



**Healthwatch South  
Gloucestershire**  
**Enter and view report  
Thornbury Hospital  
7 February 2018**

**Authorised representatives:**

Tony Colman

Mike Garrett

Jenny Harris

Karen John

Janet Spence

Dan Hull Healthwatch Development Officer

**Healthwatch South Gloucestershire**

**T: 01454 543 402**

**E: [info@healthwatchsouthglos.co.uk](mailto:info@healthwatchsouthglos.co.uk)**

**W: [www.healthwatchsouthglos.co.uk](http://www.healthwatchsouthglos.co.uk)**

---

# Contents

---

1. Introduction.....	3
1.1 Details of visit.....	3
1.2 Acknowledgements.....	3
1.3 Purpose of the visit.....	4
1.4 How this links with Healthwatch South Gloucestershire strategy.....	4
2. Methodology.....	4
2.1 Planning.....	4
2.2 How was practice observed?.....	4
2.3 How were findings recorded?.....	5
3 Findings.....	6
Executive summary.....	6
3.1 First Impressions.....	6
3.2 Environment.....	7
3.3 Food and drink.....	8
3.4 Discharge home.....	8
3.5 Patient Experience.....	8
4 Conclusion.....	10
5 Recommendations.....	11
Disclaimer.....	11
6 Appendices.....	11
6.1 Appendix 1 What is enter and view.....	11
6.2 Appendix 2 Enter and View Aims and Objectives.....	14
6.3 Appendix 3 Enter and View Methodology .....	15

# 1 Introduction

## 1.1 Details of visit

Details of visit:	
<b>Service Address</b>	Henderson Ward Thornbury Hospital Eastland Rd, Thornbury, South Gloucestershire BS35 1DN
<b>Service Provider</b>	Sirona care & health
<b>Date and Time</b>	2 February 2018 10.00am – 12.30pm
<b>Authorised Representatives</b>	Tony Colman Mike Garrett Jenny Harris Karen John Janet Spence Dan Hull Healthwatch Development Officer
<b>Contact details</b>	Rebecca Thomas Tel 01454 281122

## 1.2 Acknowledgements

Healthwatch South Gloucestershire authorised enter and view representatives wish to express their gratitude to the staff and patients of Henderson Ward at Thornbury Hospital who generously participated in conversations with Healthwatch.



Healthwatch South Gloucestershire would also like to thank Rebecca Thomas the Ward manager and all the staff who were willing and able to engage and answer our queries. The members of staff were welcoming and helpful.

### **1.3 Purpose of the visit**

Healthwatch South Gloucestershire undertook the enter and view visit to Henderson ward at Thornbury hospital during February 2018 with the purpose of finding out about patients experience of recovery, re-ablement and rehabilitation.

The enter and view (E and V) visit to Henderson Ward at Thornbury hospital is part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire to understand the quality of residents' rehabilitation experience within both clinical and local care home settings. Patients have been asked if Healthwatch can follow up their experience of rehabilitation after they have been discharged from hospital.

### **1.4 How this links with Healthwatch South Gloucestershire strategy**

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2017 / 18 is to engage with older people experiencing recovery, re-ablement and rehabilitation 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](http://www.healthwatchsouthglos.co.uk)

---

## **2 Methodology**

---

### **2.1 Planning**

Healthwatch enter and view volunteers undertook 'research' and 'fact finding' visits to Elgar House at Southmead Hospital and to care homes who are providing 3Rs pathways to enable the volunteers to gain some understanding of the D2A approach. The questionnaires used on the enter and view visit were based on work undertaken by Healthwatch Bath and North East Somerset and Healthwatch Wiltshire. This shared learning helped in producing observation templates and prompt questions agreed at the monthly planning meetings held by authorised enter and view volunteers.



## 2.2 How was practice observed?

On 7 February 2018, six authorised enter and view representatives visited Henderson ward at Thornbury Hospital. Information was gathered from the representatives' observations of care and their notes of conversations with patients and members of staff. Observations were gathered by all the authorised representatives working in pairs. Conversations were semi-structured and underpinned by the use of a template and a list of 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 a 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 the 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.

