



## Enter & View Report

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### Arrowe Park Hospital: Discharge Hospitality Lounge

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Service address:

Wirral University Teaching Hospital Foundation Trust

Arrowe Park Road,  
Upton  
Birkenhead.  
CH49 5PE

Service Provider: Wirral University Teaching Hospital Foundation Trust

Date: 13/03/2019

Authorised representatives: Elaine Evans, Mary Rutter, Dave Megaw,  
Esther Megaw

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## Acknowledgements

Healthwatch Wirral would like to thank staff, patients and visitors in the Discharge Hospitality Lounge at Wirral University Teaching Hospital NHS Foundation Trust for talking to Healthwatch Wirral Authorised Representatives.

Please note that this report relates to findings observed on the specific date and time of the visit. 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 Healthwatch Wirral's work 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 use the service first hand.

### 1.0 General profile of the service that was entered and viewed.

The Discharge Hospitality Lounge is a facility provided by Wirral University NHS Foundation Trust for patients who are waiting to go home or to go to another service provider.

It is situated on the ground floor of the hospital and is open from 8am to 8pm Monday to Friday.

## 2.0 Purpose of visit

Familiarisation

Provider request

## 3.0 Type of E&V visit undertake

Announced visit

## 4.0 Methodology

The visit is not designed to be an inspection, audit or an investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Wirral identifies any aspects of a service that it has serious concerns about, then these concerns are to be referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation.

The rectification of less serious issues will be directed to the service provider.

**The Enter & View visits are a snapshot view of the service and findings are reported based at the time of the visit.**

Enter and View visits are conducted in a way that works in accordance with Merseyside Safeguarding Adults Partnership Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.

## 5.0 Discussions, findings and observations

Healthwatch Authorised Representatives were greeted by the Discharge Hospitality Lounge Manager who gave us a brief description about the facility before showing us around the lounge.

We were informed that the Lounge provides seating for up to 10 patients plus 1 bed and 2 trolleys.

We asked how many patients are discharged from the Lounge each day and we were informed that it is around 35-45 daily.

It was reported that not every patient being discharged from hospital is sent to the discharge hospitality lounge.

We were also informed that any patients admitted who are using the 'Red Bag' scheme are discharged with the bag as per policy.

It was also reported that not every patient is discharged early in the day, as per hospital policy. Patients are discharged as early as reasonably practical. The reasons given for late discharge included patients not being sent from the ward to the Discharge Lounge until later in the day and that some patients may be delayed waiting for clinical procedures, medication or for transport.

### **Nutrition and Hydration.**

Refreshments are available from the snack fridge and vending machine and lunch and dinner can be provided if required. It was reported that staff monitor patients' needs and use the staff kitchen to provide drinks and toast if required.

### **Transport.**

Transport can be arranged for patients who require it and is provided by the hospital Patient Transport Service, West Midlands Ambulance Service, Age UK and local taxi services.

### **Medicines Management.**

Medicines are safely stored in the small pharmacy room located in the facility. A pharmacy technician is available to answer any queries that patients may have about their medication and also can chase up medicines that patients need on discharge. They are on duty from 9am to 5pm Monday to Friday.

Medication is managed by trained nurses and the pharmacy technician. Patient data is on the Millenium system which can be accessed in the Discharge Lounge and medication can be checked against the Mar Chart which is a formal record of administration of medicine within a care setting

## **Staff**

We were informed that there are 13 staff members who work in the Lounge currently. The Trust has a vacancy of 1.60 and are interviewing on 25<sup>th</sup> March to cover these posts.

Staffing levels are;

1 Registered Nurse to cover the full day

3 CSWs plus 2 CSWs on Ward support to cover full day

1 Ward Clerk from 11am to 4pm

1 Pharmacy Technician from 9am to 5pm

The Manager informed Healthwatch Representatives that the level of staff is adequate to provide safe care to patients and that staff shortages are managed in-house or by using NHS Professionals bank staff.

## **Complaints**

These are dealt with by the Manager and are managed as quickly as possible either face to face, or by telephone call or letter to prevent complaints being escalated to formal whenever possible.

