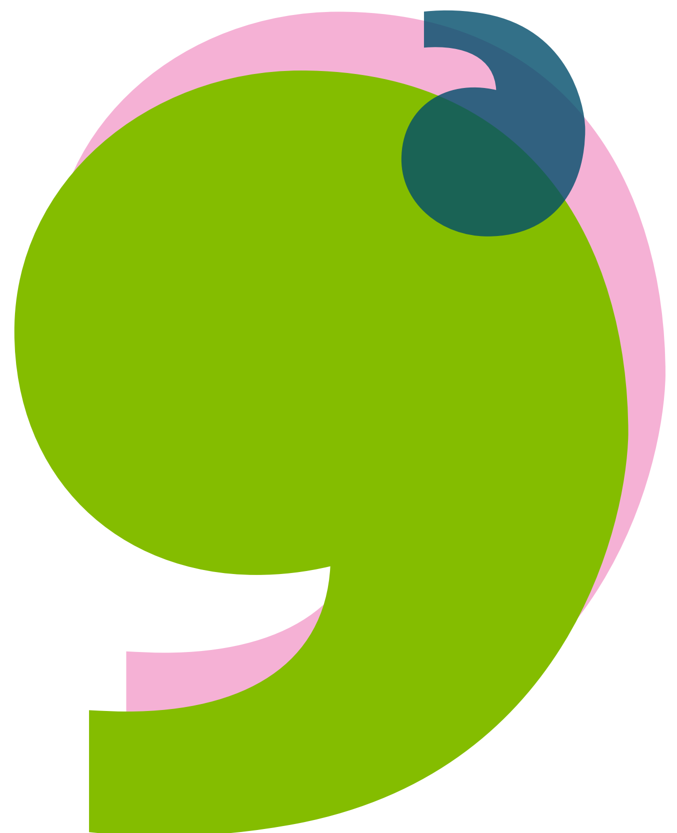
Patient Experience Review

August 2018



healthwatch
Milton Keynes

Contents

1 Introduction 3

1.1 Details of visit 3

1.2 Acknowledgements 3

1.3 Disclaimer 3

2 What is Enter and View? 4

2.1 Purpose of Visit 4

2.2 Strategic drivers 4

2.3 Methodology 5

3 Summary of findings 6

4 Results of the visit 7

4.1 Admission, Treatment and Discharge 7

4.2 Staff, Responsiveness and Care 9

4.3 Activities, Isolation and Mealtimes 11

4.4 Patient Feedback 12

4.5 Additional findings 13

5 Summary of Recommendations 15

5.1 WICU response 16

1 Introduction

1.1 Details of visit

Details of visit: Windsor Intermediate Care Unit (WICU)	
Service Address	Dovecote Manor, Bletchley MK3 6EN
Service Provider	Central and North West London NHS Foundation Trust (CNWL)
Date and Time	16, 17 & 18 July 2018
Authorised Representatives	Paul Maclean, Liz Whalley, Tracy Keech
Contact details	01908 698800

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank Central and North West London NHS Foundation Trust (CNWL), Windsor Intermediate Care Unit (WICU), patients, visitors and staff for their contribution to our Enter and View programme.

1.3 Disclaimer

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

2 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.

2.1 Purpose of Visit

The purpose of this Enter and View programme was to engage with patients, their relatives or carers, to explore their experience of the care and treatment received during their stay at WICU.

2.2 Strategic drivers

While we have developed our work plans for the year, we ensure we leave room to be responsive to local needs. The WICU team have received consistently positive feedback through the standard NHS 'Friends and Family Test'[1] but they felt that they could still do better for their patients. To this end, the WICU Service Manager approached Healthwatch Milton Keynes to ask if we would provide an independent review of the patient experience. We agreed to undertake this project, in addition to our planned programme, as it met our strategic objectives of engaging with the people of Milton Keynes around matters relating to their health and social care

[1] https://www.england.nhs.uk/fft/

needs and experiences, empowering the community to evaluate and shape services, use local experiences to influence the way services are designed and delivered and to use this evidence to help providers understand what local people need from their health and care services.

2.3 Methodology

Healthwatch Milton Keynes met with the Service Manager of WICU to discuss the aims and objectives of the unit.

Windsor Intermediate Care Unit (WICU) provides a short-term programme of nursing and therapy for people who need a period of rehabilitation to enable them to regain functioning, independence and confidence to return safely to their own home. The unit takes referrals from healthcare professionals for people who are over 18 years of age and registered with a Milton Keynes GP and provides 24 hour nursing care.

