



# **Enter & View Report**

St Lukes Hospital

**18 January 2018**



## Report Details

<b>Address</b>	<b>St Luke's Hospital 33 Leicester Road Market Harborough LE16 7BN</b>
<b>Service Provider</b>	<b>Leicestershire Partnership NHS Trust</b>
<b>Date and time of visit</b>	<b>Thursday 18 January 2018 10am-12pm</b>
<b>Authorised representatives undertaking the visit</b>	<b>1 - Team Leader 2 - Authorised Representatives 1 - Staff Lead</b>

## Acknowledgements

Healthwatch Leicestershire would like to thank the service providers, patients and hospital staff for their contribution to the Enter & View Programme.

## Disclaimer

Please note that this report relates to findings observed on Thursday 18 January 2018. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicestershire.





## What is Healthwatch?

**Healthwatch is the independent consumer champion to gather and represent the views of the public. We have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Part of the local Healthwatch Programme is to carry out Enter & View visits.**

## What is Enter & View?

Enter & View visits are conducted by a small team of trained volunteers, with Healthwatch staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements.

### **Enter & View is the opportunity for Healthwatch Leicestershire to:**

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery including staff views
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & 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.

## Purpose of the visit

As part of our Enter & View Programme for 2016/17 and 2017/18, we have visited community hospitals across the county to observe the delivery of hospital care to patients and capture the experience of patients, their families or carers and staff at a community hospital.

## Strategic drivers

- Access to services and co-ordination of services are local Healthwatch priorities.
- The Better Care Together (BCT) five year Strategic Plan.

## St Luke's Hospital

St Luke's Hospital is a local community hospital situated on the outskirts of Market Harborough town centre.

The hospital is single storey, wheelchair friendly and has two wards. The two wards provide specialist stroke rehabilitation on ward 1 (18 beds) and general rehabilitation and palliative and end of life care on ward 3 (14 beds). A palliative care suite is located within ward 1.

There is a courtyard with seating area and a conservatory.

## Methodology

### **This was an announced Enter & View visit.**

We approached the hospital Matron about our visit to the hospital wards and arranged a pre meeting to the department. At the pre meeting we spoke with the Matron about Healthwatch and our visit who advised that we had access to the wards and communal areas during our visit.

On the day of our visit, authorised representatives conducted short conversations with staff members and spoke with patients, relatives and carers about their experiences of the hospital and the care they have received. The authorised representatives explained to everyone they spoke to why they were there and left them with a Healthwatch Leicestershire leaflet.

A large proportion of the visit was observational, involving the authorised representatives observing the surroundings to gain an understanding of how patients engaged with staff members and the facilities available to patients.



## Summary of Findings

At the time of our visit, there were areas in both wards working well and providing good patient care. However, our visit did highlight some aspects relating to the management of privacy, dignity and care not under the direct control of the staff.

- Everyone that we spoke to said that they were well looked after.
- We noted dignity for patients was compromised due to the layout of the large wards and the curtain rail placements on the ward.
- We observed that the interactions between the staff was friendly and professional.
- We saw evidence of rehabilitation activities for patients.
- All the staff are trained in discharge planning and patients told us that they are involved in the discharge process.

## Findings

### Access to hospital

St Luke's Hospital is a single storey building with easy access from the onsite car park. The car park provides spaces for the onsite Hospital, Treatment Centre, Minor Injuries and GP Surgery. We found that the car park was full at the time of our visit and people were trying to find spaces.

Access from the car park to the hospital reception was clearly signed as is access to the Treatment Centre. However, despite the signs, we were told that there is confusion with the public arriving at the wrong place as both services carry the same name (St Luke's).

### Reception area

There are automatic doors as you enter the reception area. We were told that for security reasons the doors are locked at 8pm. Visitors at night can call the intercom to access the ward.

We found the reception to be welcoming to visitors - it was open, bright and airy. All visitors are required to sign in and out at reception. A hand sanitiser was prominently placed next to the signing in book.



We received a warm and friendly welcome at the desk from the Receptionist, Matron, nurses and staff.