## 2.4 About the service

Thornbury hospital was built 100 years ago and was one of the original 'cottage hospitals'. It has a Care Quality Commission (CQC) rating of 'Good'. It now has only one ward (Henderson ward) with 20 beds (10 female and 10 male), but also out patient facilities which were outside our remit for this enter and view visit.

Henderson ward is run by Sirona care& health for 'Re-ablement', a system which has developed to avoid patients experiencing delayed transfers of care from hospitals. It is used as a 'half way house' for patients who are not well enough to be discharged home, but whom it is hoped will be able to return to independent living with more rehabilitation. Healthwatch volunteers were told by staff that the average length of stay is 28 days and the average patient is 91 years old. Patients must be over 18 years old. The main causes of admissions are post fracture and post respiratory infection.

There is also end of life care with assistance from St. Peter's Hospice.

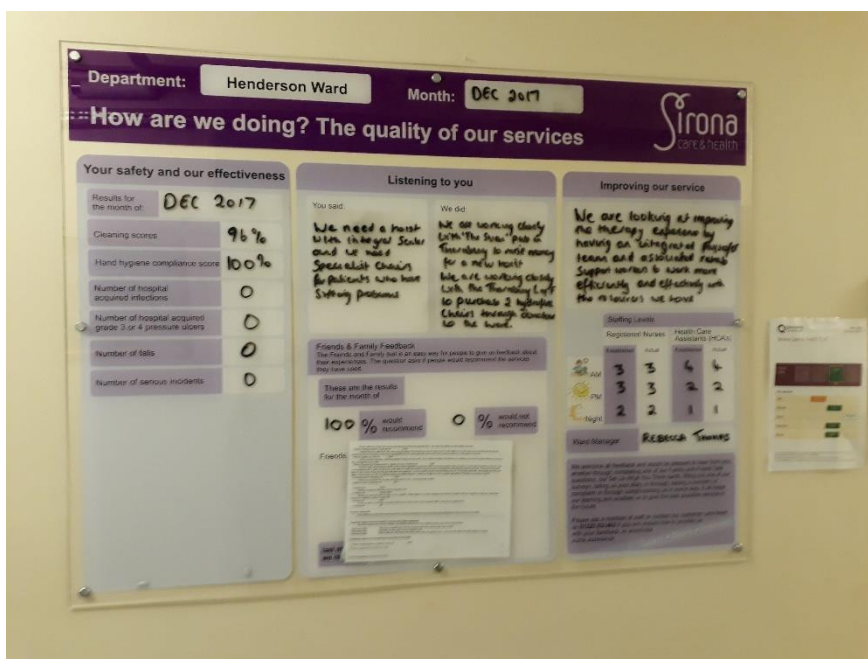
The staff are all employed by Sirona care & health and consist of a nurse practitioner, nurses who work 12.5 hour shifts, health care assistants, trainee nursing associates (a new pilot grade similar to the old State Enrolled Nurse (SEN)), physiotherapists and occupational therapists. There is also input from dietetics, speech and language therapists and mental health support. There are weekly meetings with community social workers.

The care is nurse led as there is no resident medical cover, the nurse practitioner is able to prescribe from a limited list of pharmaceuticals. Thornbury Health Centre have a contract to provide medical care for three hours each day, and the GPs

have the responsibility to admit and assess all patients. Out of hours medical cover is provided by Brisdoc. A consultant specialising in care of the elderly visit once per week.

Admissions are from Southmead hospital for re-ablement, or from accident and emergency if considered medically stable and non acute, but medically complex. GPs can also admit direct. No admissions are taken after 6.00pm to avoid disruption to the ward. All patients must be registered with a GP in South Gloucestershire.

Readmissions at the hospital are low due to good reablement of patients.



