

healthwatch

Cheshire East

Enter and View Report Focussing on Discharge to Assess Beds



Congleton War Memorial Hospital

Aston Unit

3 April 2024

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Report Details

Address	Congleton War Memorial Hospital Canal Road Congleton CW12 3AR
Service Provider	East Cheshire Hospitals NHS Foundation Trust
Date of Visit	3 April 2024
Type of Visit	Announced visit with 'Prior Notice'
Representatives	Mark Groves and Jodie Hamilton
Date of previous visits by Healthwatch Cheshire East	No previous Discharge to Assess report

Purpose of this Report

- This report looks solely at the Discharge to Assess Beds at Aston Unit and should be read in conjunction with the overall Enter and View report of the same date available at:
<https://healthwatchcheshireeast.org.uk/what-we-do/enter-and-view/>
- To engage with patients, of the named services and understand their experiences
- To capture these experiences and any ideas for change 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 Aston Unit at Congleton War Memorial Hospital that are funded by Cheshire East Council.

Findings

Aston Unit is for Intermediate Care that provides short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays. Aston Unit has 27 Discharge to Assess beds; these are split between four ground floor wards and two side rooms. At the time of our visit, all of the beds were occupied.

Healthwatch were able to speak to eight of the occupants of the Discharge to Assess beds.

Hospital Transfer

All the people Healthwatch spoke to stated that they had been transferred to the Unit by hospital ambulance.

Of the eight people transferred to hospital Healthwatch spoke to, one arrived with medication errors. The others arrived with sufficient medication in the short term. If there was a situation where a patient was discharged to the Unit without medication, the Unit would still accept them. One person had an eight hour wait to be transferred. Another was left alone in the ambulance while the staff attended an emergency; it was late at night and they felt alone, scared and vulnerable.

The Unit does not assess the patients before they are discharged to them; they are happy to accept Macclesfield Hospital Discharge Team's decision as they work very closely with them. The Discharge Team would always inform the family of the impending transfer to the unit.

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

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

All patients are subject to a weekly multi-disciplinary team (MDT) meeting at which their goals and progress are reviewed.

All the people we spoke to were happy at Aston Unit and with the staff and their environment.

Individual Responses

Person A had been at Aston Unit for one week. Their initial impression of the Ward in the Unit was a very positive one. The staff were helpful and professional. The premises were clean. The food was good but was always just lukewarm; they would have liked the food to have been hotter. They had seen an OT and they had seen a ward GP. They felt the transfer was handled well and they arrived with medication. They were told the same day they would be moving from Macclesfield Hospital to the Aston Unit. They felt they were treated the same as other patients and made to feel very welcome. Person A felt they had been kept in bed too much during their hospital stay which had led them to become weak. It had been discussed with Person A what would be happening moving forward; they are to have adaptations and mobility aids set up at home ready for returning home.

Person B had been at Aston Unit for four weeks. They had previously been at home and when they were told they would be admitted to Aston Ward they were given a time slot in which hospital transport would collect them from home and transport them to a ward in the Aston Unit. The communication was very good and clear. They had been visited by the GP and an Occupational Therapist. There had been a discussion about what would be happening next; they are between dates at the moment, waiting on a care package, and a few adaptations at home. They need a hospital bed, raised chair legs on the sofa, and a commode on wheels. They felt cared for and welcomed to the ward but sometimes have had to wait a while to use the toilet. Person B told Healthwatch that they would go into

the day room on a Thursday when the ward gets cleaned but would otherwise stay by their bed. They have their meals by their bed on the table. Person B has to eat a gluten-free diet and said "It gets boring when you are given the same meal three times in a row. They also don't do gluten-free custard."

Person C had been in a ward at the Aston Unit for one week. They had been transported by hospital transport which didn't go smoothly; they said "The same day I was told I would be coming here and I waited for transport for a few hours. Hospital transport picked me up. En route to Aston Unit I was in hospital transport and they stopped for some altercation. I was left in the transport by myself while staff went out to the altercation. I think a lady had a heart attack in the street. There were other people there so I don't know why the staff got out. It was late at night and I felt vulnerable and scared on my own I didn't know what was going on." Person C had chosen to come to the Aston Unit as they had been here previously and said how nice it was there. They arrived with medication and walking aids and had seen a GP and physiotherapist. Occupational Health and the Discharge Team had spoken to them about going home. They were going to have some adaptations; there would be a frame around the toilet and they were going to have a bath board. They were worried about using the bath though as they felt they would struggle, so they were going to have further conversations with OH about suggesting a wet room. They told us they felt very welcome, cared for and safe at the Aston Unit.

