Healthwatch South Gloucestershire

Enter and view report

Henderson Rehabilitation Unit

24 April 2019

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Contents

1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Henderson Rehabilitation Unit Whitebridge Gardens Thornbury BS35 2FR
Service Provider	Sirona care & health CIC
Date and Time	2 - 4pm, 24 April 2019
Authorised Representatives	Janet Spence Dianne Kenny Tony Colman Rosie Murton
Contact details	Cathy Daffada Lead for Inpatient and Discharge Services Cathy.Daffada@sirona-cic.org.uk Rebecca Thomas Unit Manager

1.2 Acknowledgements

Healthwatch South Gloucestershire authorised enter and view representatives wish to express their gratitude to the staff and patients of Henderson Rehabilitation Unit which is housed in a self-contained unit at the Grace Care Centre in Thornbury who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Cathy Daffada, Lead for Inpatient and Discharge Services, and all of the staff who were willing and able to engage and answer our queries. Staff were welcoming and helpful.

1.3 Purpose of the visit

Healthwatch South Gloucestershire undertook the enter and view visit to Henderson Rehabilitation Unit during April 2019 with the purpose of finding out about patients' experiences of Rehabilitation, Recovery and Reablement (3Rs) Discharge to Access Pathway 2.

The enter and view (E and V) visit to Henderson Rehabilitation Unit concludes a twelve month programme of work implemented by Healthwatch South Gloucestershire to understand the quality of residents' experiences following discharge from acute care settings.

From this visit, four patients agreed for Healthwatch to follow up their experience of rehabilitation after they have been discharged from the Henderson Rehabilitation Unit.

1.4 How this links with Healthwatch South Gloucestershire strategy

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2018-19 was to engage with people experiencing 3Rs services. Enter and view provides an ideal tool to hear the views of this group of people.

Full details of the work plan for Healthwatch South Gloucestershire are available on the website: www.healthwatchsouthglos.co.uk

2 Methodology

2.1 Planning

Prior to this visit, Healthwatch enter and view representatives undertook a number of enter and view visits, including: learning and development visits to care homes providing care to people through the 3Rs pathways, Elgar House at Southmead Hospital, Henderson Rehabilitation Unit at Thornbury Hospital, Elgar Enablement Unit at Southmead Hospital and Skylarks Rehabilitation Unit at Yate, in order to gain some understanding of the processes involved in these pathways and how and where different levels of care and support are provided.

The questionnaires used during these enter and view visits were based on work undertaken by Healthwatch Bath and North East Somerset and Healthwatch Wiltshire. This shared learning helped Healthwatch South Gloucestershire authorised enter and view representatives to produce observation templates and prompt questions for this work.

2.2 How was practice observed?

On 24 April 2019, four authorised enter and view representatives visited The Henderson Rehabilitation Unit. Information was gathered through the representatives' observations of care and their notes of conversations with patients and members of staff. Observations were gathered by all of the authorised representatives, who worked in pairs, with a new enter and view volunteer observing. Conversations were semi-structured and underpinned by the use of a template and a list of pre-agreed prompt questions. Observations and conversations were recorded during the enter and view visit.

2.3 How were findings recorded?

Patients' comments were recorded by one volunteer in each pair as the other engaged patients or staff in conversation. Conversations are recorded anonymously. One enter and view representative then compiled the report based on records from the team's conversations and observations, and shared the report in draft form for all who participated in the visit to contribute and agree. Four patients were spoken to during the visit and all four agreed and gave consent for Healthwatch to follow them up after discharge.

2.4 About the service

The Henderson Rehabilitation Unit is a Discharge to Access Pathway 2 rehabilitation unit run by Sirona care & health in partnership with Bristol, North Somerset and South Gloucetsershire Clinical Commissioning Group (BNSSG CCG)and South Gloucestershire Council. It is situated in Thornbury and provides 30 rehabilitation beds for those people registered with a South Gloucestershire GP following a hospital stay. It also supports people to 'step up' into a bed from the community, if required.