There is small seating area with a selection of chairs available. From the reception there is clear signage to wards 1 and 3 and other departments. The visitor toilets were also clearly signed.



Information for patients and visitors were clearly displayed and there were pictures on the corridor walls to ward 1 and ward 3. Some of the pictures were of local interest.

## The wards

The Matron gave us full advice and guidance on the wards and explained how they operated before we conducted our visit. For the visit we were split into two groups. The Matron introduced each group to the respective Ward Manager on each ward.

On the day of our visit, there were 18 patients on ward 1 and 14 patients on the ward 3. There is also a palliative care suite within ward 1 where families can stay overnight with patients who are at end of life. There is a small garden area outside of this suite.

There were rehabilitation rooms/ gyms on both wards.

## Ward 1

This ward is in a modern purpose-built building and is bright and airy. The main corridor leads to the patient bays and nurses station. The corridor was uncluttered despite equipment being present and there was hand sanitiser located on the wall at the entrance.

On the walls of the corridors there was various information about events and activities. There were photos from a 'pat dog' therapy session, monthly 'cocktails and conversation' social meeting for family and friends, comments tree and information on dietary challenges and allowable foods. There was also a new clinical research poster board.



The ward is divided into male and female bays. The ward was clean with no odours. There were toilet and bathroom facilities available. There were four beds in each single sex bay.

We noted that all patients have their names above their beds and any important care instructions. Each bed had curtains for privacy. The rooms were clean and well-lit with big windows and curtains. We saw that patients were wearing their own clothes when available and were seen to wear clothing provided by staff appropriate to their needs i.e. specialized footwear.

There were a number of communal areas within the ward including a dining room, day room, courtyard area and quiet room. We noted that privacy for patients can sometimes be a problem due to the clear glass windows. We were told that the curtains in certain areas remain closed for some care and treatment activities.



There was a large day room which was split into two main areas. There were no pictures on the walls and there was a mismatch of curtains at the windows. There was a dining area with round wooden tables and chairs. We were told it was the patient's choice if they ate in this area and this was determined by their physical condition.

There was a lounge area off the dining room with chairs placed in a semi-circle in the centre of the room. A display of a previous activity with patients was on the wall. While we were there, a patient was playing a keyboard in the room and another patient was in a wheelchair. We did not see evidence of a call bell if either patient needed any assistance to return to the ward.

The palliative care suite is located within ward 1. This is a large room and there is a spacious enclosed en-suite bathroom with equipment. There is a relatives' room and a small garden area which can be accessed from this room. We noted that the garden lacked healthy plants and had lots of weeds.

When the care suite is not in use, wheelchairs are stored here. We were told that when the room is in use the wheelchairs are stored in the day room. We found that this highlights a lack of storage space for equipment and an inappropriate use of patient areas.

### **Ward 3**

This ward is located in the old workhouse and is therefore a very old building. The patient bays and rooms are located off one long corridor. We noted that the patient areas had been painted with bright colours but the ward is in need of refurbishment especially in the general areas.

The ward is divided into male and female bays. The ward was clean with no odours. There were male and female accessible toilet and bathroom facilities available. We noted in both bathrooms that the toilet roll dispenser was out of reach. We were told that this has been reported, however due to the position of the toilets a solution was not easy. They told us that the staff accompany patients or give them the toilet roll if necessary. A call pager system is in operation as the ward layout makes it difficult to see the patients.

We noted that all patients have their names above their beds and any important care instructions. We observed care being carried out with privacy and dignity respected behind curtains. We saw that patients were wearing their own clothes when available.

There was lots of natural light in the room. However, the sun coming through the windows was directly in the eyes of patients causing some discomfort. It was noted that the curtains were not adequate and there were no blinds on the windows.

We were told that the number of beds in the large bays had been reduced for infection control and safety reasons. We noted that the curtain rails around the beds did not match the new configuration. We noted that it was therefore difficult to maintain privacy. The large lockers with self-medication cabinets attached and the chairs next to the beds needed moving for some care



interventions, changing beds or cleaning. The bed space near the door in the large male bay lacked space around both sides. We saw a nurse attempting to make a bed that was pushed up to the wall.