Person D had been at Aston Unit for three weeks. They weren't given much notice at Macclesfield Hospital that they would be coming here; it was a case of this is where you are going and arrived at the Aston Unit the same day. Person D did not feel it was enough notice and not communicated well. Hospital transport went smoothly and they had arrived with medication and walking aids. Since arriving at Aston Unit they had seen a GP and physiotherapist. They told us they felt 'Jolly welcome' and that 'the staff are lovely, friendly and it's unbelievable really how nice it is here.' Person D has not been spoken to by anyone about what would be happening moving forward, they told us "I'm not sure at the moment

what's going on, it is not ideal for me to go anywhere. I'm struggling with walking and I don't know where I'll go as I live in a flat. I feel very lost at the moment." They did seem worried about what would be happening in the future.

Person E had been at Aston Unit for six weeks. They were told at lunchtime that they would be moving from the hospital at 8.45pm the same day. They felt this was very disconcerting. They then had to wait eight hours before being transferred by ambulance. They were unable to remember whether they were transferred with their medication. When Healthwatch spoke to the staff they confirmed that they had been. Since arriving at the Aston Unit, they had seen a physio but they felt that it had not been often enough and they never knew when they were coming. Person E preferred not to use the dayroom and watched programmes on their Ipad instead. They felt very well looked after and considered the standard of care outstanding even though it was obvious that the Unit was short staffed. When eating their meals they preferred to sit up in the chair by their bed. They described the food as variable. Person E confirmed that their social worker had said they would be going home the next day and carer support had been organised for them.

Person F had been at Aston Unit for ten weeks. They had received a few hours' notice of their transfer from Macclesfield Hospital by ambulance. They were unable to remember whether they were transferred with their medication. When Healthwatch spoke to staff they confirmed that they had been.

They had not seen a physio since their transfer to Aston Unit. They felt that the care they received was fantastic and felt very safe. They ate their meals in bed and felt that the food was very good. They had not yet discussed what would be happening to them.

Person G had been at Aston Unit for 11 weeks and was given very little notice of their transfer from Macclesfield Hospital. They were not kept waiting long once the transfer had been organised. They were transferred with all their medication and aids. They had seen a GP since arriving and

some visits from the physios but would like more. They enjoyed using the day room and liked watching the television. They felt safe and well looked after. At mealtimes they preferred to sit in the chair by their beds, they described the food as 'alright'. In terms of what would be happening this had been discussed with their daughter. Person G had not yet seen a social worker.

Person H had been at Aston Unit for one week. They received 24 hours' notice of their transfer to the Aston Unit and were transferred by ambulance with another patient. They arrived with their medication, however there were errors with the medication. They had seen a doctor. They were also waiting for a visit from the physio but in the meantime the nurse encourages them to walk to the toilet and back. They had only used the dayroom once since their arrival a week ago. They felt safe and cared for but find it very unfair on the staff as they were obviously very short staffed. Person H currently had very little appetite and had their meals sitting in the chair by their bed. The meals were fine. They were not confident about returning home and their daughter had discussed this with the doctors. They had not yet seen a social worker.

Recommendations

- Several patients were unhappy with the meals; is it possible to review these?
- Many patients felt that the Unit was short staffed and this affected the amount of therapy they received. Healthwatch appreciate that this is not just a local issue
- To encourage patients to use the day room throughout the day and not just when the wards are being cleaned
- Three of the eight people spoken to by Healthwatch had issues with the transfer process from hospital to the Aston Unit.

What's working well?

- Patients were very pleased with the staff and the support they gave them
- The links between the Unit and Macclesfield Hospital are excellent.

Service Provider Response

- Several patients were unhappy with the meals. Is it possible to review these?

Meals have already been reviewed with ISS senior managers and we are waiting for the start of a new menu and meals process expected to be in place by week commencing 29/04/2024.

- Many patients felt that the unit was short staffed, and this affected the amount of therapy they received. Healthwatch appreciate that this is not just a local issue.

At the time of your visit, I can confirm that we did not have any nursing staffing gaps on the unit, this may be more the patients' perception due to busier periods, i.e. during multiple admissions or discharges. There has recently been a gap in therapy services and it is being addressed by senior therapy managers and service line managers with a plan to improve therapy service provision already in place.

- To encourage patients to use the day room throughout the day and not just when the wards are being cleaned.

The use of the dayroom is offered and encouraged with all patients, however it is ultimately patient choice whether or not they do use it.

- Three of the eight people spoken to by Healthwatch had issues with the transfer process from hospital to the Aston Unit.

I would suggest this is picked up with the hospital discharge team who are based at MDGH and more senior staff within the organisation as I do not

have any control over preadmission assessments and waits for transport at the acute site.