



Enter and View Report: Dementia Care

Phase Two: Community Hospitals
January- March 2016



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1. Introduction

1.1 Healthwatch Gloucestershire

Healthwatch Gloucestershire (HWG) was established in April 2013 as part of the Health and Social Care Act 2012 and is the local independent champion for health and social care in Gloucestershire, giving adults, children and young people a powerful voice in helping to challenge and influence the way health and social care services are planned and delivered locally. One of the primary functions of Healthwatch is to gather local people's views and experiences of health and social care. These are passed on to those who plan and deliver services in Gloucestershire, to the Care Quality Commission (CQC), and to Healthwatch England, to help them identify national trends.

Local Healthwatch address

Healthwatch Gloucestershire, Community House, 15 College Green, Gloucester GL1 2LZ

1.2 What is 'Enter and View'?

Part of the local Healthwatch programme is to carry out 'Enter and View' visits to health and social care services. Local Healthwatch Authorised Representatives* carry out these visits 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 Healthwatch can learn about and share examples of what providers do well from the perspective of people who experience the service first hand.

Healthwatch 'Enter and View' visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they will be reported in accordance with Healthwatch safeguarding policies and procedures. If an Authorised Representative observes anything they feel uncomfortable about, they will inform the HWG Lead Representative who will then speak to the site Lead Contact, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding concern about their employer, they will be directed to the CQC where they are protected by legislation if they raise such a concern.

**An Authorised Representative is a person who has undergone the necessary 'Enter and View' training, been DBS checked and approved by the Healthwatch Gloucestershire (HWG) Board. They are individually appointed to carry out a specific 'Enter and View' activity.*

1.3 Purpose of visits

The purpose of the visits was to observe and report upon the care of patients living with dementia in Gloucestershire's community hospitals, paying particular attention to:

- Environment
- Staff interaction with patients
- Engagement and involvement of families/carers
- Mealtimes/hydration
- Examples of best practice



1.4 Strategic drivers

The strategic drivers listed below were the main triggers for the ‘Enter and View’ visits:

- Feedback received by HWG from patients and the public about the care of dementia patients at Gloucestershire community hospitals.
- Dementia care was one of the key priorities in the HWG 2015-17 work plan identified by the HWG membership, board, and through public and patient feedback outlined above.

1.5 Methodology

Thirteen HWG Authorised Representatives carried out **announced ‘Enter and View’ visits** to the following hospitals on the dates shown, with two Authorised Representatives in attendance at each visit. At each hospital they explained the purpose of their visit and spoke to staff, patients, families and carers. They observed and made notes. Many observations relate to all patients, not just those with a diagnosis of dementia. There were no formal structured questions.

In advance of the visits, the Authorised Representatives were provided with copies of the Dementia-Friendly Hospital Charter and the John’s Campaign statement as guidance documents. These documents are included in this report as Appendix 1 and Appendix 2.

John’s Campaign is the campaign for the right of people with dementia to be supported by their carers in hospital, if both the patient and the carer wish, which resulted from the experiences of a retired doctor who was living with Alzheimer’s. This continuous care of the patient has been shown to result in a better quality of care and improved outcomes for the patient. Gloucestershire’s acute and community hospitals have signed up to the campaign.

Date of visit	Day of visit	Hospital	Time of Visit
28/1/16	Thursday	Tewkesbury Community Hospital	3pm - 5pm
23/2/16	Tuesday	North Cotswold Hospital	11am - 3pm
24/2/16	Wednesday	Vale Community Hospital	11am - 3pm
1/3/16	Tuesday	Lydney & District Hospital	11am - 3pm
1/3/16	Tuesday	Stroud General Hospital	11am - 3pm
2/3/16	Wednesday	Dilke Memorial Hospital	11am - 3pm
3/3/16	Thursday	Cirencester Hospital	11am - 3pm

1.6 Authorised Representatives

Albert Weager, Alan Thomas, Bryan Love, David Hearn, Don Espie, Fred Ward, Mike Broom, and Ray Storey, and HWG staff members Anna Rarity, Julia Butler, Pamela Dewick, Sally Latter, and Sophie Ayre.

1.7 Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed at the time.

1.8 Acknowledgements

Healthwatch Gloucestershire (HWG) would like to thank patients, families, carers and staff for their contribution to the ‘Enter and View’ programme.

2. Findings - Hospital Details

2.1 Cirencester Hospital

Comprised three wards: Coln on the ground floor with Windrush and Thames on the first floor. In addition there was a flat attached to Thames which was used for rehabilitation and included a bathroom with standard fittings. An Ambulatory Care Unit was temporarily in operation. Senior staff expressed the hope that the unit would become a permanent resource for the hospital.

Coln Ward:

- Mix of bedded bays and single rooms
- 28 patients
- 13 patients living with dementia or cognitive impairment
- Staff numbers:
 - Early shift: 4 nurses, 4 Health Care Assistants (HCAs)
 - Late shift: should be 3 nurses and 4 HCAs, although staff shortages mean there are sometimes only 3 HCAs
 - Overnight: 2 nurses, 3HCAs

Thames:

- Comprised 2 bays, each containing 4 beds
- 8 patients
- 2 patients with mild cognitive impairment and delirium due to infection
- Staff numbers:
 - Early shift: 1 nurse, 2 HCAs
 - Late shift: 1 nurse, 1 HCA
 - Overnight: 1 nurse, 1 HCA

Windrush:

- Mix of bedded bays and single rooms
- 21 patients
- 10 patients living with dementia or cognitive impairment
- Staff numbers:
 - Early shift: 3 nurses, 3 HCAs
 - Late shift: 3 nurses, 3 HCAs
 - Overnight: 2 nurses, 2 HCAs

In addition, a doctor and a ward clerk were present on each ward during the day.

2.2 Dilke Memorial Hospital, Cinderford

- Comprised 4 bays, each with 5 beds, plus 7 single rooms
- 27 patients
- 2 patients living with dementia
- 4 nurses, 4 HCAs



2.3 Lydney & District Hospital

- Mix of open bays, with 2-6 patients each, and single rooms
 - 24 patients
 - 6 patients living with dementia
 - Staff numbers:
 - Early shift: 3 nurses, 4 HCAs
 - Late shift: 3 nurses, 3 HCAs
 - Overnight: 2 nurses, 2HCAs
-

2.4 North Cotswold Hospital, Morton-in-Marsh

- Comprised 22 individual rooms
 - 22 patients
 - 1 patient living with dementia, 4 patients with some level of confusion but no formal diagnosis
 - 3 staff nurses, 3 HCAs
-

2.5 Stroud General Hospital

Comprised two wards: Cashes Green and Jubilee

Cashes Green:

- Comprised 4 bays of 4 beds each, plus 6 single rooms
- 22 patients
- At least 1 patient living with dementia or cognitive impairment
- Staff numbers:
 - Early shift: 3 nurses, 4 HCAs
 - Late shift: 3 nurses, 3 HCAs
 - Overnight: 2 nurses, HCAs

Jubilee:

- Comprised 3 bays, with 4-6 beds each, plus 2 single rooms
 - 16 patients
 - At least 3 patients living with dementia; other patients with symptoms but no diagnosis
 - Staff numbers:
 - Early shift: 2 nurses, 5 HCAs
 - Late shift: 2 nurses, 4 HCAs
 - Overnight: not known
-

2.6 Tewkesbury Community Hospital

- Comprised 20 individual rooms
- 19 patients
- 4 patients living with dementia
- 38 trained staff in total, including HCAs

2.7 Vale Community Hospital, Dursley

- Comprised 20 individual rooms, each with their own wet room
- 6 or 7 patients living with dementia
- Staff numbers:
 - Early shift: 3 nurses, 3 HCAs
 - Late shift: 3 nurses, 3 HCAs
 - Overnight: 2 nurses, 3 HCAs



3. Findings - Ward Environment

3.1 Cirencester Hospital

The wards were welcoming and calm, and Representatives were welcomed by the management, clinical, and support staff they met. Coln and Windrush wards were busy, Thames ward less so.