## 3 Findings

### Executive summary

- The general cleanliness was good
- Food was complimented by patients
- There was plenty of water jugs for regular hydration
- Discharge is planned carefully and readmissions are low
- Staff are dedicated



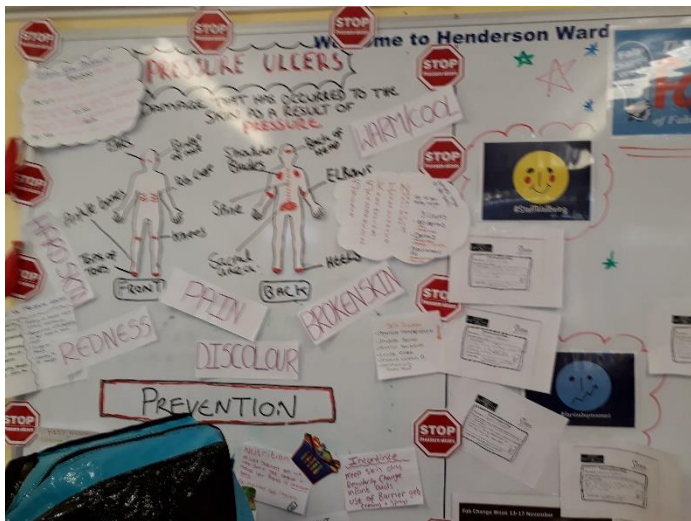
### 3.1 First Impressions

The enter and view volunteers were welcomed by Rebecca Thomas, Ward manager. The atmosphere at the hospital was welcoming and relaxed. It was noted that the car park was both free and easy to find a space.

### 3.2 Environment

Due to the age of the hospital, the conditions can appear quite cramped and cluttered which make it difficult for staff to work there, but in general we found a happy, caring and very professional atmosphere. The day room is spacious and is where group exercises and practice tasks of daily living, such as making a cup of tea takes place.

A project board is displayed:



There was also a physiotherapy gym with a good variety of equipment and a small garden area where patients can sit out.

General cleanliness was good. However due to lack of space many areas were cluttered, but did not constitute a hazard. The bathrooms were large with wet rooms.

The ward was divided into bays with four or five beds (sexes segregated). There were three single rooms which were very large and one had an en suite bathroom. These single rooms were reserved for end of life care whenever possible.

Most patients were up and sitting in a chair by their beds or in the day room. However we were told that if patients wished to stay in bed, they are allowed to do so.

There are set visiting times in the afternoons and evenings, hence we did not meet any visitors.

An exercise class take place every Wednesday, which several Healthwatch volunteers observed. Nine patients were involved in a variety of movements which catered for individual needs and seemed to be greatly enjoyed. The session was run by two physiotherapists. Patients utilized an activity ball which was used to ask each other questions on the ball as a cognitive exercise.

### **3.3 Food and drink**

Healthwatch volunteers observed plenty of water jugs placed in range of the patients. Healthwatch volunteers were told patients could ask for a hot drink or something to eat, e.g. toast or a sandwich at any time.

Food is delivered daily freeze cooked through a company called Appetito. Food is delivered individually for each patient. The menus are varied and gluten free options are available. All the patients spoken to were complimentary about the food. Most chose to eat their meals by their beds, although if they wishes they could eat at a table in the day room.

### **3.4 Discharge home**

The process of discharging patients home is carefully planned with the whole team, including community social workers. The ward manager told us that sometimes a patient is discharged home on their insistence, even though it was felt that the patient would not cope. In these cases a back-up plan is always put in place. Healthwatch volunteers were able to speak to several patients about their hospital experience and obtained permission from seven of the patients to follow them up after discharge to see how they felt this process had gone.

### **3.5 Patient experience**

We talked to seven patients and asked a set of standard questions:-

- 1) Tell me your story / tell me a little bit about what has been happening with you over the past few weeks or months**
  - Four patients had had falls - two had sustained fractures
  - One had prostate cancer spread to spine who had had spinal surgery
  - One had had abdominal surgery





**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?**

In hospital know	yes 4	no 2*	do not know 1
Here in Thornbury hospital know	yes 5	no 1	do not know 1
Planning to go home know	yes 5	no 1	do not know 1

- Two individuals reported at this point having had “no idea what was happening”

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

In hospital	yes 5	no 0	do not know 1
-------------	-------	------	---------------

Please tell me why you have given this answer?