The unit aims to achieve a maximum length of stay of 21 days. It is a nurse-led unit, with a contactable doctor between 09:00-17:00, Monday to Friday, and emergency cover at other times.

There are set visiting hours but the nurse in charge can enable visiting outside of these times as long as protected meal times and therapy sessions are not interrupted.

We agreed the dates and timings so that we were able to speak to all patients on the unit, observe the interaction between staff and patients and observe the meal service. Healthwatch Milton Keynes provided bedside leaflets that WICU staff delivered prior to the visit to explain who we were, what the Enter and View programme is, and the specific purpose of these visits. The leaflet made it clear that patients did not have to speak with us if they preferred not to, but also gave our contact details should they, or a member of their family or carer, wish to speak to us separately from the visit. A copy of the pamphlet is included in appendices 1.

At the beginning of the visit the Healthwatch Authorised Representatives made themselves known to the most senior staff member on duty, and provided them with a letter confirming the purpose of the visit. At this time, we talked to the senior staff member about the patients at the unit. This meant that we were fully briefed on which patients it would be inappropriate to disturb because of the nature of their condition. In total there were 16 patients on the unit and we were able to speak to all of them over the course of the three days.

The Authorised Representatives approached each patient with an introduction, and gained their consent to interview them. All patients we spoke to had seen the bedside leaflet and were happy to share their experiences with us.

The Enter and View team used a set of questions and prompts that were designed for the overall review, to allow consistency in the analysis of the findings. These

prompts were designed to encourage the patient to talk about their experience of care in the WICU, their transfer or referral in to the unit, how long they were expected to stay and whether they were aware of what needed to happen to get them home, and whether they felt socially isolated during their stay. The interviews with patients were lengthy and detailed, allowing our representatives to further explore the patient's views. The Authorised Representatives wrote extensive notes during the conversation and then transcribed them later for analysis. A copy of the prompts is included in appendices.

3 Summary of findings

The Windsor Intermediate Care Unit is a well-run operation, providing a very clean and tidy environment. Patients all have their own reasonably spacious rooms with a television, en suite, wardrobe and armchair.

- There is a strong camaraderie amongst staff and a positive and informal rapport between staff and patients
- Patients feel comfortable and well cared-for
- Staff encourage patients to be active and involved
- Praise for the food and the mealtime attention of staff.
- There was a high level of ambiguity surrounding reasons for admission and plans for treatment and discharge, the decision-making process and criteria for decisions.
- There were some concerns raised over standards of behaviour towards patients and visitors amongst specific staff (including some agency staff)
- Some patients reported feeling isolated and inactive.

Overall the patient experience of the Unit was generally positive, with many reports of friendly and helpful staff, a happy atmosphere and good food. All had felt welcome on their arrival at the Unit from hospital.

There is, however, a variation in experience which would merit closer analysis as it may be indicative of 'one size fits all' policy being applied and there may be improvements in overall patient experience by enabling more personalised care.

4 Results of the visit

4.1 Admission, Treatment and Discharge

Experience of Admission

Five people (50% of those who offered a view) felt fully briefed and prepared for their move to WICU. Five patients felt that the staff were fully briefed and prepared for their arrival. There were five patients who reported feeling particularly welcomed when they arrived.

> "I was expected, and the transfer was well organised. I arrived at 10pm and staff were waiting to escort me in and they knew the facts of my case"

There were four patients who said that staff were expecting them, but these patients all felt that they had to explain some important aspects of their case to WICU staff themselves.

> "I was expected but I had to explain a few things, eg I couldn't walk. I arrived at 7.30pm but they offered me food and drink."

There were five patients (50%) who said that they were not prepared or briefed ahead of the move to WICU.

> "The hospital told me I was leaving, I asked if I was going home and they told me No, you're going to a care place."

> "I asked for my pills [at hospital] as I needed to take them before bed. The nurse said I couldn't have them because 'youre not staying here' - I thought I was going home but another carer walked by and heard me asking how I was getting home. She explained I was going to WICU"

Recommendations for admissions improvement:

- Ensure that the patient or appropriate carer understands the reasons and formally agrees the move to WICU
- On arrival, check with the patient and/or carer that all aspects of their situation are understood and acknowledged
- Ensure all WICU staff are properly briefed accordingly.

Experience of treatment and discharge planning

Eight people felt there was a clearly defined purpose for their treatment, of whom two had devised their own plan.