## **Communication**

It was reported that staff follow the Trust's policies and procedures to engage with patients who have communication problems.

## **Quality and Performance monitoring**

The staff measure performance against-

- Patient feedback through Friends and Family test (FFT)
- Service KPI's

The Lounge Manager invited Healthwatch Authorised Representatives to view the facilities.

## **Environment**

### **Main corridor**

The approach to the Discharge Hospitality Lounge was well lit and clean but the floor tiles outside the entrance were damaged. The signage in the area was good but the ceiling tiles above the main door were damaged and stained. Hand sanitizers were available and explanatory notices reminding visitors to use them. The sanitizer at the entrance was positioned on the wall.

### **Communal Lounge**

On entering the Lounge, the lighting was distinctly lower and on observation there were no outside windows which could give an indication of the time of day.

The area appeared to be clean and fresh.

Desks and work areas had been provided for staff on both sides of the entrance. This arrangement enabled them to monitor patients easily.

The information Board and Staff boards were up to date and provided comprehensive information for patients and visitors.

There seemed to be a large number of staff within the entrance. One staff member was talking to the 3 patients that were waiting when we arrived. One patient was in night clothes and dressing robe and sat in one of the chairs which were set out in a semi-circle arrangement.

The desk immediately on the right of the entrance, which was occupied by a Pharmacist, had a multitude of trailing cables draped down to the floor. This was pointed out to the Manager as an ingress/egress hazard, as wheelchairs, trollies and walking aids could snag on the cables as they passed through this high traffic area.

We did not notice handrails positioned along the wall to support patients to move around safely.

A large flat screen TV was positioned on the wall along with a selection of bright artwork. There was adequate seating, laid out in a semi-circle, along with trays and side tables for patients to use. We were

informed that the chairs were designed to provide 12 hour pressure relief for patients. Reading materials were made available for patients while waiting.

### **Toilets**

Toilet facilities were available for disabled and able bodied patients. The signage on the doors was not dementia friendly. The disabled facilities were clean and met normal H & S standards.

The other WC had a sink that was stained and a cold tap that was hard to turn off.

These issues were reported to the Manager.

### **Side Ward/ Bay**

This area provided 1 bed and 2 trolleys for patients to use if they did not want to wait in the main lounge area. It was clean, spacious and fresh. There was plenty of room for patients and staff to manoeuvre around safely. The lighting was adequate but could be improved as the area has no windows.

There appeared to be insufficient curtain hooks on the curtains around the bed.

Healthwatch Authorised Representative observed that fans had been provided to make patients feel more comfortable if the weather was warm.

Call bells were within easy reach for patients to use if required.

This area had a dementia friendly corner which had been furnished appropriately.

There was also a 'Clothes Bank' of new items of clothing for patients to use if necessary.

The Pharmacy Room and Sluice Room were adjacent to this area and both were locked and secure.

However, we noticed that there were pieces of medical equipment on trolleys stored along the perimeters which made the area look a little cluttered. This area was out of sight from the main area where staff were. There were no patients in this room at the time of our visit.

### **Kitchen (Staff only)**



On leaving the main entrance of the Discharge Lounge the kitchen for this unit was immediately off the main corridor. It was small but appeared to be adequately equipped and clean (the cleaning schedule was displayed) However, there were water stained ceiling tiles and some tiles were missing.

Staff were observed carrying hot food and drink along the corridor and back into the unit.

### **Sluice**

This was locked and secure.

### **Waste Management**

The bins were used correctly and were not overflowing.

### **Staff observations**

All of the staff were welcoming and helpful. They were interacting well with each other and clearly had good rapport with the patients.

The Ambulance crews were very courteous and treated patients with dignity and respect.

### **Patient Feedback**

The feedback was mostly positive and patients told Healthwatch that they felt comfortable and that the care received from staff was good.

Healthwatch Authorised representatives spoke to a patient who had been in hospital for 4 weeks. The patient informed us that during their stay they were asked if they lived alone or had friends or family who could support them on discharge. The patient told staff they had relatives who were to be involved in the discharge process. The patient and family had been informed that discharge was to be on Friday and arrangements were made for this.