Thames ward was newly refurbished and the needs of patients living with dementia had been taken into account. There was a common colour scheme to the décor. Clocks and notices were dementia-friendly, with yellow used as a background colour. The corridor was free of equipment, and signage was clear and consistent.

Hoists and trolleys in the corridors of Coln and Windrush wards caused some difficulties for patients moving around. One patient was seen by Representatives using a Zimmer frame and trying to move down the corridor to the toilet. Staff needed to move equipment to enable the patient to pass. The wards had no common colour scheme.

Day rooms were situated at the far end of Coln and Windrush wards. There were chairs in the windows at the end of each bay on Thames ward. Work was underway to build a courtyard outside for patients to use in warmer weather.

Staff said they preferred the bedded bays to single rooms. Patients reportedly suffered fewer falls in the bays and patients looked out for each other, pressing buzzers to alert staff if others were in difficulty or wandering. However, it was acknowledged that single rooms brought benefits in terms of patients' privacy and dignity.

3.2 Dilke Memorial Hospital, Cinderford

Staff were welcoming and warm. The hospital was calm but busy and a pleasant environment, with colour schemes in the ward to make the spaces easier to identify. An activities room offered tea and coffee for carers and a vintage room had been set up especially for patients living with dementia, although Representatives did not see anyone using it.

A noticeboard display contained useful information on dementia, including references to the 'This is Me' booklet. The ward had been freshly painted and was well equipped. Clocks had dates, and the name of the ward was clearly displayed.

Single rooms were seen by staff as important for infection control and End of Life care. However, there were issues around the isolation of patients in single rooms; it was therefore dependent on the individual patient as to whether or not a single room would be appropriate.

3.3 Lydney & District Hospital

The ward was busy but calm, welcoming and open, with well organised, pleasant staff.

The previous Matron had secured funding to update the ward to become more dementia-friendly. Walls were contrasting colours with coloured signs on toilet doors. Dementia-friendly clocks with contrasting backgrounds displaying the time and date were on the walls of the ward and in individual bays. In rooms and bays clear signs displayed the name of the bay and the hospital. Staff regarded these changes as really positive, saying it helped patients to have a clearer understanding of their surroundings.

There was a clear display of information on dementia. Photos of ward staff and descriptions of the uniforms were also on display. The ward did not have a day room. Staff had discussed plans to create a reminiscence room but there was a lack of available space. Tables at the end of each bay could be used by patients wishing to eat with others.

The hospital only had a few single rooms but staff found them useful for certain patients, such as those who called out or were noisy. This enabled other patients to get rest. Patients also felt better in single rooms if they were used to this environment at home or in a care home.

3.4 North Cotswolds Hospital, Moreton-in-Marsh

The hospital and staff were warm and welcoming, and the environment was calm and pleasant. Staff reported the hospital to be busy at the time of the Representatives' visit, with a number of patients being admitted and discharged.

Staff viewed single rooms as positive for patients and staff, but acknowledged they also created challenges for care. The rooms were positive for younger, less 'unwell' patients, and those with complete independence. Problems arose with patients more prone to falling, who were confused, lonely or feeling isolated.

3.5 Stroud General Hospital

The Matron greeted Representatives and gave an overview of the services. Staff were welcoming and friendly. Patients appeared calm and while the nurses were busy the ward was generally quiet.

Various dementia-friendly initiatives had been put in place. The Vintage Room in Jubilee ward was a lounge decked out in 1950s style, with a gramophone, books, sewing machine, typewriter and other related items. Patients could visit with a carer or volunteer, or on their own if they had capacity. Although Representatives did not see anyone using it, they were shown a photo of a group of patients and staff playing cards in the room. It was a long walk from Cashes Green ward, meaning patients on that ward could only use it if accompanied. Cashes Green ward had no day room.

The toilet doors were coloured with a picture of a toilet and a male or female figure and there were coloured walls in the wards. The bay nearest the nurses' station on Jubilee ward had been allocated for patients living with dementia.

Memory boxes were being developed for patients, and 'Twiddlemuffs' were available. A Twiddlemuff is a knitted hand muff with interesting attachments inside and out. They were designed as a means of providing active stimulation for active hands, promoting increased flexibility and brain stimulation. Many patients with dementia have found Twiddlemuffs reassuring and comforting.

Stroud General Hospital has a very active League of Friends with a budget for dementia care. The League of Friends were in the process of buying dining tables for each bay so that patients could dine together.

Staff had no concerns over single rooms as the majority of patients in these rooms were receiving palliative care.

3.6 Tewkesbury Community Hospital

Representatives were expected and recognised. The staff were very welcoming and cooperative, to the extent that the member of staff who was the dementia specialist was in attendance during the visit.

Both patients and staff were calm. There was a leisure room and refreshments available for patients to interact. Dementia-friendly signs were used to identify bathrooms and toilets. The hospital seemed to be aware of the needs of patients living with dementia and Representatives' observations support this.



Representatives reported that staff agreed the same issues for single rooms. It was, however, noted that security was generally better in the single room system.

3.7 Vale Community Hospital, Dursley

The building and staff were very welcoming, with the ward busy but calm. It was a clean environment, and the patients appeared well cared for.

There was a dining table in the day room and Representatives observed four patients who chose to eat their meal in there. A dementia reminiscence area reflecting the 1950s period had been set up in the day room (right). This was very inviting, although it was not clear to what extent it was used.



Dementia reminiscence room, Vale Community Hospital



From left to right: Vale Community Hospital's sensory boxes, sensory board, and a Twiddlemuff

Sensory boxes were created for the patients to use as part of their therapy, along with a sensory board for male patients. Representatives also saw a box of 'Twiddlemuffs' (a double thickness hand muff with bits and bobs attached inside and out, designed to provide a stimulation activity for restless hands for patients suffering from dementia). Each patient had their own to reduce the risk of cross infection. It was disposed of at the point of discharge if the patient did not want to take it home.

Staff reported that the single rooms made it more difficult to observe patients and it was therefore necessary to carry out more regular checks. Single rooms could also be isolating, particularly if patients were used to living on their own and staying in their room. Representatives were advised that it had often been difficult to persuade a patient to leave their room. Single rooms were, however, thought to provide patients with dignity and privacy. It was noted that the doors to the patients' wet rooms were concertina doors, and that some patients found these difficult to manage.

4. Findings - Staff Interaction with Patients

4.1 Cirencester Hospital

Staff gave full attention to patients when talking with and treating them. Representatives observed staff taking time to talk with and listen to patients on all wards and buzzers were answered promptly.

Managing patients and ward transfers

Senior staff said that patients with challenging behaviours were more likely to be accepted by Cirencester than other community hospitals, because it was larger than most and more flexible in meeting the patient's needs. ABC charts were used to help with management of challenging behaviours. Staff worked together with the Mental Health Liaison Nurses and involved a patient's family when dealing with challenging behaviour.

Taking care of patients' property was a recurring issue. Senior staff acknowledged that keeping track of hearing aids and dentures was a problem and that such items had sometimes been mislaid. Pots with the patient's name on were used for storage of dentures, and a tick list had been trialled to keep track of hearing aids. Staff on each new shift were given a tick list of the patients which included the statement "*I have one/two hearing aids - am I wearing them?*" as a means of checking whether the patient had their hearing aids. The effectiveness of this approach has been patchy. Laminated posters reminding staff and patients about hearing aids were being considered as an alternative.

Senior staff had liaised with the Equality and Diversity Manager for Gloucestershire Care Services, and as a result hearing aid loops and associated aids were installed on the wards. Staff aimed to use these where appropriate and with the agreement of patients, so that an individual's personal hearing aids could be locked away safely. The refurbishment of Thames ward included the provision of new lockers, and staff were keen that similar lockers be fitted in the other wards. Representatives were told this would happen as finances allow.

Staff took steps to maintain privacy and dignity for patients. There was a single incident on Windrush ward during the Representatives' visit, when they entered a four-bedded bay to talk to a visitor. Staff had arrived to change a catheter for a patient, and the privacy curtains had yet been pulled across. The Representatives apologised and withdrew.