The Henderson Rehabilitation Unit is within a new build care home and BNSSG CCG has commissioned the top floor to provide a 20 bedded rehabilitation unit. This unit was commissioned to replace Henderson Ward at Thornbury Community Hospital, which was closed in November 2018 due to it not being fit for purpose.

The Henderson Rehabilitation Unit was not purpose-built to serve as a rehabilitation unit. As a result some issues had to be addressed, such as the beds having to be replaced with hospital-style beds, and the floor being carpeted – not ideal for cleanliness and infection control, or for using walking aids such as zimmer frames. There is also not enough storage space currently for equipment, which is stored safely in various areas.

Some of these problems have now been resolved, however a lack of storage and dedicated space for physiotherapy will not be easy to address due to the structural design of the unit.

Despite this, the unit is bright and cheerful and the carpets and furnishings give it a 'homely' air.

3 Findings

Executive summary

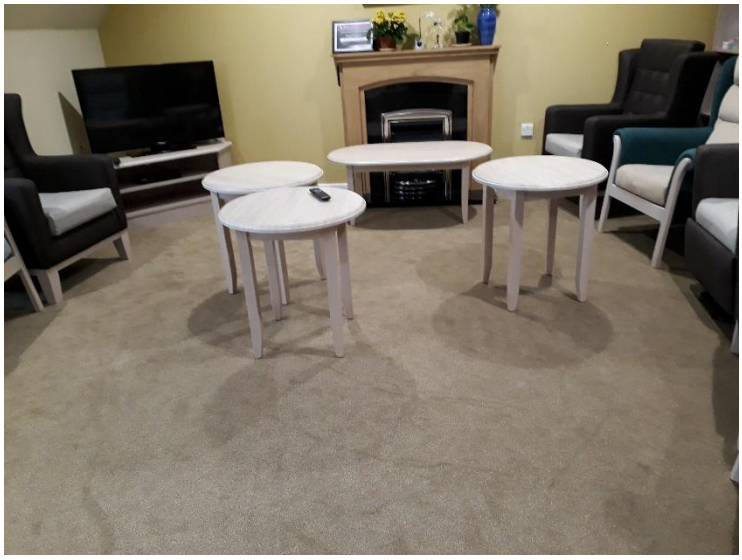
- Very clean, bright and cheerful
- Enthusiastic and dedicated staff
- Reduction in clinical expertise and medical interventions available to patients at the Henderson Rehabilitation Unit, compared to those available previously at Thornbury Hospital
- Delays in patient discharge are already occurring

3.1 First impressions

Healthwatch representatives were greeted by Rebecca Thomas, Unit Manager and Cathy Daffada, Lead for inpatient services at Sirona care & health.

All of the rooms except one are single occupancy, and have en-suite facilities with a walk in shower/ wet room. There is one twin bedded room.

The unit manager commented that the single rooms lead to less isolation for patients as compared with previous facilities at Thornbury Hospital. However, single occupancy rooms also require staff to work in a different way in order to maintain sufficient vigilance over patient care, which in turn requires an increase in staffing hours. It is felt however that this disadvantage is more than offset by the improved facilities.



A view of the lounge

The Henderson Rehabilitation Unit is run by Sirona care & health to provide rehabilitation services, a system which has been developed to ensure people receive their ongoing rehabilitation in a community setting rather than in a hospital and this can lead to a reduction in people delayed in hospital. It delivers intensive pysiotherapy in an environment which is less medicalised and simulates the home environment. Inpatient rehabilitation beds are used for patients who are not well enough to be discharged home directly from hospital, but whom it is hoped will be able to return to independent living with more rehabilitation. The Henderson Rehabilitation Unit also provides a specialised stroke rehabilitation unit. Activities are provided throughout the week, and whenever possible, patients can go outside to receive their therapy and go for walks.