The patient was informed at 8.30am today, Wednesday morning, that they were to be discharged and they were brought down to the Discharge Lounge at 10:00am. Relatives were now trying to make arrangements to find keys and alter their own arrangements in order to

facilitate her discharge. At the time of our visit, the patient had waited 3 hours for the Pharmacy and was now waiting for transportation. The Hospital had arranged support for when they arrived home and Age Concern had been in yesterday and again today.

The patient commented that although the chairs were comfortable they were too low and they needed help to get out of them. They said that staff had treated them well and they were provided with food and drink. They said that, being partially sighted, the television which was using subtitles and no sound, was not much use to them and after waiting 3 hours in a windowless environment they were very bored. When asked if they would recommend this Hospital to family and friends, they commented there is no other alternative. When asked about their experience of being discharged they were quite negative about only being told at 8:30am today.

### **Staff feedback**

Healthwatch Authorised Representatives spoke to several members of staff on the day.

Staff stated that they enjoyed working in the Lounge and although there seemed to be a good ratio of staff to patients they said at times they get swamped by patients later in the day as discharges are in peaks and troughs. Asked if they felt supported by senior management they said it was as good as could be expected.

One member of staff informed us that if they had a wish list it would be to have the Lounge purpose built, with windows in an area with natural light.

When asked 'Do they get enough training to provide good care?' their response was positive and reported that training usually resulted in good outcomes.

When asked 'What works well in the Lounge?' they said they have good camaraderie, work as a team and have a good rapport with the patients. Staff also told us that having their own Pharmacist assisted in reducing waiting times.

When asked 'What doesn't work well?' they reported that Doctors on the wards changing prescriptions just prior to discharge times can

cause problems. Although they said they had a good relationship with the Ambulance Service there was often only a 4 hour booking window and they often have to chase up the Discharge Ambulance. The Ambulance Service also collected patients direct from the wards which reduced the service to the Discharge Lounge.

## 6.0 Conclusions

We were made welcome by the Lounge Manager and other staff during the visit. General information was forthcoming and answers appeared honest and open. The Lounge had a nice atmosphere and patients who engaged with Healthwatch Authorised Representatives felt that they were receiving good care from the staff team.

The lighting in the lounge was dim due to lack of natural light and windows.

Staff appeared to be happy working in the Lounge and patients looked comfortable.

It could not be ascertained that when patients were accommodated in the side bay area that there would be a member of staff permanently available in order to prevent any unauthorised access to records or equipment stored there.

## 7.0 Recommendations/considerations

Improve the signage and storage in some areas of the Lounge.

Improve the lighting.

Repair/replace the ceiling tiles and flooring and tap.

Risk assess and tidy the cables on the desk.

Consider placing the chairs in groups rather than a semi-circle as this arrangement allows for open communication amongst patients waiting.

Consider providing chairs of different heights.

Consider looking at improving the environment for people who may have sensory deprivation.

## 8.0 Supplementary feedback from the provider post visit

Thank you for your visit and kind words. Recommendations from your report have been actioned.

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## Signage Improved

Lighting recommendations, bulbs have been replaced. WUTH charity application for LED ceiling lights to create natural lighting.

Sensory – twiddle mitts / Awaiting learning disability nurse visit. [

Ceiling tiles, - replaced

Desk cable tidy – have been completed

We looked at grouping the chairs to make a more sociable area, but unfortunately this was not practical due to space and ability to move wheelchairs around.

Chairs are Bristol maid standard size, Sr Pugh will speak to the rep to see if there are height adjustable ones available.

## 9.0 Healthwatch follow up action

**HW Will visit to see recently installed sky panels and lighted windows in due course as per invitation. HW will also review any improvements made for people with sensory deprivation ie headphones, talking books etc**

## 10.0 Glossary

**CSW** Care Support Worker

**FFT** Friends and Family Test

**MAR** Record of administration of medicine

## 11.0 Distribution of report

Healthwatch Wirral will submit the report to the Provider, Commissioner and to CQC.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest.

### Healthwatch Wirral

#### Liscard Business Centre

#### The Old School House

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