Six patients reported that the WICU staff were good at keeping them informed, eg nurses, physios and doctors, four of whom reported that staff were helpful in finding out information for them and answering questions.

> "I speak to the Dr here first thing every day, he doesn't tell me much - but it's because there isn't much change. They are concerned here that I wasn't well enough to come for rehab"

Four of the eleven who responded said that they were clear regarding discharge and post-discharge plans and three of the six who responded to the question about the level of information they were given to felt they were given the right amount of information. Three patients and carers said they did not feel well informed.

> "I'm not sure on how my progress is going, they don't tell me 'where I am' in terms of rehab"

> "I sneak a peek at his reports"

One patient said that they felt the process of devising a plan had taken a lot of persuasion with six more reporting that they were unclear what the plans were for them.

> "There seems no pressure to get me home. They asked me what my targets were but I don't have any. I think there's a plan but I don't know what it is. OHS said I might be in for 2-3 weeks and they might inspect my home to see what is needed"

Six people reported being unclear who made decisions about them nor how those decisions are made and three were relying on family members to pursue enquiries on their behalf.

> "I'm going home tomorrow. I don't know who decided this or how. It's been planned for a few days. I don't know who is in charge here. [Name] seemed to be the one arranging it all but I don't know who they are or where they work, I don't think it's here"

Seven of eleven patients were very unclear regarding discharge criteria, timing and/or arrangements.

> "I have no idea what needs to happen, but that's not because of here. I have no complaints about this place.

My wife is suffering because I am her carer and she cries on the phone and asks when I am coming home."

Recommendations for Treatment and Discharge Planning improvement:

- Ensure there is a clearly defined treatment plan that is kept current and is readily available to patients and carers.
- Define and display the WICU chain of command and decision making process
- Ensure each patient has a clearly defined discharge plan that they are in agreement with.
- Check with patients periodically to ensure that they feel properly informed and understand what is happening during their stay

4.2 Staff, Responsiveness and Care

Patient experience of staff and care

Nine patients were broadly positive about the staff of whom six people made a point of praising the friendly atmosphere amongst the staff and between the staff and patients.

"The staff have been great, laughing, joking and talking with me, from the cleaners up. It's a happy place, we laugh and joke. One of the cleaners gives me a kiss. There's a great camaraderie amongst the staff. They all muck in together and help each other, I've seen nurses clearing away after mealtimes. I told the physio I needed a rubber band to do one of the exercises, but she hasn't brought one - I don't think they have them, so I can't do that exercise"

"It's very friendly here - they talk to you and joke and laugh. Its far better than hospital - it feels more like a hotel at times"

"90% of the staff are good, 1 or 2 are a bit offhand. There's a good atmosphere and the staff laugh and joke with each other and the patients. The room is brilliant, and we can have visitors anytime. I'm treated great and it feels like a holiday camp"

Five people reported issues with particular members of staff being rude or impatient with them or their visitors. None of them had complained.

> "One of the staff was rude to my visiting son and daughter. They brought my baby granddaughter, but it was mealtime and they were told we could only have 5 minutes. She chased them out and was quite brusque about the fact they'd stayed longer. I wasn't even eating food as I wasn't hungry. They wouldn't let me take my previously prescribed painkillers, so I had some bad night's sleep until they were re-prescribed I couldn't even take Gaviscon that you can buy over the counter. The staff are good - very pleasant and chatty"

> "I know this is probably not what you hear but all the coloured girls are so lovely and caring. I have only had problems with one nurse who was very mean to me and yelled at me. My family told [Clinical Lead] and she sorted it out. [Clinical Lead] is ever so nice. I don't want to get the other one into trouble though. I wouldn't want anyone losing their job. It was late, and she might have been hot, it's been very hot, and that makes anyone a bit grumpy"

Two people specifically mentioned that agency staff were often less caring.

> "The Agency staff are less caring - don't put the bed down during the day so I can't get up and have a rest."

> "I can't walk but they put my cardigan on the bedside table which is on the other side of the room!"

Healthwatch Authorised Representatives (AR) noted one relief staff member very abrupt in dealings with patient, not taking the time to explain what they were asking the patient to do. The patient's hearing impairment and their difficulty understanding the accent led to misunderstanding on the patient's part and the staff member became noticeably irritated and curt.

Patient experience of staff responsiveness:

One patient noted that the staff were on first-name terms with patients, but it was observed that Agency staff did not introduce themselves by name and that not all patients knew staff names.