- “Helpful and caring”
- “Not in Southmead but yes in Thornbury”
- “Not sure where I was when admitted in middle of the night”
- “Nursing team very helpful”
- “My diet as vegetarian well catered for”

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

Yes 4	no 1	do not know 2
-------	------	---------------

Please tell me why you have given this answer?

- “No-one sat down and said what they were going to do”
- “Didn’t always know what was happening at the beginning”

**5) How do you feel about the care you have received here at Thornbury Hospital ?**

- “Very caring but sometimes had to wait as busy with other patients”
- “Anything you ask for you get”
- “Good but staff always busy. Can lose bleeper in blankets”

“Excellent nursing care. Transfers between hospitals very uncomfortable and traumatic”

“Nursing care very good but nurses aren’t around as much as you’d like them to be”

**6) What would you change if you could?**

“No mirrors for shaving”

“Nothing” four patients said this

“Not worried about cramped conditions”

“Less cramped and more modern”

“Bed area a little cold”

**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?**

“Having assessment when I get home to see what I need”

“Want to go home” two patients said this

“Not been involved very much”

“Several discussions on discharge plan - aware of the care I will need when get home”

“Quite content with discharge plan - has been discussed with relatives”

**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)**

- Three patients gave a score of ten
- One patient scored nine and half
- One patient scored nine
- One patient scored eight

Please tell me why you have given this answer?

“Tired old building but excellent care”

“Brilliant”

“Absolutely wonderful care”

**9) Is there anything else you would like to tell me about your experience here?**

“Food good”

“Not bothered about space”

“Can have a drink whenever you want”

“Good menu choices”

“Room faces north and gets cold”

“Equipment first class”



“Staff young and can sometimes hear them giggling when I’m in pain”

- 10) Final question: May we arrange to follow up with you when you get home to see how you are getting on?

All gave permission for follow-up at home.

---

## 4 Conclusion

---

Healthwatch volunteers were impressed with the standard of Thornbury hospital and the enthusiasm and dedication with which staff worked. The patients told us that the discharge process was well organised and the staff were clear about the steps to be taken. Healthwatch South Gloucestershire has obtained the consent of seven patients to follow up either by telephone or email when they have been discharged and return home, in order to ascertain whether the care organised in the community meets their individual needs. The Ward Manager will inform Healthwatch when these discharges have taken place.

However, the building itself is old and in need of modernisation. Healthwatch volunteers felt that the long, narrow ward structure imposes limitations on individual space and personal privacy. The use of curtaining, to create the illusion of privacy adds to the sense of overcrowding. The adjacent common areas are basic and institutional. Healthwatch volunteers observed the movements of both staff and patients often lead to serious congestion at certain pinch points. However the fabric of the building is clean, decorated to a high standard and well maintained.

In essence, Healthwatch volunteers were impressed by the service provided by Sirona care & health in this setting. Management has clearly imbued the staff with a sense of purpose which they, in turn enthusiastically pursue despite the limitations of the building.

---

## 5 Recommendations

---

- Shaving mirrors are available when required
- Several mentions of being cold, better heating on the ward



## Disclaimer

- This report relates only to a specific visit (a point in time.)
- This report is not representative of all service users and staff (only those who contributed within the restricted time available.)

---

# 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<sup>1</sup>:

- 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 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

---

<sup>1</sup> Section 221(2) of The Local Government and Public Involvement in Health Act 2007



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<sup>2</sup> 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 volunteers 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 affect the provision of care or the privacy and dignity of people using services.<sup>4 5</sup> 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.

---

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

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

<sup>4</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>5</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



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 volunteers 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
- 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 experience of being in a re-ablement ward.

### 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 re-ablement 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 volunteers, 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 coversations with patients /their relatives
  - what questions were important to ask patients /their relatives
  - how to record the conversations with patyients /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 volunteers 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 volunteers 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 were collated and also used to inform the report. A quick debrief session for the E and V volunteers 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.