Healthwatch authorised representatives were informed that the average patient on the unit is 91 years old and the average stay is 23 - 24 days. However, 25 - 30% of patients cannot currently be discharged when medically fit because of a lack of domiciliary care packages within the community. Indeed one of the patients Healthwatch spoke to during the visit has been under the care of North Bristol NHS Trust for almost 90 days, most of which has been spent at theHenderson Rehabilitation Unit. The patient expressed anger and resentment to Healthwatch at the failure of the very system which is supposed to be addressing their particular needs. Moreover, care staff present during the visit told Healthwatch that depression and anxiety can often ensue, which they do their best to offset. However they find that they inevitably bear the brunt of the patients' frustrations, thereby straining relationships between patients, their carers/ relatives and care staff.

It was clear that Sirona staff understand that delays in discharging patients home from the Henderson Rehabilitation Unit represents a real threat to the unit's ability

to relieve pressure on acute inpatient services, such as Southmead Hospital. As a result of this, Sirona has intiated a Care at Home team to try to address this problem. However, conversations with staff highlighted that features such as perceived job status and low pay are hindering recruitment, with the result that the problem is persisting.

Healthwatch authorised representatives were informed that the level of clinical care available to patients has been reduced following the move from Thornbury Hospital. Healthwatch was informed that whilst at Henderson Ward, patients had been able to receive some clinical interventions from a consultant lead – details of the interventions were not specified.

Staff informed Healthwatch that the absence of this level of clinical expertise has resulted in the curtailment of the range of interventions that can be provided at the unit. Such treatments now have to be carried out at hospital, thereby adding to the very pressures that the reablement unit is meant to be relieving. The staff that Healthwatch spoke to are conscious of the negative impact of this change. They indicated that, in the absence of a consultant lead, they feel less well supported and less well resourced.

The patients Healthwatch spoke to did not express any awareness of this change.

3.2 Discharge home

The aim is to get patients back to their own homes. Results offered by staff show that 83% of patients are able to return home following a stay at the Henderson Rehabilitation Unit.

3.3 Patient experience

During the visit Healthwatch representatives talked to seven patients and asked a set of standard questions. Four patients gave consent for Healthwatch to follow-up after discharge.

1) **Tell me your story / tell me a little bit about what has been happening with you over the past few weeks or months**

- Two patients had had strokes
- One patient had a repeat hip replacement
- One patient had a fall and sustained a fractured ankle

2) **Have you or your family / carers / friends been involved as much as you wanted to be in the decisions about your care and support?**

	Yes	No	Do not know
In hospital	3	1	0

Here in Henderson Rehabilitation Unit	**4**	**0**	**0**
Planning to go home	**4**	**0**	**0**

3) Do / did you feel that people caring for you listen to you and understand you (as an individual)?

	Yes	No	Do not know
In hospital	3	1	0
Here in the Henderson Rehabilitation Unit	3	1	0

Please tell us why you have given this answer?

In the Henderson Rehabilitation Unit:

"Given a written summary of the care planning decisions"
"Comfortable and secure environment"
"Caring and friendly staff"
"Initially my insulin was taken away and not enough was given to me. Now I have been allowed to control my own injections, which I have been doing for thirty years"
"Smaller environment than hospital so better care. The staff have more time to listen and explain"

One of the four patients Healthwatch spoke to was unable to go home because of a lack of domiciliary care packages in the community "I would like to self-discharge as I am so frustrated, but have been told I would be denied a care package. People do not listen"

4) Do the people caring for you always tell you what is going to happen next?

Yes	No	Do not know
4	**0**	**0**

"I was well informed"

5) How do you feel about the care you have received here at the Henderson Rehabilitation Unit?

"Wonderful! Visitors are given cups of tea and made to feel welcome"

"Fine, no complaints"
"Excellent"
"Buzzers constantly buzzing"

6) What would you change if you could?

"Problems downstairs with access"
"Would like to use the garden, but told I cannot"
"The nurse sometimes interrupts meals with injections or tablets"

7) What choice were you given about what will happen to you next? Is this what you want? If you had a choice, why have you chosen this?

"To go home with support from family and carers"
"To go home with care and family support"

8) If you had to give your current care and support a mark out of 10, how would you score it? (1 = poor, 10 = excellent)

Rating	1	2	3	4	5	6	7	8	9	10
No. of respondents	0	0	0	0	0	1	0	1	1	1

9) Anything else you would like to tell me about your experience here?