When we asked how patients felt the call bell system worked three people reported feeling that they had sometimes experienced an undue wait for a response. Our ARs noted that the bells were often ringing and that the sound was intrusive. However, one of our ARs and one patient noted that staff responded very swiftly when an urgent issue arises.

One of our ARs observed a patient with mobility and speech difficulties approach a staff member with a request for assistance with toileting. The staff member was leaving for their lunchbreak so told an Agency staff member that the patient wanted to go the toilet. The Agency staff member did not take any action until

after our AR approached them some minutes later to ask what was going to be done about the patients request.

Recommendations for Staff, Responsiveness and Care:

- Consider using a less invasive call bell system to avoid unnecessary disturbance.
- Use calling technology that measures response times and escalates when a response is delayed beyond a defined maximum.
- Ensure that all relief and Agency staff receive an induction which includes the importance of the 'Hello, my name is…' initiative, and the need to check that patients have heard and understood what they are being told
- Ensure that all staff understand and buy into the culture and ethos. Act when behaviour standards slip

4.3 Activities, Isolation and Mealtimes

Patient experience of activities and engagement:

Ten people told us that staff encouraged them to be active and mobile and encouraged them to mingle. Five people reported feeling lonely and isolated, two of whom suggested the use of a patient lounge might help. Our observation was that the therapy and dining rooms appeared to be unused during most of the visits.

> "I sit here mostly, I do go to the dining room on most days but there isn't always someone to come and get me into the wheelchair and to the dining room. It is a bit lonely in here but there is not much I can do about that."

> "The group exercises are fun, we play hockey and it's a good way to meet others. They encourage us to eat in the dining room and sometimes we have quizzes. It is a bit lonely - we could do with a lounge or something where we could get together."

> "No, Not particularly lonely. I go down for meals, usually lunch and sometimes tea. It would be nice to have some activities"

> "It does get lonely but I am more worried about being well than being lonely"

Patient experience of meal times:

We had almost unanimously good feedback about the meals from patients in WICU.

Thirteen people were satisfied with the food of whom ten expressed particular approval. Observers noted that staff seemed well aware of and attentive to patient preferences.

Two people mentioned, and an AR noted, that mealtimes were rather cluttered, and patients had to queue in the reception area.

> "The food is good. The dining room is a bit cluttered at mealtimes with so many wheelchairs in such a small area and we get shuffled around a bit."

> "Good food - a bit too much but you can choose a small, medium or large portion. In the dining room it is a mixture, you either get enough time to eat and chat or it is a conveyor belt. Probably depends on the kitchen"

> "The knives are a bit dull couldn't cut anything. The foods not bad, not what I would have at home, some of the things I don't even know what they are. The portions are very big and I don't like wasting food. I would like to have a smaller portion and be able to have seconds if I needed it"

Recommendations for Activities, Isolation and Mealtime improvement*:*

- The weekly menu may benefit from a photo or description of meals
- Consider using the Therapy Room as an overspill or waiting area at busy mealtimes to avoid congestion and delays.
- Review of procedures to ensure that every patient is encouraged to take meals in the dining room, whatever their mobility
- Consider making more use of the Therapy Room and/or Dining-Room for informal social purposes when these are not used for formal activities
- Make more use of the collection of games, jigsaws etc stored in the Therapy Room
- Ensure that patients are systematically and explicitly invited to participate

4.4 Patient Feedback

Patient feelings about providing feedback

When asked how WICU staff could gain feedback and/ or suggestions for improvements from patients, three patients said they would be happy to offer this verbally and four patients told us that they were reluctant to offer feedback on their experiences.

> "I wouldn't say anything, I wouldn't like to get anyone in trouble. They are all lovely, always polite and say hello. If they want a raise they should get one because looking after us can't be very nice most of the time."

> "I Wouldn't feel comfortable giving feedback to staff"

> "If you weren't asking me now, I wouldn't say anything"

Recommendations for Gaining Feedback

- Operate a feedback process where patients/carers feel able to voice concerns without repercussions
- Informal meetings, not run by senior staff, with patients and carers to get feedback and suggestions

4.5 Additional findings

We found that there can be a disconnect in communication between WICU and other services such as patient transport, and the hospital. One patient reported being conveyed from WICU to A&E by ambulance, and was returned to WICU after some hours with no paperwork or treatment plan.