In the large female bay, the removal of beds had also meant that the curtain rails around the beds did not match the new configuration. There was a bed against a wall with little space to access. Nurses have to move the lockers, chairs and beds due to the space restrictions. We noted that the bed space and privacy could be improved.



Lack of space for patients, nurses, visitors and therapists carrying out care and assessment was evident at the busy times of our visit.

We saw the dayroom which was bright and airy. There were tables and plenty of chairs at different heights available. We were told the room was well used and events such as the monthly 'biscuits and banter' get together with staff, patients, relatives and carers is held in here. This provides time to share views and any issues or concerns. We were told that the get together is well attended.

There was a 'Welcome to St Luke's' information folder in the room that provided information for patients and relatives. However, we did note that some of the information, including visiting times was out of date. We were told that there were no set visiting times and relatives can visit at any time.

## Clear, accessible patient information

On entering both wards there are clear noticeboards with appropriate information. On ward 1 there is an information rack which was over filled with leaflets that were presented in a jumbled manner. We noted there were ample amounts of 'Your Guide to St Luke's Hospital' leaflets available for patients and relatives.

We saw one leaflet relating to Stroke ('My Stroke Guide') which was hidden behind other leaflets. We were told that patients and their family are directed to access the website of the Stroke Association for information and support after discharge. However, we did not see any leaflets or posters for this organisation in the displays on the ward. We did see a poster on display for the local VCS Carer Organisation.



The Friend and Family Test monthly compliments and complaints records were prominently displayed. On ward 3 the display showed that there had been 12 compliments and 0 complaints. On ward 1 the display showed that there had been 'lots' of compliments and 0 complaints. Both displays showed that 100% of patients would recommend the hospital to a friend or relative.



## Staffing

There are notices naming the sister in charge and details of the different types of staff uniforms were clearly displayed on both wards in picture form.

We met the staff on duty which included the Matron, Ward Managers, Health Care Assistants (HCA), Occupational Therapists and Dieticians.

The staff we spoke to were happy and told us that they enjoyed their work. A student nurse on her first placement told us that she was being well supported.

We spoke to two Occupational Therapists who explained their activities around progressing patients towards better health and discharge. They advised that a large part of this work includes referring family and patients to the Stroke Association. As noted earlier there is no leaflet or poster with information for this organisation visible on the ward.

We spoke to two dieticians who said that they were happy working at the hospital and that there was a good atmosphere. They spoke of pressures on all the staff at busy times and that if staffing levels were increased they could better apply the patient nutrition plans. They spoke about the value of volunteers and that it would help to have more volunteers and helpers on the ward.

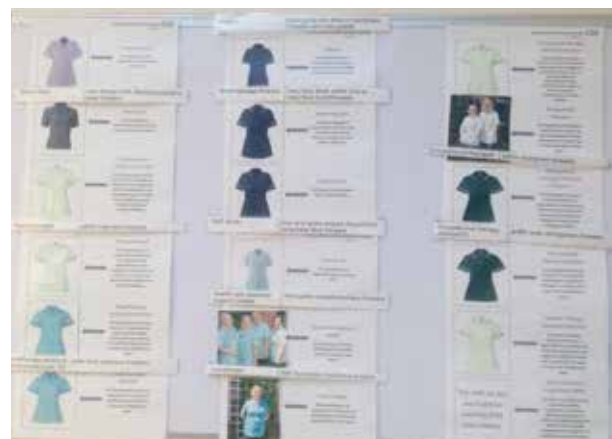
We were shown a new voluntary stress tool that staff can complete anonymously at the end of their shift. Staff were given opportunities to meet with the managers to talk and debrief about stress levels. The outcomes would be measured for future work to support and retain staff.

## Discharge Process

We were told that all staff are trained in discharge planning and as a result there is no single dedicated discharge coordinator as it is everyone's responsibility and an integral part of their role. From the leaflets we saw and the staff that we spoke to, discharge planning is a priority.

We were told that one social care case worker carries out one round of assessments a week. We were told that the process is slow. We were told that due to the location of the hospital there are sometimes cross county complications and they needed to work with a number of different social services to arrange discharge care packages. However, it was felt that the overall working relationships with social services is good.

