of ulcers. There are also various information leaflets on the walls which patients and visitors can access, although these leaflets are placed at a height that wheelchair users would find hard to reach.

The corridor leads to the patient rooms area. All the rooms on both floors are en-suite, have lockable drawers and are well-maintained. There is a clinical room on each floor, with emergency equipment and observation machines such as ECG equipment and a bladder scanner. Some of this equipment enables monitoring of patients or allows investigations to take place on site without the need for hospital admission. Additionally, support workers and nursing staff can carry out blood tests on the wards if necessary.

First Floor

Staff informed us that some patients are responsible for taking their own medication and we noted that this was empowering for patients who were on a path to recovery. However a patient told us they didn't like how they were given their medication...*tablets are just left out in a pot in my room for me to take.*

Patients appreciated having a (free) television in their rooms. On the wall of the room we saw a 'My name is board'. This is a white board where the patients name is displayed, along with therapy instructions from staff and goals for patients. We were informed by staff that all rooms have a white board, and they also have information on for staff about the particular needs of a patient, such as whether they need assistance to get in and out of bed or any dietary needs. One patient told us of the benefits of having the white boards ...*I don't have to explain to the nurses how to help me and they should have these boards in the main hospitals.*

The size of the en-suite wet room we saw was adequate and had a toilet and shower, with grab rails to assist patients. There was a community bed in the room and a member of staff said that pressure relieving mattresses and cushions are provided for patients who need them. We also heard from staff about plans to make two rooms more dementia friendly and that two nurses are dementia champions for the unit.

Four of the patients we spoke with commented that they liked their rooms: *They are fantastic, they are large, well equipped and all have en-suites; the rooms are first class and everyone should have a room like this.*

There is a breakfast and activity room on the first floor which families can use when they visit. There are also books, games, a television. There is a fridge for patients to store food and drink brought in by visitors.

We saw a visitor information board, with a range of useful information and two other notice boards. One displayed information about strokes and the other displayed how many staff were currently on the ward at the time and what their roles are. There was information displayed about a reducing falls campaign. Staff told us that they normally have short-term campaigns. In the past, these have included 'nutrition week' and 'react to red - reducing pressure sores campaign'. Staff said that the reducing falls campaign involved having a 'safety huddle' during the handover to the staff members working the next shift, involving domestic staff, therapists and pharmacists who discuss possible risks that need addressing to reduce patient falls.

Second floor

On the top floor, there is a range of facilities that can be used by patients, including a gym, which patients use alongside a therapist to help improve their physical abilities. There is also a therapy kitchen on this floor where patients can get used to making themselves snacks and hot drinks again. We noted that these facilities will be beneficial to patients in helping them to regain confidence in carrying out everyday tasks and preparing them for returning to an environment in which they are more independent.

A visiting relative told us they were satisfied with the environment *In Beech Hill it's warm and comfortable.*

Recommendations

- The visitor information board on the corridor in Shrewsbury Ward is of value to patients and visitors as it displayed useful information in one place. Consider displaying a similar board in the corridor on Norfolk Ward.
- Continue to hold regular meetings with other providers that have intermediate care beds in the city to share best practice and drive up standards.
- The information displayed on Shrewsbury Ward about how many staff are working on that shift and their job titles is useful to patients and visitors. We feel this could be improved by displaying photographs of staff with their names/ job title on each ward. Alternatively, display a poster explaining how the different coloured uniforms staff wear relate to their role to help patients/visitors differentiate between staff in a multi-disciplinary environment.
- Consider allocating regular times and enabling patients to socialise informally in a communal area without having to take part in more structured activities. It might be good to ask patients and their visitors what sort of things patients may wish to do e.g. play cards, crossword puzzles, watch a film. Volunteers may be able to support this to take place.

- Consider offering patients a 'Week ahead' planner, either on their wall or on a sheet of paper so that patients and visitors can see when different staff and visitors will visit them. This may help patients make sense of their week, give them something to look forward to and be especially useful for those with memory impairments
- We are positive about the unit giving welcome packs to patients on arrival at Beech Hill and wonder if these could contain some information relating to discharge, or consider providing a 'Leaving pack' with information specifically about support available once patients leave the unit. This may help to alleviate some of the worries patients and relatives may have in this area. Offering to email this to multiple relatives could help keep all family members informed about what the discharge process involves and what support is available.
- Maintain some flexibility in visiting times to enable patients to spend time with family and friends without this impacting on other areas of their care.

Service Provider Response

Staff at Beech Hill Rehabilitation Unit, which is part of Sheffield Teaching Hospitals NHS foundation Trust are dedicated professionals who always strive to review and improve the services they provide to patients they care for.

Comments and feedback from all patients, visitors and outside agencies are always welcomed as part of this service review and development. This is demonstrated through the use of the Beech Hill questionnaire- patients have the opportunity to complete this on discharge and to give feedback on various aspects of their stay in the unit. This is in addition to the Friends and Family test. All feedback and learning is shared monthly with the teams.

Beech Hill Rehabilitation Unit has already implemented many of the recommendations from the Enter and View visit. There is a visitor's board on Norfolk ward with pictograms of staff uniforms and staff roles displayed clearly. A laminated personal daily planner for patients and relatives is being used to highlight the activities and therapy that is occurring on that day. This is a useful reminder to patients and their relatives of any activities or therapy that has occurred during the day. There are plans to review whether this can be used as a weekly planner too, with daily updates on any changes to the timetable- so that patients and their relatives are aware of any structured activities or therapy groups that will be taking place over the week. The patient information leaflet display stand has been moved along the corridor to a seating area and has been installed at a height which is also suitable for wheelchair users. The Welcome Packs will be reviewed and a weekly activities information sheet will be added to this pack.

The Intermediate Care Beds Service continues to have regular cross-city meetings to ensure the sharing of good practice across the service. These are held between private unit managers and NHS leads- they are multi-disciplinary and aim to review good practice already taking place and plan further developments to improve services in order to drive standards up.

Information that is given to patients regarding their discharge from the unit has been improved. On the morning of their discharge, patients are given a Discharge Information Letter. This gives patients information on what services will be visiting them at home, and what these services can do. Also included in the discharge information, is a Social Services Guide to Independent Living Booklet and a copy of the Request for Service Documentation (this documents the patients functional abilities on discharge and their needs for further rehabilitation and care which will be provided by the community teams).

Visiting times remain set in order to ensure that all patients achieve the most out of their stay in the unit. This has and always will be flexible to suit the needs of all patients and their relatives/ visitors. Patients will be given opportunities to access communal areas of the unit independently and/or with their relatives, in order to access activities and social environments so that they have a fulfilling and meaningful day.

A monthly food survey is completed with all patients. Following a review of the last survey, a temperature controlled cupboard has been purchased- this allows staff to keep food at the optimum temperature until it is delivered to patients. This has also improved the quality of the food at the weekends. Alterations to the brands of soup used in the unit have also been made, with positive feedback from patients as a result. The management team will continue to review the quality of the food, and any necessary amendments will be made to ensure that good quality is maintained at all times.

Management and staff at Beech Hill Rehabilitation Unit will continue to strive to provide a gold-standard service with patients and their relatives/ carers who are in the Intermediate Care Beds Unit. They are immensely proud of the service they provide to patients in Sheffield.