One patient in a single room close to the nursing station on Windrush ward had a low bed with a mattress alongside. Staff reported that even with close observation the patient was unsteady and had suffered a number of falls. The mattress had been put in place for her protection.

None of the patients on the visit had been transferred between wards in Cirencester hospital, although staff noted that patients transferring from the acute hospitals may have been moved a number of times there, for instance from the Emergency Department (ED) to the Acute Care Unit, to a general ward. It was assumed that most patients would have problems with orientation on admission, and staff handled these situations as necessary. Patients with higher level needs were admitted to rooms or bays closest to the nursing station to aid observation. Wherever possible, patients were not transferred from ward to ward within the hospital, although occasionally patients were moved from Coln or Windrush wards to Thames ward because of its focus on rehabilitation. This did not tend to include patients experiencing cognitive impairment. The focus on maintaining a quiet, calm environment on the wards ensured that patients generally settled in well. Senior staff said the hospital was able to keep patients under its care for longer due to the quality of medical cover, which resulted in improved outcomes and patient experience due to consistency of staff and surroundings.



Butterfly System and 'This is Me'

The Butterfly Symbol was above some patients' beds, and the 'This is Me' booklet was in use. Occasionally patients admitted from the acute hospitals brought a booklet with them. In other cases, staff provided families or carers with a blank booklet for them to complete.

Staff training and volunteers

A Dementia Link Nurse, trained to NCFE Level 3, was working on Coln ward. Her role was partially that of a resource to cascade training, and for other staff on all wards to approach for advice. On the day of the Representatives' visit, the Dementia Link Nurse was due to attend a GCS-wide meeting on technology to be used for the benefit of patients living with dementia.

All three wards had previously had a Dementia Link Nurse. Senior staff said a new member of staff with specialist dementia training had been appointed for Thames ward but had not yet started work. Each ward was represented by a Link Nurse on the hydration and nutrition group, looking at what works best for patients living with dementia.

In the previous year all staff attended a two-day dementia training course, focusing on 'Barbara's Story' which covers the experiences of a patient with dementia during a hospital visit. At the time of the Representatives' visit, the County Council dementia training courses were fully booked, so staff were unable to access this training.

Bank and agency staff were reportedly used on all wards as a matter of course. There were staff shortages during school holidays, for instance during half-term, the week preceding the Enter and View visit, each shift was short of one member of staff.

All managers do two clinical shifts each week.

Volunteers helped with patient questionnaires and supported patients to make menu choices. Red Cross volunteers offered hand and shoulder massages. There were also chapel volunteers and volunteers who distributed and read newspapers to the patients. Representatives met a number of volunteers at the hospital, identifiable by their tabards, although none were observed in action.

4.2 Dilke Memorial Hospital, Cinderford

The staff team were well-led and staff members took time with patients. Buzzers were answered and patients attended to in a timely way. One-to-one support was sometimes offered in the case of patients repeatedly calling out, although this depended on the reason for calling out. Some patients were said to need constant reassurance.

Managing patients and ward transfers

There were patients with challenging behaviours on the ward, although this was not evident at the time of the visit. Where necessary, one-to-one supervision was provided. Representatives spoke to one patient, understood to have mild dementia, who talked about staff 'shrieking' at him and said that he found the 'discipline' on the ward hard to adjust to.

On admission to the hospital, patients' hearing aids and dentures were recorded on a property list. Each patient had a pot which could be used when storing hearing aids and dentures in lockers. These items had sometimes been lost when patients removed them. Staff advised that items be taken home if they are costly and likely to be lost.

The senior staff nurse emphasised to her team the need to treat each patient as an individual. Patients were not referred to by bed number, for example, but by their names. No mattresses were seen on the floor. Staff preferred to look at other options, unless a mattress had been specifically requested to protect the patient.

Ward transfers to and from the acute hospitals sometimes left patients agitated and anxious. The senior Sister suggested that the acute wards provided an almost sensory overload at times. Patients that had been transferred needed watching more closely for the first 24 hours, occasionally including one-to-one supervision. Patients living with dementia were given a gentle introduction to their environment, although the approach was dependent on the stage of dementia.

Butterfly System and 'This Is Me'

The Butterfly System was in operation, and the 'This is Me' booklets were observed at the bottom of patients' beds. These were said to help staff to care well for patients. For example, if a patient became agitated at a certain time of day, it might be because it was the time when they always walked their dog; in which case, the patient might be taken outside for a walk in the fresh air.

Staff training and volunteers

A full day's training was offered to the whole staff team once a month as part of a rolling programme. The team seemed focussed on and understanding of the needs of people living with dementia, particularly the Senior Sister who had experience of the condition within her own family. She was very supportive about training and the importance of understanding dementia. As well as the 'vintage room', ideas were being developed about offering a new session to both patients and the wider community which would involve signposting but also singing and exercises working with therapists.

Agency staff tended to be used at night, and some were regularly used but the hospital did try to limit the use of agencies.

Seven volunteers worked on the ward, undertaking a variety of tasks including supporting domestic staff in keeping water jugs topped up, and general tidying.

4.3 Lydney & District Hospital

Staff were observed spending time with patients, conducting medical tasks, giving medications, and assisting patients to go to the toilet. One patient, living with dementia and in a single room near to the nurses' station was coughing and even though he was neither calling out nor pressing his buzzer, staff went into the room to check on him and give him a drink.

Managing patients and ward transfers

Staff conducted regular reviews, primarily of medication, for patients with challenging behaviours. The ward had weekly contact with a Mental Health Liaison Nurse who offered support and advice for patients living with dementia. The nurse also visited the hospital as required.

Individual pots were provided for patients to store dentures and hearing aids. Privacy and dignity were being maintained, with curtains pulled round a patient and doors shut if required. The hospital had high-low beds for use with patients with an increased risk of falls and other care requirements and families were kept informed and consulted about their use. Staff also ran risk assessments and used alarms for patients who wandered.

Patients were admitted from acute hospitals and through GP referrals into the Single Point of Access (SPA) system. There were only a few bed moves, which would mainly be due to a patient requiring a side room or closer observation, or if patients needed to be moved to address single-sex bay issues. Bed movement was restricted as far as possible to avoid confusion. The bays were similar but had clear signs stating which ward and hospital they were in.



Staff reported that there had been breakdowns in communication between assessments of patients by other hospitals, the SPA, and Lydney & District hospital. Often, a patient would have been assessed by the SPA as suitable for admission into the community hospital but when the patient arrived, it was decided that a bed in the community hospital was not suitable due to the patient's higher level of need or greater than expected dependency. This could be extremely confusing for a patient living with dementia because they would have to return to another hospital, or the community hospital would need to move a patient to another bed, or get other members of staff in to cover this.

Butterfly System and 'This is Me'

Staff stated that they do operate the Butterfly System although this was not observed in the bays. Patients were sometimes admitted from the acute trust with name bands marked with a butterfly, but staff said they do not use these for patients admitted directly.

The 'This is Me' booklet was used and staff were aware of it. Patients were often not sent to the hospital with the booklet, and there was inconsistency from patient to patient in how it was completed and used. Staff had received comprehensive documents for some patients, and felt that this was a useful document to assist them in their role.

Staff training and volunteers

Bank and agency staff were used to increase numbers if there were patients who were very confused, or if a patient required one-to-one care.

Senior staff stated that all staff working on the ward attended a two-day dementia training course, and that this was the case across all community hospitals. This included domestic staff and other 'non-nursing' staff such as physiotherapists and Occupational Therapists. Senior staff supported this, and the hospital had shared resources with The Dilke Memorial hospital. For example, the dementia leads at The Dilke Memorial hospital had supported training in-house at Lydney.

An HCA told Representatives that she thought the training had been adequate, and that she had not had any formal training apart from her induction. She had previously worked in a care home, thought that she knew enough about patients living with dementia as a result, and would request training if she needed it.

There were reportedly volunteers on the ward, although Representatives did not observe them during the visit. The volunteers chatted to, read to, and supported patients, but did not provide care or support patients during mealtimes. The staff expressed the intention to increase the number of volunteers.

