healthwatch Cheshire West

Enter and View Report Focussing on Discharge to Assess Beds

Elmhurst Intermediate Care Centre, Winsford

12th February 2024

Contents

Report Details

Address	Roehurst Lane Winsford Cheshire CW7 2DF
Service Provider	Mid Cheshire Hospitals NHS Foundation Trust
Date of Visit	12th February 2024
Type of Visit	Announced visit with 'Prior Notice'
Representatives	Jodie Hamilton Amanda Sproson
Date of previous visits by Healthwatch Cheshire West	No previous Discharge to Assess report

Purpose of this Report

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

- This report looks solely at the Discharge to Assess Beds at Elmhurst Intermediate Care Centre
- 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 the hospital, when safe and appropriate to do so, and continuing their care and assessment out of the 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 report deals exclusively with the Discharge to Assess beds located in Elmhurst Intermediate Care Centre that are funded by Cheshire West and Chester Council.

Findings

Elmhurst has thirty Discharge to Assess beds; these beds can also be occupied as step-up beds. The beds 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, twenty-five of the beds were occupied as Discharge to Assess beds. All bedrooms looked of a similar size with consistent décor throughout.

Healthwatch were able to speak to four of the occupants of the Discharge to Assess beds. Eleven other occupants were asleep or indisposed at the time of the visit and the remainder did not have the capacity to share any information with Healthwatch.

Hospital Transfer

Three out of the four people we spoke to stated that they had been transferred by hospital ambulance to the Care Centre and one had been transported by Red Cross transport.

Elmhurst Intermediate Care Centre is in Winsford, Cheshire, less than a twenty-minute car journey from Leighton Hospital. There was a mixed response on how the transition from the hospital to Elmhurst was carried out; two residents were given little notice and communication could have been better. The patient's medication was transferred with them and the Centre was expecting them. Their families had been informed. Note that it is a policy of the Care Centre that patients must arrive there with a supply of medication. Healthwatch checked with each person and in every case, it was confirmed that they had had their medication with them when they were transferred.

Patients do not necessarily see the GP at Elmhurst when they arrive unless there is a concern. There is a weekly GP round for any patients who do need to see a GP. Three of the four patients we spoke with had not seen a GP.

All four residents had had visits from the OT, physio was already in place and people had discussed what would be happening in the future. This shows that communication appears to work well across the teams and with the people concerned.

All four patients we spoke with were happy in their environment and said they felt they were welcomed by the home and felt cared for by the staff and safe.

Individual Responses

Patient A had been at Elmhurst for one week. They were set up and ready for discharge from the hospital before coming to Elmhurst and it was discussed what would be happening before they arrived at Elmhurst. The patient told us that they had initially been admitted to the hospital with gout. They arrived at Elmhurst by hospital transport, with their medication. They had not yet seen a GP and had seen the Physio every day. The patient had been made very welcome at the Care Centre and felt safe and looked after. The patient would sometimes have their meals in their room and occasionally go into the day room. It had been discussed with the patient what would be happening next with their care. In readiness for going home the patient had requested an alarm pendant that they could wear in case of a fall. The patient's spouse was visiting the facility later that day to have further discussions with the Occupational Therapy team to the next steps.

Patient B had been at the care centre for four days. Before arriving at Elmhurst they had been on Ward 13 in Leighton Hospital and was told they would be moving to Ward 27. The day after having moved to Ward 27 they were moved to Elmhurst with little notice. They felt communication between the hospital and making the decision to move to Elmhurst was not communicated very well. They were taken to Elmhurst via hospital

ambulance transport. They had arrived at the care centre with medication and a mobility aid. Since their arrival they had not seen a GP and had seen the physio twice. The patient told us they felt welcomed by the staff and that they felt safe and cared for. The patient said they liked to eat their meals in their room and staff would ask them if they would like to go in the day room. The patient had been working on walking and the plans to go home, when they are able, had been discussed with them and their spouse. They did not have a social worker.

Patient C could not remember how long they had been in the care centre, probably two weeks. They had not seen a GP but had seen two Occupational Therapists who had given them exercises to strengthen their shoulder. They could not remember the discharge process but had been transferred by hospital ambulance. The patient told us without a doubt, they felt very welcomed, cared for, and safe at the care facility. The patient said they ate their meals in their room and were often asked if they would like to go out of their room. They told us the food never stopped coming, they were offered a lot of choices and they only ate what they wanted as they did not have a big appetite. They vaguely remembered having a conversation about what would be happening next. The patient says they did see a social worker but not regularly, they may have been confused over this question so we cannot be sure if the answer is correct. Overall, the patient was happy with the care that they were receiving

Patient D arrived at Elmhurst one week ago and was first admitted to the hospital at the start of January. The transition had been fairly smooth. The patient was not given much notice about leaving the hospital; communication could have been better. The hospital ward had been closed due to virus, but within two days of it re-opening the patient was told once a bed was available, they would be transferred to Elmhurst. Two days later they were taken to Elmhurst by Red Cross transport. They arrived with medication. The patient had not seen a GP and had seen the Physio every other day.

The patient had been made to feel welcome by the staff and they told us that they felt safe and cared for at the care facility. The patient went to the social room to eat their meals. There had been discussions about what would be happening next with the patient; however, they did not currently have a social worker. During the visit, the patient was trying to contact Cheshire East as they were having problems regarding their discharge. The patient could not be discharged from Elmhurst until they had an address to go to. The patient did not currently have an address and apparently could not get an address until he is ready for discharge. They had been told because of the nature of their situation they should qualify for a social worker so they were trying to access one with the help of a sibling. The patient had also been told if they could not find an address to go to then they could go into respite care, but again they had the problem of not being able to be discharged until they had an address.

Recommendations

- The Discharge to Assess system seems to be working well at Elmhurst Intermediate Care Centre. Healthwatch have no recommendations at this time.

What's working well?

- Transfers from the Hospital to the Care Centre seem to run smoothly.
- Communication between the various services appears to be excellent with each step of the process in place in a timely manner.
- Communication with patients is good.
- Integration into the Care Centre and support from the Care Centre staff.
- Light activities are provided for patients to take part in if they wish to socialise during their stay.

- Patients are encouraged to use a Day room and given the option of where to eat their meals.

Service Provider Response

Many thanks for your time visiting Elmhurst and the resulting report.

Our comments on the report are as follows:

Elmhurst Intermediate Care Centre is a functional rehabilitation centre for patients who require physio and occupational therapy in order to achieve their baseline independence. Within the 30-bed establishment there are a number of discharge to assess beds, but the majority of patients fall into the rehabilitation criteria in preparation for discharge. The current length of stay is eighteen days.

Through our discharge planning team, patients who meet the criteria for a rehab or D2A bed are triaged for suitability and then listed for the next available bed. Sometimes, patients are aware in advance that they are on the list, but often due to a variety of factors including dependency, acuity and turnover, beds become available at short notice. Patients are notified that a bed has become available and, in most cases, patients are very eager to accept due to the excellent reputation of the unit and this does mean that it may be a quick decision to transfer in order to maximise the potential for the patient to achieve their rehab goals.

All patients who are admitted to Elmhurst must be medically fit for discharge and as such will not need to see a doctor during their stay. If patients need to be reviewed due to a change in medication or condition, then this will be facilitated, but it is not something that would happen as a routine review on admission.

We are exceptionally proud of the service we deliver at Elmhurst and the wonderful feedback we receive from our patients and their families and would like to thank you for your visit and welcome the report provided.