Patients told us that they and their families are involved in the discharge process.





## Speaking to patients, relatives and carers

We asked patients, relatives, friends and carers questions to focus our conversations with them relating to care received, discharge process and visiting times. We spoke to 7 patients and 4 Relatives/ Carers. The other patients on the wards were asleep or unable to talk to the team at the time of our visit.

The patients we spoke to said that the hospital was 'lovely'. One patient told us that they had been waiting a while to get to this hospital and now that they are here they feel that they are on the right path to recovery.

The patients told us that they are well looked after. Three patients said that the staff are sometimes slow to answer the call bells during busy times.

One patient told us that she was well looked after, the staff know what she needs and she feels that she is amongst friends.

We were told by one patient that 'staff share all plans with you and your family, they don't keep anything secret'.

We spoke to two family members of one patient who were extremely complimentary of the care received, the staff and the hospital. Their only concern was whether the busy staff had enough time to help feed the patient as she took some time to eat.

## Additional observations

### Website

Prior to our visit we looked at the information available for the hospital on the Leicestershire Partnership NHS Trust Website and found that it was not up to date. The Matron told us that they have noted that the information is not current and they have spoken with their Communications Team to make the necessary amendments.

### X-ray Facilities

We were told that the x-ray facilities in the Treatment Centre are available for the patients. Access is via an internal corridor and we were told that this is an extremely beneficial facility.

## Recommendations

This report highlights the good practice that we observed and reflects the enthusiastic staff team and the appreciation that patients felt about the care and support provided. The following recommendations reflect the findings from the Enter & View visit.

We have included the service provider response below each recommendation where available.

1. Review the décor in the day room on ward 1 to promote an environment of wellbeing for patient recuperation.
2. Revise the information about visiting times on the website and in the information folders provided on the ward.
3. Review and reposition the cubicle curtain rails around the bed spaces on the large wards so that they are correctly positioned around patient beds.
4. Review the positions of beds on the wards so that the nurses are able to treat patients with less movement of beds and equipment.

There have been no incidents of manual handling causing injury on either ward 1 or ward 3 due to beds being positioned against the wall. The beds are on wheels and are easily repositioned, as required by patient need.

The beds are occasionally placed against the wall to mitigate the risk to patients, whom are at high risk of falls from the bed but do not have the cognition to safely use bedrails. To further support the positioning of the bed, it can be lowered to the floor and crash mats placed at the side of the bed.

5. Explore options for the window coverings to increase privacy for patients and consider replacing the curtains with blinds.

It was reported that at the time of the visit that we were awaiting a quote for privacy film to be fitted as the wards had already highlighted this as a concern. Since the visit, this work has taken place and has been completed. Curtains remain the preferred options as they can be taken down and cleaned to a higher standard than blinds.

6. Make new contact with the local VCS Carer organisation to forge local links and support for patients and carers.
7. Seek alternative storage areas for equipment such as wheelchairs.
8. Consider recruiting more volunteers to support the staff with patient activities and meal times.

We have some very dedicated and highly regarded volunteers on both wards at St Lukes and are always looking to encourage others to join the team.

# Enter & View Report

## St Luke's Hospital

18 January 2018

### Distribution

The report has been distributed to the following:

- St Luke's Hospital
- Leicestershire Partnership Trust (LPT)
- University Hospitals of Leicester (UHL)
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- LCC Health & Wellbeing Board
- Overview & Scrutiny Committee (OSC)
- East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)
- West Leicestershire Clinical Commissioning Group (WLCCG)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network

**Published on [www.healthwatchleicestershire.co.uk](http://www.healthwatchleicestershire.co.uk)**

### Healthwatch Leicestershire

Voluntary Action LeicesterShire  
9 Newarke Street, Leicester  
LE1 5SN

0116 2574 999  
[info@healthwatchleics.co.uk](mailto:info@healthwatchleics.co.uk)  
[www.healthwatchleicestershire.co.uk](http://www.healthwatchleicestershire.co.uk)