4.4 North Cotswold Hospital, Moreton-in-Marsh

Staff were observed interacting with patients and visitors, and one nurse was providing one-to-one attention to a patient receiving palliative care. Buzzers were answered by staff in a timely fashion.

Managing patients and ward transfers

There were no patients with challenging behaviour at the time of the visit. With such patients, staff stated they reviewed whether the patient was suffering from any other illness, such as infections and kept them calm. Staff had links with the Mental Health Liaison Nurses at least once a week.

There were boxes for dentures which could also be used for hearing aids. All patients had single rooms and were not left in view of the main corridor if they were receiving medical attention.

Butterfly System and 'This is Me'

The Butterfly System was not used following a ward decision not to 'label' people. Whiteboards above the beds in the patients' rooms were used for important information, with standard symbols identifying an individual's needs such as dietary, mobility or other more specific requirements. Staff stated that information about individuals was handed over to all those involved in their care, including volunteers where necessary.

They were aware of the 'This is Me' booklet, but that it was not used on a regular basis. Staff thought it was most useful when the booklet had been put in place before the patient was admitted to the ward. They were then able to add any specific likes or dislikes to the patient's whiteboard.

Staff training and volunteers

The Matron stated that the number of trained nurses and HCAs on the ward was fluid. There were 'safe' levels of staffing for early, late, and night shifts, but these could be increased depending on the number of patients. If an additional resource requirement was identified by the Senior Sister and agreed by the Matron the increase was achieved by using bank staff and members of the team from the off duty list. A Sister stated that during the night shift there were only two nurses and two HCAs on duty, which could prove challenging because they were the only staff in the hospital overnight.

Training was available on site from the Dementia Link nurse and HCA. The Dementia Link nurse had completed a two-day intensive dementia training course, and she thought it would be beneficial if it was compulsory for all staff. She had given on the job training as necessary, or as identified through appraisals or observation. One member of staff stated that during her appraisal she had identified that further dementia training would help her feel more confident looking after aggressive or challenging patients.

North Cotswold had a regular team of volunteers, although none were observed on the ward during the visit. Volunteers ran the sweet/newspaper trolleys, kept stock levels up, and chatted to patients if they needed company. One volunteer was also involved in managers' meetings and acted as the 'eye on the ward' in order to identify potential problems for patients and to report back.

4.5 Stroud General Hospital

Staff were genial with patients and were observed taking time with those who required attention. Four of the patients could not speak highly enough of the care they were receiving. One patient said, *"The care is 100% in every way. You feel relaxed. It is old-fashioned, in a nice way."*

Representatives did not hear any buzzers but three patients reported that nurses answered buzzers as quickly as they could, given that they were always busy. One patient said, *"The nurses can't always answer straight away, they are under pressure, they can't be everywhere"*, and *"They could do with more staff, if someone is sick they don't always answer the bell."*

Managing patients and ward transfers

Representatives saw one man living with dementia wandering the corridor in Cashes Green ward. He was gently persuaded to return to his room to eat his lunch. When Representatives left, the door to the ward had been locked to prevent him wandering out. The ward Sister said this was for the patient's own safety.

A staff 'tagging' system had been introduced to the 'Blue Bay' in Jubilee ward, meaning that there was a member of staff in the bay at all times and they could only leave when 'tagged', or replaced, by another member of staff. This system was designed to reduce the number of patient falls and



Representatives were told that this had proved to be very effective at doing so. However, Representatives did witness a short period of time when there were no members of staff in the bay.

One mattress was observed on the floor. The patient concerned had been hospitalised after suffering a severe fall and, as he was at risk of falling again, a Risk Assessment had been carried out. He was placed on a mattress on the floor with a crash-mat at his side. Representatives witnessed an HCA on her hands and knees feeding the patient. The Matron said that the League of Friends were in the process of purchasing six hi-low beds.

No ward transfers were witnessed, and orientation issues were not discussed. Three patients on Jubilee ward were medically fit and waiting for a care package to be put in place, which had a waiting time of approximately four days. On Cashes Green ward four patients were awaiting a care package. The ward Sister thought the delays might be caused by a lack of carers in the district.

Butterfly System and 'This is Me'

Representatives did observe the Butterfly System in operation, and the notice board displayed details about the 'This is Me' booklet. Staff said they found the booklet useful as a reference when patients do have one. Patients living with dementia who do not have the booklet were encouraged to complete one with their family.

Staff training and volunteers

On the day of the visit there was a full complement of staff, none of whom were agency nurses. The Matron reported that even when agency nurses were employed they were usually the same ones. Two patients told Representatives that the nurses were often under pressure.

The Matron stated that all nurses received dementia training in their induction. Further training was not mandatory, but it was policy to get everyone trained. There was a fully trained Dementia Lead on Jubilee ward and support Link Workers on both wards. Cashes Green ward did not have a Dementia Lead. The Jubilee Dementia Lead and Link Worker had recently completed their Dementia Trainer accreditation and would be providing ad-hoc training for the staff. All staff were encouraged to attend the two-day dementia training programme run by the County Council, but this was fully booked for the year ahead. The Personal Assistant on Jubilee ward said she had not received any dementia training and thought she would benefit from some. An HCA told Representatives that she had not received training to feed patients living with dementia, but she had previously worked in a care home and so was familiar with the process.

There was an active volunteer scheme and a volunteer manager in post. Representatives spoke to a volunteer who came in to make beds, relieving the pressure of work on the HCAs. Volunteers came in daily to do this. Representatives were also told that volunteers came in as dining companions, to listen to music, or just to chat, although this was not witnessed. Volunteers also help to get patients ready for food service/meal times. Twenty-five volunteers were undertaking dementia training using 'Barbara's Story' about the experiences of a woman with dementia during a hospital visit. One volunteer said that, prior to retirement, she had worked extensively with older people. There was also a recruitment drive to encourage young people to volunteer and 20 health and social care students were participating in 2-year placements at the hospital.

4.6 Tewkesbury Community Hospital

The general area was calm, with lights above each room to highlight a call or whether the room is occupied by a cleaner or nurse. Calls for attention were responded to promptly.

Managing patients and ward transfers

There were patients with 'unmet needs' or challenging behaviours on the ward. Information from a patient's history was used by staff to anticipate and deal with such needs.

At one stage, Representatives were asked to talk to a patient living with dementia. She wanted to know what was going on and was willing to talk about her experiences. On leaving, since this was not planned, Representatives were thanked by the staff for spending time with her. This was a patient regarded as having 'unmet needs', and staff said it was likely her behaviour would become challenging later.

In cases where patients had no personal storage for dentures and hearing aids, the hospital provided them.

Butterfly System and 'This is Me'

The Butterfly System of identification was in use and, apart from one patient, was clearly seen. The 'This is Me' booklet was used to help both patients and visitors connect with each other.

Staff training and volunteers

As part of the induction into the hospital every member of staff underwent a two day 'Dementia Awareness' course. This was totally supported by management. There was also a Dementia Specialist member of staff who was undertaking a degree in Dementia Care.

There were many volunteers available who were managed through a local coordinator. This included pastoral care where necessary.

4.7 Vale Community Hospital, Dursley

The staff were very welcoming and the patients were calm. Staff were encouraged to spend time with patients, including playing games in the day room with patients living with dementia. Buzzers were answered promptly. Representatives did not observe any patients calling out.

Managing patients and ward transfers

The hospital did not usually have patients with challenging behaviours.

Representatives asked if crash mats were used, and were advised that staff tried to avoid this as the mats create trip hazards. All beds were Hi-Lo and could be lowered down to floor level.

Denture pots were available for patients, although staff found that many patients chose to wrap their dentures in tissue and tuck them under the pillow. Hearing aids rarely got lost as patients could put them into the hearing aid box and the hospital supplied spare batteries if necessary. Dentures and hearing aids were recorded on the patient's property list.

No internal transfers were observed. The hospital had discharged a large number of patients the day before the visit and were still receiving admissions on the day.