> "I have had a trip to A&E but was sent back after 18 hours with no explanation or notes for the Dr here or anything. So I am going back to A&E today with a letter from the Dr here to tell them he wants to know what is wrong with me. So I think I am going to be admitted to a ward after I go to A&E"

Another patient had been up and ready at 5am for a planned post surgery appointment at a hospital in London. Staff had pre-booked the ambulance to take him, had his clinical notes ready and had created a packed lunch with drinks for him to take.

> "I have been up since 6 waiting for the ambulance to take me to London for the cancer post op appointment but the ambulance hasn't turned up yet. The nurses have called, but we don't know why it hasn't come. I have missed my appointment but the nurse here is trying to book me in for this afternoon"

The WICU staff kept the patient updated but that particular clinic is only held in the morning so the staff were now having to try and book another appointment for the patient. When our AR asked staff about the frequency of this type of occurrence we were assured that, in general, the patient transport was very reliable. They felt it was possibly because it was a longer trip than usual, and the

ambulance service may not have had the staff available. While it was reassuring to know that this is not a regular issue, it is a situation that should be monitored to ensure it does not become so.

Patient's who had rooms overlooking the garden commented that they would like to be able to enjoy the view more but their chairs were placed so that there was the bed and the bedside cabinet between them and the windows.

There were a number of patients who told ARs that they were 'tired' and 'ready to go', with one patient saying that their bed should be used for someone younger who needed it more as they felt, while their mind was fine, their body was old and used up, and that they didn't really want to keep going. These patients reported that staff responded to these sorts of comments by saying the patient would be fine and up and about soon. Another patient who had become incontinent during their treatment said that, while they were very embarrassed by their incontinence, staff were lovely about the cleaning up and changing of bedding and nightwear telling the patient not to worry and not to be embarrassed. There was no evidence of further conversations with patients or carers about their feelings around these situations.

A visit from the specialist continence nurse may be a more appropriate response to a patient who has expressed concern about their sudden incontinence. Patients who are expressing thoughts about their ability or desire to live should trigger a response by the staff to organise a conversation with the patient and their family or carers as they may be experiencing depression or anxiety, or it could lead to a conversation with all parties about the patients wishes around end of life care.

5 Summary of Recommendations

- The staff chart with photos and names of WICU staff could be moved from the entrance to the reception area so that it is more visible to patients and carers.
- All staff, including agency and relief, should be able to communicate clearly with patients, with a recognition that those with hearing impairments may find it difficult to easily understand strong accents.
- Agency staff should be given an induction to the Unit that includes the importance of introducing themselves, a full briefing of individual patient needs (especially around mobility and sensory impairments) and the culture and ethos of the Unit in regard to dignity and patient centred care
- Patients should be given an induction on admission that outlines the likely ‘shape of their day’ to include mealtimes, treatment, physio, activities etc. and to be asked about their personal preferences. These should be recorded.
- Patients should have a clear treatment plan with goals and probable discharge date clearly explained and documented (example provided in Appendices)
- Procedures created to flag up indications of loneliness in individuals and put plans in place to address this. Perhaps utilising volunteers or befriending services
- Ensure a more systematic process for staff introducing themselves
- Weekly care plan and progress meetings should include patients and, where appropriate, carers.
- Develop a programme of activities, informed by eliciting suggestions from patients and carers and ensure that a timetable of activities is made available to patients
- Staff may need some training in what specialist services are available and at what point referrals to these services should be made. For example, Continence Services, Mental Health support, Adult Social Care Teams.

5.1 WICU response

CNWL Response to the Healthwatch Patient Experience Review of Windsor Intermediate Care Unit (WICU)

Aug/ Sept 2018

CNWL would like to thank Healthwatch Milton Keynes for undertaking this Enter and View programme. CNWL recognise the importance of this report in providing insight into the experience of patients, relatives and carers using WICU.

CNWL approached Healthwatch Milton Keynes as part of a wider transformation project in WICU. Despite consistent positive feedback from patients via the NHS Standard Friends and Family test it wanted to get a more in-depth and independent review of the patient experience in the unit to help inform service development and identify areas for improvement. As well as this report CNWL have also implemented a Visible Nursing Leadership Round and a thematic review of the unit to gain greater understanding of areas for improvement. Some of the areas identified in this report have also been identified by other means. The recommendations and actions from this report will feed into the wider WICU transformation programme.

Wellbeing for life

Below is an action plan for the Summary of Recommendations from the Report:

Recommendation	Actions
The staff chart with photos and names of WICU staff could be moved from the entrance to the reception area so that it is more visible to patients and carers.	Staff Chart and other themed display boards will be moved from the entry corridor to the reception area for greater visibility, and will continue to be updated daily by the night staff.