"Feel there are too many managers and not enough staff"
"View from room just overlooks the rooves of houses"
"Do not like a single room – staff have to cover a lot of ground"

4 Conclusion

Through this project Healthwatch has observed the delivery of Sirona care & health services at four settings: Elgar House in 2017, Thornbury Hospital and Skylarks Rehabilitation Unit in 2018 and the Henderson Rehabilitation Unit in 2019. Healthwatch representatives continue to be impressed by the dedication and enthusiasm displayed by both staff and management. Sirona appears to have successfully relocated services from Thornbury Hospital to the Henderson Rehabilitation Unit with little disruption to their ethos of care.

Although the Henderson Rehabilitation Unit is a greatly enhanced facility, there are challenges with the unit's design which could impact upon the efficiency of care

that patients receive. It is to the credit of the staff that they are working to overcome these features.

Healthwatch representatives recognise the value of the work being done at the Henderson Rehabilitation Unit and other rehabilitation/ reablement settings to help reduce delayed transfers of care from acute services. However the visit to the Henderson Rehabilitation Unit, and others across South Gloucestershire, indicate that the very same feature is now emerging further down the chain of care, bringing increasing challenges to rehabilitation providers as they work to discharge patients back into their own homes. It would be ironic and something of a paradox if the service which provided the solution to a problem of congestion should, itself become a pinch point in patient discharge.

Healthwatch representatives were only able to speak to four patients during this visit, however the feedback they gave suggests that the Henderson Rehabilitation Unit is providing a supportive environment for patients to prepare for discharge home, with patients commenting that they felt informed about their care needs, and engaged in conversations about plans for discharge and next steps. Healthwatch is waiting to receive notification of discharge for the four patients that we spoke to so that follow-up can occur and we can find out more about their experiences of being discharged and receiving further care at home.

Disclaimer: This report relates only to a specific visit (at a point in time) and is not representative of all service users and staff only those who visited on the day.

5 Recommendations

Healthwatch representatives did not have any recommendations following this visit, however observations made and patient/ staff feedback recorded during the visit left representatives with some questions for further clarification as follows. These questions have been posed to Sirona care & health and their responses captured overleaf in the appendix:

1) Healthwatch representatives were concerned to hear that staff felt less supported and resourced as a result of the reduced clinical expertise available at the Henderson Rehabilitation Unit compared to Thornbury Hospital. Could Sirona care & health please explain the previous arrangement at Thornbury Hospital with regards to staff and patients receiving support from a consultant lead? Healthwatch would like to understand the decisions that were made regarding access to clinical support following the move to the Henderson

Rehabilitation Unit, and the steps that are being taken to manage any negative impacts of this change on staff and patients?

2) Following on from question one, Healthwatch representatives would like to know how many patients have had to be referred to North Bristol NHS Trust or other acute services as a result of fewer clinical interventions being carried out on the unit.

3) The need to recognise the vital role that health and social care assistant's play in the delivery of health and social care services is widely documented, including the need to implement appropriate training and support, ensure opportunities for professional development/ progression, and establish standardised job descriptions and roles. These are challenges that the Care Certificate and other national initiatives introduced over the last four or five years have aimed to address, however recruitment and retention of health and social care assistants within the workforce is still an issue.

"The majority of participants expressed concern that health and social care assistants need to be valued more highly as vital members of services and teams." (The Shape of Care review, Health Education England, 2015)

Feedback received during the visit to the Henderson Rehabilitation Unit suggests that a lack of recognition of the value of these roles is continuing to be an issue, with Sirona's 'care at home' service experiencing challenges around recruitment and retention. Healthwatch would like to know how Sirona is working to try and address these concerns and ensure that adequate staff capacity is in place to support this valuable service?