Butterfly System and 'This is Me'

The Butterfly System was in operation, and the 'This is Me' booklet was used for relevant patients. Staff also advised that the hospital made use of John's Campaign.



Staff training and volunteers

Staff were encouraged to attend a two day Dementia training course, although it was not compulsory. It was, however, compulsory to attend the safeguarding training. Training opportunities were supported by the manager, and a member of staff was developing a Dementia Care role. Staff appeared eager to learn new things.

Volunteers on the ward bring round a trolley for patients to make purchases, or sit and chat with patients, and help get patients ready for food service/meal times. There are approximately five volunteers in total, but the hospital is recruiting more.

5. Findings - Engagement and involvement of families/carers

5.1 Cirencester Hospital

Staff reported that they viewed families and carers as ‘part of the team’. Visiting hours had been extended from 11.30am to 8pm, the hospital provided meals for carers, and the flat in Thames ward had been used by family carers if they needed to stay overnight. Representatives observed one member of staff offering a meal to a carer at lunchtime.

Relatives and friends were encouraged to be involved in the care of patients. Staff encouraged families to bring in familiar items - mugs, cutlery, cushions, bedding, etc. to help patients feel at home, although this is always assessed on an individual basis. They were also welcome to support patients at mealtimes.

Views of families/carers

Representatives spoke to two patients’ family members. They each said they felt that the care that their relatives were receiving was really good. They felt welcomed and involved. One relative commented positively on the flexible visiting times at the hospital and the attentiveness of the staff. This was not the first time that this patient had had a stay at Cirencester Hospital; each time they felt well looked after.

One patient commented that the overnight staff were less friendly, but that nevertheless they assisted promptly and met all their needs.

5.2 Dilke Memorial Hospital, Cinderford

Families and carers were viewed positively. ‘John’s Campaign’ was supported, and the staff dealt with patients and families on an individual basis. Carers were able to visit when they wanted, especially to help at mealtimes, although this was subject to agreement by the ward staff.

Views of families/carers

There were no families or carers visiting at the time of the Representatives’ visit.

5.3 Lydney and District Hospital

Staff stated that they encouraged family members and carers to be on the ward for those patients living with dementia with an open visiting policy. Families and carers were encouraged to help with mealtimes, and to help patients who were confused at being in an unfamiliar environment. Family members who were also carers were supported to have respite. There was a room for families or carers away from the ward.

Views of families/carers

There were no carers or family members on the ward during the Representatives’ visit. Two patients identified as living with dementia were not willing/able to talk to Representatives.

One patient who spoke to Representatives said, “*the care is good, I can hardly walk, but they help me a lot on the ward, the nurses are lovely.*”



5.4 North Cotswold Hospital, Moreton-in-Marsh

Families and carers were viewed positively, and although there were visiting times these could be flexible, especially for those patients living with dementia. Staff encouraged family members to come in and assist their relatives at mealtimes or to help wash them or sit with them, as they chose. There was a large day room, and staff said that they encouraged communal dining with relatives. Staff also identified that some carers or family members saw their relatives' time in hospital as respite, and staff were supportive of those who felt that way.

Views of families/carers

One family was available to talk to during the visit. The 'Enter and View' visit was explained to the daughter of a patient who was happy to provide feedback on their experience:

"My Dad is a patient here. He had a chest infection and was going downhill so we spoke to his GP and requested that he go here to be cared for rather than go back to CGH. I find it a great facility to have on our doorstep. They always have time to talk to us here and explain to Dad and us what is going on and what will happen next for treatment. As a family we have found the service fantastic. The nurses are kind, caring and patient and there are a lot of the same staff as when he was in last year and they recognised us. My Mum is his primary carer and she has fantastic support here. She is welcome anytime to help him and has been encouraged to use the day room if Dad is asleep or she needs a break."

5.5 Stroud General Hospital

The hospital had a member of staff dedicated to working with carers and was setting up a steering group for carers.

Representatives were told that families could get involved in the care of their loved ones but this was not witnessed. There were no facilities for a carer to stay overnight unless the patient was in a side room and they slept in a chair. The Matron said that the Stroud Hospital League of Friends was reviewing the options for refurbishing a room elsewhere in the hospital for carers to stay overnight.

Views of families/carers

There were no families or carers on the ward on the day of the visit.

5.6 Tewkesbury Community Hospital

Families and carers were welcomed and the hospital referred to 'John's Campaign' for best practice. Facilities were available in the Quiet Room for families to stay overnight if required. Families were also encouraged to be available when patients arrived at the hospital, to help patients settle in.

Views of families/carers

Representatives were able to talk to two patients, one with family in attendance. They were very satisfied with the conditions and the care available.

5.7 Vale Community Hospital, Dursley

Families and carers were welcomed into the hospital and encouraged to help care for the patient, including feeding and dressing them. Representatives were shown a room known as the 'Quiet Room' which had a bed settee, a fridge, microwave, separate toilet and shower. It was frequently

used for relatives of patients needing to stay overnight. A family/carer the Representatives spoke to said she had used the room several times.

Views of families/carers

The Hospital Team Leader asked a family member/carer (Sally) if she was willing to talk to the Representatives. Her husband had had two stays in GRH before Christmas and was admitted to the Vale three weeks previously. Sally said the resident GP was fantastic, the nurses were amazing, and that it was brilliant that patients had separate rooms with all the facilities. The visiting hours were brilliant as they enabled her to visit her husband at mealtimes. The meals were fantastic for patients but visitors had to bring their own.

Sally thought it was a real advantage that, because of the size of the hospital, the same nurses were always on duty, which was nice for the patients and provided continuity. She said there was a real family feeling about the place and she felt very lucky to be there. The Vale could provide everything her husband needed and he was very happy.



6. Findings - Mealtimes and Hydration

6.1 Cirencester Hospital

Water jugs and beakers were observed to be within reach of patients in bed. Some patients had straws in their beakers. Magnetic signs were used above beds in Coln and Windrush wards to indicate whether patients had particular needs, such as thickeners in drinks to guard against choking.

Staff said that mealtimes were protected. Families and carers were allowed and even encouraged to visit at mealtimes.

Representatives observed some use of coloured crockery but this was not universal. Senior staff spoke about the ongoing work of a hydration and nutrition group at the hospital, which looked at what works well for patients with dementia. As a result of the group's work, the hospital would be investing in new coloured crockery for patients. The new crockery will have yellow rims edged in blue and deep-rimmed plates.

Red trays were observed in use but some were being used by patients who did not appear to need support. Volunteers were not trained to assist patients with meals; this was a role for staff. However, volunteers had supported patients to make menu choices. Representatives observed staff assisting patients on each ward with meals, including those with difficulty swallowing. Catering staff were observed using drinks thickeners for some patients. Those patients who required specific food or utensils received them without delay. One patient on Coln ward was asleep at lunchtime. Staff gently woke her to ask if she wanted to eat, but she declined.

6.2 Dilke Memorial Hospital, Cinderford

Fluids were in reach of patients. Two-handed red cups were used, and the ward did not usually use lidded 'sippy' cups. Staff were asked to encourage drinking and keep patients well hydrated. Mealtimes were protected.

Representatives observed coloured plates in use. The tick box on menu cards was used for red plates and a red tray system was in operation for patients living with dementia, if it had been identified that this would be helpful.

Staff supported patients living with dementia to make meal choices through the use of picture menus. Patients were also supported by staff to eat properly. Representatives observed a patient living with dementia being fed by an HCA. Volunteers were not trained to help patients with feeding, nor with encouraging patients to eat.

Where patients had difficulty swallowing, an assessment was carried out by a speech and language therapist. If there were concerns before the assessment, then pureed foods could be given, thickened fluids offered or nil by mouth - this was dependent on how long it would take for an assessment to be arranged. There were times when advice on dealing with swallowing difficulties was given over the phone.

Families were allowed to visit when they wished, subject to staff agreement. A decision about whether it would be helpful for family to encourage a patient to eat or to support a patient with feeding was made on an individual basis. Sometimes it was found to be easier for the spouse to eat with the patient, in which case the staff set a table and provided a meal for both.

