healthwatch Cheshire West

Enter and View Report Focussing on Discharge to Assess Beds

Pinetum Care Home

23 January 2024

Contents

Report Details

Address	Eastway Building Valley Drive Chester CH2 1UA
Service Provider	Care UK
Date of Visit	23 January 2024
Type of Visit	Announced visit with 'Prior Notice'
Representatives	Mark Groves
Date of previous visits by Healthwatch Cheshire West/East	No previous Discharge to Assess report

This report relates to findings gathered during a visit to the premises on the specific date as set out above. The report relates specifically to those people who are Discharge to Assess occupants. This report is a supplementary report to the Enter and View Report relating to the Pinetum Care Home.

Purpose of this Report

- This report looks solely at the Discharge to Assess Beds at Pinetum Care Home and should be read in conjunction with the overall Enter and View report of the same date available at:

  https://healthwatchcwac.org.uk/what-we-do/enter-and-view/

- To engage with residents of the named services and understand their experiences
- To capture these experiences and any ideas the care home staff, patients and professionals may have for improvements to the Discharge to Assess system
- To observe residents interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from people.

What is Discharge to Assess?

NHS England's definition of Discharge to Assess is:

"Put simply, discharge to assess (D2A) is about funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. They can then be assessed for their longer-term needs in the right place."

Further information on the Discharge to Assess process can be found by using the following link:

https://www.nhs.uk/nhsengland/keogh-review/documents/quick-guides/quick-guide-discharge-to-access.pdf

Background

This short report deals exclusively with the Discharge to Assess beds located in Pinetum Care Home that are funded by Cheshire West and Chester Council. For a comprehensive report on Pinetum Care Home dated 23 January 2024 please visit:

https://healthwatchcwac.org.uk/what-we-do/enter-and-view/

Findings

Pinetum has twelve Discharge to Assess beds; these are split between the first floor and the ground floor. The first floor is accessed via stairs and a lift. At the time of our visit all of the beds were occupied. Each bed is in one of the forty-five rooms that Pinetum has and are indistinguishable from other rooms in the home.

Healthwatch were able to speak to eight of the occupants of the Discharge to Assess beds. Four other occupants were asleep or indisposed at the time of the visit.

Hospital Transfer

All the people stated that they were transferred by hospital ambulance.

The care home is on the Countess of Chester grounds and so transfer time is only a couple of minutes. They all had plenty of notice of the transfer, their medication was transferred with them and the home were expecting them. Their families had been informed. Note that it is care home policy not to accept a hospital discharge unless the person has one month's supply of any medication that they may require. Healthwatch checked with each person and in every case, it was confirmed that they had their medication with them when they were transferred.

Everyone, where appropriate, had been seen by a GP within a few days of their transfer from hospital.

All those asked felt that they were part of the home and treated exactly the same as the other residents, although in some cases, due to the nature of their illnesses, they were unable to take part in any activities or sit in the lounges.

In most cases visits from the Occupational Therapist (OT) were already in place or planned. This shows that communication appears to work well across the teams and with the people concerned.

All the people were happy with Pinetum care home, the staff and their environment.

Individual Responses

Person A had been at the home for two weeks Their initial impression of the home was a very positive one. The staff were helpful and professional. The premises were clean. The food was good and the temperature was comfortable. They had not yet seen an OT but were aware that they would be visiting soon. They had seen the care home GP. The care home uses The Fountains GP practice and has dedicated GP for the care home. Their family had been informed immediately they were transferred from the hospital. They felt the transfer was handled well and went smoothly. They felt they were treated the same as other residents although due to their condition they could not really participate in any activities. They had not seen a social worker.

Person B had been at the care home for over three weeks. They had been visited by the GP and an Occupational Therapist but were not aware what the future plans were. They felt all the staff were lovely and very helpful. They said that the transfer went well and were happy. Their family were informed of the date and time they were being transferred to the care home. They felt they were treated the same as other residents although due to their condition they could not really participate in any activities. They had not seen a social worker.

Person C could not remember how long they had been in the care home, probably three weeks. They confirmed they had seen a GP and an

Occupational Therapist who had given them exercises to do to strengthen their muscles. They could not remember the transfer but it can't have been bad because if it was, they would have remembered it. Their family knew they had been transferred. They had not become involved in the care home activities due to their current condition but felt that the staff treated them well. They had not seen a social worker.

Person D had been at the care home for six weeks, two weeks over the normal time period. They confirmed the transfer had been well organised and that their family were made aware that they had been transferred from the hospital. They had seen a GP twice and the Occupational Therapist would be visiting next week. Due to their condition they had not gone into the common areas of the care home and had not participated in any of the activities. They had not seen a social worker.

Person E had been transferred from the hospital two weeks ago. They confirmed the transfer had been straightforward and that their family had been informed. They had repeatedly complained that the bed in their room was too small for them, but nothing had been done. They had not received a visit from the GP. They had not seen a social worker. They had seen an Occupational Therapist but had not been given any exercises. They had not been involved in any of the home's activities due to the nature of their condition.

Person F had been transferred ten days ago. The transfer was smooth and their family had been informed they were being transferred. They felt they were able to get involved in the social side of the care home as much as they wanted to and that the staff were very good. They enjoyed the meals. Their condition did not require a visit by an Occupational Therapist or a GP. They were in a Discharge to Assess bed because the local authority had condemned their council house and another one was not available. They had seen a social worker but had no idea how long they would remain in the home.

Person G had been transferred two weeks ago. They were kept in the discharge lounge in the hospital for a very long time waiting to be

transferred to the care home. They had seen a GP but were waiting for an Occupational Therapist appointment. Due to their current condition they were unable to take part in any of the care home's activities or sit in the lounges. Their family had been informed of the transfer.

Person H Healthwatch were unable to interview this person as they were sleeping. However, we were informed that they had been in a Discharge to Assess bed for over 12 months. This was due, we were informed, to the lack of care facilities available in Flintshire Council.

Recommendations

- The Discharge to Assess system seems to be working well at Pinetum Care Home. Healthwatch have no recommendations at this time. Pinetum Care Home has an excellent policy of refusing a discharge from the hospital unless they have one month's medication with them. It is recommended that other care homes adopt this policy.

What's working well?

- Transfers from hospital to the care home seem to run smoothly. It is an excellent policy to refuse a discharge from hospital unless the patient has one month's medication with them
- Communication between the various services appears to be excellent with each step of the process in place in a timely manner. However, support from the social work team seems to be less consistent among those people we interviewed
- Integration into the care home and support from the care home staff.

Service Provider Response

Thank you for your feedback. I don't think I would like to attach anything to your reports.

Narcis Mitu
Pinetum Care Home Manager