Provider's Response to Healthwatch

Question	Comments from Sirona care & health
1) Could Sirona care & health please explain the previous arrangement at Thornbury Hospital regarding access to a consultant lead? Healthwatch would like to understand the decisions that were made regarding access to clinical support following the move to the Henderson Rehabilitation Unit, and the steps that are being taken to manage any negative impacts of this change on staff and patients?	We do still have regular access to a specialist consultant and are sorry if this did not come across during your visit. Both of our Inpatient Rehabilitation Units – Thornbury and Skylark in Yate – are led by GPs with Special Interest (GPswSI) in Older Person's Care and Advanced Nurse Practitioners (ANP). Both units have direct phone access to the NBT Geriatrician of the Day to seek Consultant support, if required and the model of care for the GPwSIs has been reviewed to ensure robust medical cover for the unit. The role of the ANP has also been enhanced and the unit is now working as a nursing and therapy led unit rather than a more medically led unit. This is positive as it ensures we don't 'over medicalise' people whilst they are with us and we focus on therapy and nursing led solutions to support them being discharged. Regular training is set up for our current GPwSIs that allows them to network with and receive more formal support from Consultant colleagues. There are additional clinical discussion networks across both units to support a consistent and problem solving approach on both the units. There has been an increase in the therapy resource available on the Unit which is what people who require rehabilitation need to enable them to return home. It is reassuring that no service users have highlighted any concern regarding the change to medical cover

	and we are in constant discussion with staff so they can highlight any concerns they may have.
2) Healthwatch representatives would like to know how many patients have had to be referred to North Bristol NHS Trust or other acute services for medical interventions as a result of fewer clinical interventions being carried out on the unit.	We are really pleased no service users have needed to transfer to a hospital setting to receive medical interventions. We continue to be able to provide those community -based interventions such as IV antibiotics and blood transfusions. A person would only be re-admitted to hospital if they became medically unwell. People do attend appointments at the hospital (such as follow up fracture clinic appointments) and will also undergo treatment or procedures that we do not provide in a community setting (such as dialysis or minor operations). This has not changed since our relocation.
3) Healthwatch would like to know how Sirona is working to try and address concerns around health care assistants and recruitment, to ensure that adequate staff capacity is in place to support the valuable 'care at home' service?	We understand the comments around support staff recruitment related generally to securing care staff in community settings. We are pleased to say we are fully recruited for support staff in both our inpatient units and our Care@Home team and we really do value the work of our colleagues in these roles. We provide all within Sirona a range of career development opportunities whenever possible and one of our Health Care Assistants, who previously worked on Henderson now works with us on the unit as a Nurse Practitioner, after being supported to complete her nursing qualification by Sirona. We are aware there are issues with recruitment into roles within Domiciliary Care settings commissioned by the Local Authority. This is recognised as a national issue and we are involved in work within the

	local health and social care system to resolve these issues.

Any other comments:

We also discussed that the unit had carpet in the bedrooms and communal areas and our inspection team were concerned that this was a hazard to people and noted they would have expected there to be the usual 'lino' floors that are found in other health care settings.

Sirona response - As we've previously noted, our current setting was not purpose built and we have developed safe working practices for both service users and staff to accommodate this. Having carpet on the unit does mean that it truly bridges the gap between hospital and home and allows service users to practice mobility work on the same surface as most of them will have on discharge.

6 Appendices

6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include[1]:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known to providers;
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and

[1] Section 221(2) of The Local Government and Public Involvement in Health Act 2007

providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;

- providing advice and information about access to local care services so choices can be made about local care services;
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Each Local Healthwatch has an additional power to enter and view providers[2] [3]so matters relating to health and social care services can be observed. These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and representatives to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not

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2 The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

3 The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

affect the provision of care or the privacy and dignity of people using services. [4] [5] Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services.

Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is to observe the service, talk to service users, visitors and staff (if appropriate), and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report aims to outline what representatives saw and make suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

· NHS Trusts, NHS Foundation Trusts

· Primary Care providers

· Local Authorities

· a person providing primary medical services (e.g. GPs)

· a person providing primary dental services (i.e. dentists)

· a person providing primary ophthalmic services (i.e. opticians)

· a person providing pharmaceutical services (e.g. community pharmacists)

· a person who owns or controls premises where ophthalmic and pharmaceutical services are provided

[4] The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

[5] The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

· Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

6.2 Enter and View Aim and Objectives

The aim and objectives of enter and view visits:

Aim

To find out about patients' experiences of being in a reablement unit.