All staff, including agency and relief, should be able to communicate clearly with patients, with recognition that those with hearing impairments may find it difficult to easily understand strong accents.	All recruitment includes literacy and numeracy tests. Currently this is handled centrally within CNWL. WICU is keen to develop closer relationships with Bank and Agency staff local to MK to try and establish a more consistent group of staff providing cover to the unit. Interviews have been taking place in MK over the last couple of months for local bank staff to facilitate this. Communication training is available to all staff through internal sessions via LDZ or externally such as Sage and Thyme
Agency staff should be given an induction to the Unit that includes the importance of introducing themselves, a full briefing of individual patient needs (especially around mobility and sensory impairments) and the culture and ethos of the Unit in regard to dignity and patient centred care	A full induction to the unit is provided to all new starters by either the shift coordinator or the Nurse in charge. There is a new starter induction booklet which is under review and will detail processes including introducing self to patients, culture and ethos of the unit, shift patterns and an example of a typical shift, patient centred care and patient dignity.
Patients should be given an induction on admission that outlines the likely 'shape of their day' to include mealtimes, treatment, physio, activities etc. and to be asked about their personal preferences. These should be recorded.	The nursing and therapy team are developing a patient booklet 'My Rehabilitation Journey' to be given to the patient on admission to the unit. This will be kept with the patient and will contain useful information for the patient, family and or carers. The unit will be adopting the ideas as highlighted in Appendix B using White boards in each room containing personal preferences and an outline plan As part of the unit staffing review and skill mix we are proposing the introduction of an activities coordinator responsible for setting a weekly schedule of group activities. This will be available in the welcome pack.

Patients should have a clear treatment plan with goals and probable discharge date clearly explained and documented	As above there is a 'My Rehabilitation Journey' booklet being developed by nursing and therapy staff. It will cover: Culture and ethos of unit What is the meaning of rehab – back to baseline Admission date and PDD Who is involved in the care Goal settting date Goals – what are they and when they should be achieved Therapy plan – what they need to do to achieve these goals Discharge process – generic to be started on admission – and will look at the home environment
Procedures created to flag up indications of loneliness in individuals and put plans in place to address this. Perhaps utilising volunteers or befriending services	Home 1st we have designed integrated assessment paperwork which is comprehensive across health and social care. It is planned for this to be introduced into WICU. Currently there is no specific area on the assessment regarding loneliness and we feel that this could be an addition to the document and form part of the assessment on admission to the unit. The unit is exploring several options to address loneliness for patients on the unit including: Possibility of pat dogs, Local primary school children to visit, Programme of daily activities, Volunteers already come to the unit. We have identified that there is additional work to do here in exploring options for when patients are discharged home including information on befriending services, day centres and groups.
Ensure a more systematic process for staff introducing themselves	We need to ensure that the My Name is… campaign is totally embedded in the unit. The bed side boards can be used to update the names of the staff looking after the patient on a shift by shift basis. All staff to wear their name badges and agency staff will be asked to wear their name badge at all times. We need to include a reminder to agency staff in the induction booklet to introduce themselves to the patients when they start. There also needs to be a reminder from the shift coordinator on each shift. All substantive staff to be reminded to introduce themselves to their patients each shift:

Weekly care plan and progress meetings should include patients and, where appropriate, carers.	As part of the wider transformation programme we are reviewing staffing models and this will include the medical cover for the unit. Currently we have 1 hour of consultant Geriatrician time a week and 16 hours of GP time. Based on this it will currently be very difficult to introduce an individualised MDT each week for each patient. We recognise that the current MDT model needs reviewing and will be working towards this but as yet do not have an immediate answer to how we will implement this.
Develop a programme of activities, informed by eliciting suggestions from patients and carers and ensure that a timetable of activities is made available to patients	The activities coordinator role will be responsible for this but in the meantime there has been an increase in the therapy provision to the unit and part of the remit is to develop a programme of activities to make available to the patients. This can be done by speaking to the patients and asking them for their ideas and by speaking to the family and friends of the patients too.
Staff may need some training in what specialist services are available and at what point referrals to these services should be made. For example, Continence Services, Mental Health support, Adult Social Care Teams.	Processes for referring into continence and tissue viability services are being developed. Rolling Training programme for the unit to be developed that will access wound care, continence, mental health. Adult social care already have a presence on the unit and there are clear processes in place for referring patients to the social care team – these will be reinforced through team meetings, email communication and in handovers

Wellbeing for life