6.3 Lydney & District Hospital

Food and fluid charts were used to monitor and manage patient intake. Fluids were observed to be on tables within reach of patients, and magnetic signs placed above the beds indicated if a patient required a special diet, such as soft food or puree diet. The magnetic signs also indicated if a patient needed help to eat or drink. Staff said this enabled anyone involved in the patient's care to be informed about their additional needs.

Mealtimes were protected from medical intervention, although families and carers were able to assist patients. Staff stated that red plates, cups, and red-topped jugs were used for patients living with dementia, but Representatives did not see them in use. The red tray system was used and the ward ticked the box on the menu card for red plates. Family members or carers often helped patients living with dementia to make a meal choice. If family members or carers were not able to do this, the staff would assist the patient.

Mealtimes were not observed during the visit. If patients had swallowing difficulties, the hospital had a Multi-Disciplinary Team (MDT) on site comprising an Occupational Therapist and Physiotherapist. Ward staff received support from the MDT with a wide range of issues.

6.4 North Cotswold Hospital, Moreton-in-Marsh

Fluids were seen in reach of some patients, although it was not possible to observe all patients due to them being in single rooms. Patients had food or fluid charts, and staff encouraged patients to drink at regular intervals during the day.

According to staff, mealtimes were protected but family and carers were welcome to visit to help a patient if they wished. Staff let family and carers know they could leave mealtime support for patients to the ward staff if the carers were in need of respite.

Representatives did not observe whether coloured crockery was used at mealtimes, although there was a tick box on the menu cards for red plates. For patients in need of support with meals, the red tray system was in operation. Staff assisted patients to complete menu cards if they needed help or did not have family or carers.

6.5 Stroud General Hospital

Fluids were observed within the reach of patients and mealtimes were protected with visiting times strictly adhered to, although exceptions had been made if a visitor had travelled a long distance, or if the patient was reaching the end of life. Family or carers who wished to assist with mealtimes had been accommodated.

The red tray system was in operation and the names of patients who required assistance were marked on the menu sheet. Representatives were told that specialised cutlery was available, although none was seen. There was a tick box on the menu for red plates and a patient with a visual impairment was given a red cup to use.

The majority of patients fed themselves and ate their entire meal. Several patients were very complimentary about the food.

6.6 Tewkesbury Community Hospital

Although Representatives were not present during a mealtime, it was clear that red crockery was in use. Representatives were informed that its use was based on an individual assessment of a patient.



Mealtimes were protected, but families were allowed in if required. Menu cards included a tick box for red plates, etc. and were checked each day after completion by a registered nurse. The HCA reported untouched meals to a nurse for action.

6.7 Vale Community Hospital, Dursley

Food was well managed. Drinks were in reach of the patients, and mealtimes were protected. Families and carers were allowed to visit during meals and indeed were asked to come to help encourage patients to eat or to assist with eating.

Representatives did not see any red crockery, although one patient in the dining area asked for a 'plate guard' which was red. Staff advised that red crockery was used to identify patients who needed monitoring or help with feeding. Volunteers had been trained to help patients eat and to encourage patients to eat, so support was available to patients when needed.

The red tray system was used both for patients who needed to be fed, and also for patients who might need some assistance and therefore should be monitored. This was indicated on the menu cards, and Representatives heard meal servers say, "*Patient in xxx room is red tray*". Representatives were only able to observe four patients in the day room, but were advised that staff ensured patients ate their meals. One patient in the day room who was very shaky, was served his food on a red tray but refused all offers of help, absolutely determined to manage by himself - which he did. Representatives observed a staff member ask if he was managing. Staff were willing to cut the food up for patients when asked.

At lunchtime, the food was brought into the day room on a trolley and all meals were served from there. Although hygiene hats were worn, many were not worn properly and one staff member with a low ponytail had not tucked it under her hat.

Representatives did not observe staff helping patients living with dementia to make a meal choice, but were advised that staff would sit and talk it through with patients. No menu cards were seen, but Representatives were advised that there was a varied choice of food, including a choice of soft/puree food. Hotel Services engaged with patients if they required other choices, such as vegetarian, gluten free, etc. Meals were ordered the day before, brought in frozen, and cooked in the onsite kitchen.

7. Additional Patient Feedback

7.1 Stroud General

- *“The meals are not always as hot as you would like, this is because all the courses come at the same time.”*
- *“The patients receive tender, loving care, it is absolutely lovely here.” A volunteer*
- *“This hospital is 100% in every way”*
- *“Patients are treated well, excellent care, the staff are wonderful but you have to expect to wait sometimes when you ring the bell”*
- *“The care here is wonderful, it is 5 star compared to GRH.”*



8. Conclusions

The conclusions drawn from the visits by the Authorised Representatives to Gloucestershire's community hospitals should be taken as illustrative of general points. It is acknowledged that the situation differs in each hospital, and even between wards in the same hospital, so the conclusions and recommendations are intended to both highlight the positive work with patients living with dementia, and also to flag up suggested areas for improvement.

8.1 Ward environment

- **Dementia-friendly environment:** The effort made across many of the community hospitals to take the needs of dementia patients into account in the decoration of the wards contributed to the overall impression of them being friendly and welcoming. These included the use of colour to identify specific areas, dementia-friendly signs and clocks, as well as noticeboards with information about dementia which were observed in a few of the hospitals. Three hospitals have set up 'vintage rooms' and although these changes are not yet universal, it is seen as a positive move for patients and their families.
- **Patient movement:** Representatives observed equipment in the corridors of two Cirencester Hospital wards which caused difficulties for a patient with a Zimmer frame. It is suggested that staff need to be aware of potential obstructions for patients, particularly for those with mobility issues or dementia.

8.2 Staff interaction with patients

- **Dementia specialist staff and general training:** Dementia specialist staff work at five of the hospitals, and there is a role in development at Vale Community Hospital. It is unclear whether there is a specialist role at Lydney & District Hospital, although there is a relationship with the Dementia Leads at The Dilke Memorial Hospital. The reported numbers of staff across all community hospitals who have attended the two-day dementia training course is very encouraging. It is noted that North Cotswold Hospital currently uses in-house training provided by the Dementia Link nurse. This may be connected to reports from staff members in several hospitals that the course is currently fully booked.

8.3 Engagement and involvement of families/carers

- **Visiting times:** Following the principles set out in John's Campaign, most of Gloucestershire's community hospitals are flexible over visiting times for families and carers. This may be achieved through extending visiting times to cover most of the day (Cirencester Hospital), flexibility over visiting times (The Dilke Memorial Hospital, North Cotswold Hospital, Tewkesbury Community Hospital, Vale Community Hospital), or an open visiting policy (Lydney & District Hospital). Stroud General Hospital currently adheres strictly to visiting times (with exceptions for patients nearing the end of life), but it does appear that families/carers are able to visit to assist patients with meals.
- **Positive engagement and involvement:** Although there were limited opportunities for Representatives to discuss the hospitals with families and carers, views gathered indicate that the treatment of patients and their visitors was regarded positively. Staff comments also indicate a recognition that the families and carers of patients are part of the team and that their own needs, whether to continue to care for the patient or to have respite from caring responsibilities, should be recognised.

8.4 Mealtimes/hydration

- **Red Tray system:** There appears to be good awareness of support options for meals for people with dementia. The red tray system is in operation in all of the community hospitals to varying degrees, allowing for the monitoring and provision of support to patients who may need assistance. How well the system works is difficult to assess in relation to single rooms; Representatives in Vale Community Hospital did see a partially eaten meal on a red tray disposed of by staff but did not witness the interaction with the patient concerned.
- **Coloured plates and cutlery:** Coloured crockery was seen in some hospitals and not others, although Representatives were told it was available if needed. Coloured cutlery seems to be less well used, although all hospitals indicate it is available. The visits all included lunchtime, apart from Tewkesbury Community Hospital, and there were patients living with dementia in every hospital. It may have been determined that coloured crockery was not required, or Representatives did not witness its use if the patient was in a single room. It is noted that Cirencester Hospital, which was seen to use some coloured crockery, will be investing in new crockery on the advice of their hydration and nutrition group.