Objectives

- To visit for a minimum of two hours for each visit.
- To have a minimum of three pairs of authorised representatives visiting, to ensure that as many patients who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so.
- To observe the overall reablement service provided for patients, including any structured activities using a template as an 'aide-memoire'.
- To engage patients in conversation about their daily lives on the ward using the template and prompt questions.
- If possible to engage patients' families and friends in conversation to elicit their views about the service their relative receives.
- To produce a report of the findings from the observations and conversations.
- To make comments on the findings and make recommendations for change if appropriate.
- To share the final report with Sirona care & health, as the provider, the Ward manager, staff and patients ; and appropriate organisations and agencies such as South Gloucestershire Local Authority, the Care Quality Commission and Healthwatch England.

6.3 Enter and View Methodology

- A.1 The Healthwatch South Gloucestershire (HWSG) enter and view (E and V) planning group, comprising all HWSG E and V authorised representative representatives, have discussed, agreed, and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the E and V authorised representatives from responding to what they

see and hear and thus pursue further information if necessary. The following was agreed:

- which observations should be made
- how to record the observations
- how to initiate and maintain conversations with patients /their relatives
- what questions were important to ask patients /their relatives
- how to record the conversations with patients /their relatives
- what questions were important to ask members of staff
- how to record the conversations with members of staff
- how to collate all the data gathered and write a final report
- ensuring a 'debrief' session and an opportunity for learning and reflection for the E and V authorised representatives.

A.2 An aide-memoire observation record sheet has been drawn up and piloted and refined, as has a list of prompt questions. The headings for the observations and questions cover the following categories (in no particular order, nor are they exclusive or exhaustive):

- first impressions of the care home;
- patients' environment;
- staffing issues;
- activities for patients;
- person centred care;
- conversations with patients;
- conversations with patients' relatives;
- conversations with members of staff;
- nutrition and hydration;
- patient' choice;
- any other comments or observations.

A.3 Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a patient, included open questions such as:

- Tell us a little bit about what has been happening with you over the past few weeks?
- Have you or your family / carers / friends been involved as much as you wanted to be in the decisions about your care and support?
- Do you feel that people caring for you listen to you and understand you as an individual?
- Do the people caring for you always tell you what is going to happen next?
- How do you feel about the care you have received here at Thornbury hospital?
- What would you change if you could?
- What choice were you given about what will happen to you next? Is this what you want? If you had a choice, why have you chosen this?

- If you had to give your current care a mark out of 10, how would you score it?
- Is there anything else you would like to tell Healthwatch about your experience here?
- May we arrange to follow up with you when you get home to see how you are getting on?

A.4 The hospital / ward is informed in advance by telephone and letter of the E and V visits, and dates and times are agreed. Posters and leaflets about HWSG are sent to the ward in advance so that these can be displayed on notice boards and used to inform patients, their relatives and members of staff about the role of HWSG, the E and V visits, and to encourage relatives to be present during the visits.

A.5 Each visit takes the form of a series of informal conversations with patients and/or their relatives. Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on patients. The views of some of the members of staff, including nurses and ancillary staff, are also sought.

A.6 All the authorised E and V representatives have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such Equality and Diversity, Safeguarding Adults, Dementia Awareness, Deprivation of Liberty Safeguards and Dual Sensory Loss. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E and V representatives introduce themselves to patients and explain the purpose of their visit. Some patients are also given leaflets about HWSG which includes information about 'how to tell your story' in case any of them, or their relatives, wish to send HWSG further information, or send it anonymously.

A.7 The data collected are the E and V representative volunteers' subjective observations and notes from conversations with patients, where possible, their families/carers, and members of staff. Observations are gathered by all the E and V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations ware collated and also used to inform the report. A quick debrief session for the E and V representatives is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final 'wash-up' session is held separately.