8.5 Best practice

- **Use of 'This is Me':** The way that staff make use of the information in the booklet can help personalise the care provided for a patient with dementia enormously. This was illustrated with an example given by staff at The Dilke Memorial Hospital of a patient who became agitated at a certain time of day because that was when they took their dog for a walk. By being made aware of this aspect of a patient's life, staff might then be able to reduce agitation levels by taking the patient for a walk outside.
- **Family/carers staying overnight:** Currently Cirencester Hospital, Tewkesbury Community Hospital, and Vale Community Hospital have facilities to enable family members or carers to stay overnight with the patient, in line with the principles of John's Campaign. Stroud General Hospital is reviewing options for refurbishing a room in the hospital to enable a carer to stay overnight.
- **Family/carers and mealtimes:** In addition to welcoming families and carers to support patients at mealtimes, Cirencester Hospital, The Dilke Memorial Hospital, and North Cotswold Hospital will also offer the visiting carer a meal, on a case by case basis. The Dilke Memorial Hospital will set up a table and provide a meal for a visiting spouse, where it has been found to be easier for the spouse to eat with the patient, and North Cotswold Hospital staff encourage communal dining with relatives in the large day room.



9. Recommendations

As a result of the visits, the following recommendations are suggested:

General

- **Activity sessions:** It is not clear from Representatives' reports whether there are activities on offer to patients in those hospitals which have a day room available. HWG suggests that the community hospitals consider whether any existing provision should be reviewed, for instance in the case of over reliance on a single member of staff, and whether it would be practical to introduce such sessions to provide mental stimulation for patients.

Ward environment

- **Dementia-friendly environment:** HWG recommends the continuation of the process of improving the hospital and ward environments according to the recommendations set out in the Dementia-friendly Hospital Charter:
 - ✓ Signage using pictures and text and hung at a height where it can be easily seen
 - ✓ Toilet doors painted a single, distinctive colour; toilet seats and rails in a colour that contrasts with the walls and floor
 - ✓ Pictures/objects and/or colours used to help people find their way around
 - ✓ Seating areas in wards, departments and along corridors

Staff interaction with patients

- **Training and Dementia Champions:** HWG notes the current difficulty in accessing the Gloucestershire County Council training course, as well as the numbers of staff members who have completed the training so far. It is recommended that, in the interim until additional training courses become available, information is cascaded from those members of staff who have received training to those who have not. It is also recommended that staff who wish to become Dementia Champions be identified and supported to do so, particularly in those hospitals which do not currently have a Dementia Champion in post.

Engagement and involvement of families/carers

- **Visiting times:** HWG suggests a review of information provision to families and carers to ensure that they are aware of the flexibility to visit outside regular visiting times, particularly for those hospitals that require staff agreement, and for Stroud General Hospital which does not currently offer flexible visiting.

10. Service Provider responses

Gloucestershire Care Services NHS Trust

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Barbara Piranty
Healthwatch Gloucestershire
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Gloucester
GL1 2LZ

Tel: 0300 421 8179
Email: Sue.Field@gos-care.nhs.uk
Web: www.glos-care.nhs.uk

22nd August 2016

Dear Barbara,

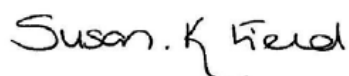
Enter and View Report – Dementia Care

Thank you for sharing this report and I would like to make the following comments:

- Page 6 of the report mentions that Coln Ward has 28 beds, which was correct at the time, but 8 of these beds were what we refer to as “escalation beds”, which were in place to support any pressures that the health system experiences. Normally Coln ward has 20 beds.
- We welcome the recommendations made in the report and have already incorporated them into our Dementia Care work plan, which is being led by Jane Evans, Clinical Pathway Lead for Dementia.

Finally, can I thank the Healthwatch team on behalf of the Trust for visiting our Community Hospitals as part of this review - our teams appreciated that time spent with them.

Yours sincerely,



Susan Field
Director of Nursing

CC: Paul Jennings, Chief Executive Officer

Barbara Piranty
Chief Executive
Healthwatch Gloucestershire
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Tel: 0300 4211754
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20 July 2016

Dear Barbara

Enter and View Report: Dementia Care, Phase Two: Community Hospitals, January- March 2016

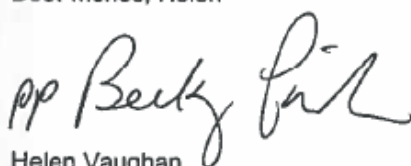
Thank you for the opportunity to read the Healthwatch Gloucestershire Enter and View Report: dementia care (Phase Two: Community Hospitals) that took place earlier this year.

It was a positive report that demonstrated the improvements made in community hospitals since the launch of the National Dementia Strategy (NDS) in 2009. I was particularly struck by the description of calm and welcoming staff in all areas, and this chimes with my recent visits to community hospitals, which were in contrast to my early visits as we developed a Local NDS Action Plan. Training has given staff the skills and confidence to care for people living with dementia, but I can also see the impact of leadership in a number of the units.

The report's recommendations are clear, and will support and facilitate the work that I am aware Gloucestershire Care Services are already undertaking to develop Dementia Friendly Hospitals, and as part of my role I will take a lead in addressing accessibility to dementia training and dementia champions.

With your permission I will include actions arising from this report in the Health & Wellbeing Strategy's Healthy Ageing Action Card.

Best wishes, Helen



Helen Vaughan
Joint Commissioning Manager, Dementia
Gloucestershire Clinical Commissioning Group

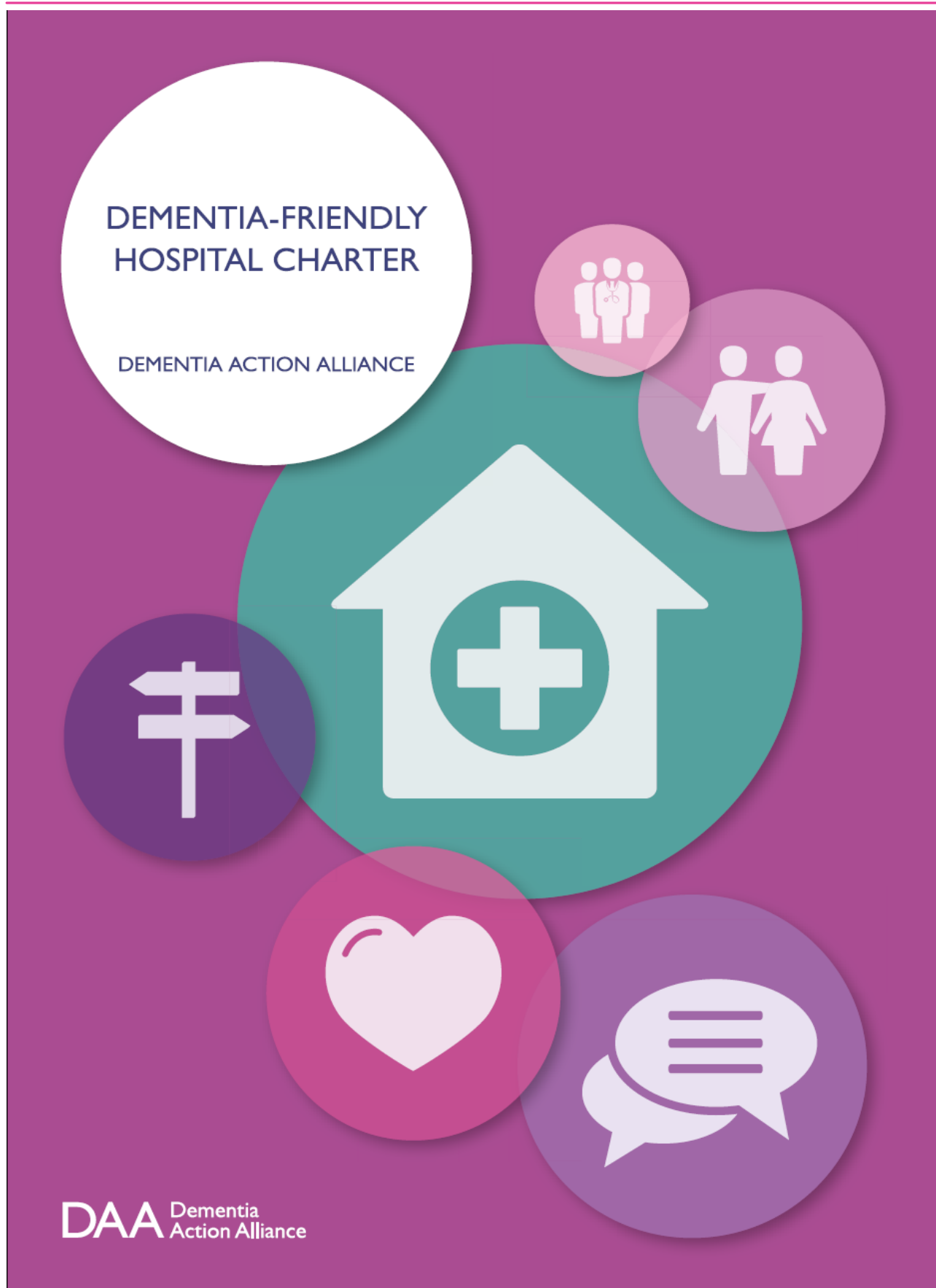
cc:

Mary Hutton, Accountable Officer, GCCG

Becky Parish, Associate Director, Engagement and Experience, GCCG



Appendix 1: Dementia-Friendly Hospital Charter



Introduction

In October 2012 the Dementia Action Alliance launched the Right Care: a call to action to create dementia-friendly hospitals. All acute trusts in England were asked to make a public commitment to becoming dementia-friendly. 164 acute and non-acute trusts made that commitment with 88 submitting Action Plans and joining the Dementia Action Alliance (DAA).

The Charter is the second phase of the Right Care initiative. It provides high level principles of what a dementia-friendly hospital should look like and recommended actions that hospitals can take to fulfil them. In the Prime Minister's challenge on dementia 2020, one of the key aspirations is to create dementia friendly hospitals.

Why the Dementia Action Alliance is leading this work

Because of its core role, its strategic position and its membership, the DAA can:

- Identify, assure and bring together resources in one place
- Liaise with relevant stakeholders, including strategic clinical networks and the CQC
- Offer advice, brokerage and endorsement
- Share good practice
- Facilitate and support the embedding of dementia-friendly principles in hospitals

Purpose of the Charter

The Charter is for people with dementia, their carers and hospitals in England. Its purpose is to:

- Act as a short, accessible and visible statement of the principles that contribute to a dementia-friendly hospital
- Provide a minimum set of standards that people with dementia and carers can have when they access a dementia-friendly hospital
- Build on the foundation offered by the Staff, Partnership, Assessment, Care and Environment (RCN SPACE) principles by including the latest developments and signposting resources hospitals can use to embed dementia-friendly principles in their organisations
- Offer a framework to assist hospitals in their self-assessment against the dementia-friendly principles and assist them to develop / update a DAA Action Plan on the DAA website (dementiaaction.org.uk)



Dementia-Friendly Hospital Charter

We are committed to becoming a dementia-friendly hospital and this means that we are working to ensure:

If you are a person with dementia or their carer you can expect:



Staffing

1. You receive care from staff appropriately trained in dementia care.

Notes for self-assessment:

- 'Dementia awareness', e.g. Dementia Friends/ Tier 1 training, is a standard component of the organisation's induction programme and is achieved within first 3 months of appointment
- All staff have undertaken appropriate dementia training commensurate to their role
- Dementia training is an integral part of the organisations training and development strategy

2. Staff have a positive attitude towards you and your carer and are knowledgeable and skilled in meeting your needs.

Notes for self-assessment:

- The organisation commits to making 'reasonable adjustments'¹ for people with dementia and those that care for them to promote and ensure equality .e.g. environmental changes, clear explanations, accessible information, and managing issues of consent.
- Appropriate staffing levels and skill mix are determined to meet the physical, psychological and social needs of people with dementia



Partnership

3. You, with the involvement of your carer, have choice and control in decisions affecting your care and support whilst you are in hospital and on discharge.

Notes for self-assessment:

¹Equality Act (2010)



- Offering flexible visiting, including overnight stays, in line with the needs of the person with dementia
- Enabling carers and family to assist during protected mealtimes
- Use the principles of the 'Triangle of Care' to enable assessment of carer need, support and involvement in care
- Sharing information between hospitals and discharge providers e.g. care homes, support services, GP's, with your permission and according to the relevant laws
- Actively involving care homes and family carers in discharge arrangements



Assessments

4. **You have access to an accurate assessment of your needs including cognitive changes, and are referred for further assessment if required.**

Notes for self-assessment:

- Assessments are carried out which rule out other treatable conditions such as delirium or depression
- Access to a liaison service or dedicated dementia team that specialises in the assessment and management of dementia and older people's mental health
- Assessments include information about physical health, mental health, emotional and social needs



Care

5. **You receive care that is person – centred and responsive to your individual needs.**

Notes for self-assessment:

- Profiles or passports are used to provide a short summary of individual needs including biography and personal preferences e.g. 'This is me'
- Availability of activity which offers stimulation, engagement and supports rehabilitation e.g. dining together; physical, music, and creative therapies
- Changes in behaviour are investigated and steps taken to identify possible causes and alleviate distress

- Pain assessment tools are used for those with advanced dementia
- Staff encourage and support hydration and nutrition
- Use of mental capacity assessments, best interest decisions and advance plans/ directives where appropriate
- Participation is enabled, with the involvement of carers where appropriate, in a review of needs and preferences when circumstances change



Environment

6. You are able to find your way around the hospital and the care environment supports your well-being and independence.

Notes for self-assessment:

- Signage that uses pictures and text that is hung at a height where it can easily be seen
- All the toilet doors being painted a single distinctive colour and the toilet seats and rails are in a colour that contrasts with the walls and floor
- Pictures/objects and or colours are used to help people find their way around
- Seating areas are provided in wards, departments and along corridors
- Wider use of King's Fund and other environmental assessment tools



Governance

7. That the people who manage the hospital continuously see improving the quality of care for people with dementia and their carers as being very important and are working to ensure that the right resources and governance structures are available to support staff to deliver care that is dementia-friendly.

Notes for self-assessment:

Governance

- A senior dementia lead within the trust
- Clinical Dementia Specialist Lead(s) and champions
- Dementia steering group



- Estates strategy incorporates dementia-friendly design principles
- Regular dementia care updates to the Board
- Contracts with contractors and agency staff providers specify how they will uphold the principles of this Dementia-Friendly Hospital charter
- Membership of your Local Dementia Action Alliance

Human Resources

- Consideration of carer leave for staff caring for a person with dementia
- Combating stigma towards employees affected by dementia
- Making reasonable adjustments to enable people affected by dementia to continue working

8. **There is a system for routinely gathering meaningful feedback on how people with dementia and their carers experience the hospital's services. If you have a concern about your care you will be given a named contact and receive a comprehensive, timely and personal response.**

Notes for self-assessment:

- Regular focus groups with people with dementia and their carers who have used the services, working with outside partners where appropriate
- Participation in the National Audit for Dementia Care
- A complaints policy accessible in an appropriate format to people affected by dementia
- Patient Advice and Liaison Service
- Participating in the DAA Impact Survey

Resources

This is an indicative list of the range of resources currently available. It is not exhaustive neither is it quality assured.

Alzheimer's Society - This is me <http://alzheimers.org.uk/thisisme>

Alzheimer's Society - Dementia Friends <https://www.dementiafriends.org.uk/>

Alzheimer's Society – Dementia-Friendly Communities

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1843

The Butterfly scheme <http://butterflyscheme.org.uk/>

Bradford Dementia Group <http://www.bradford.ac.uk/health/career-areas/bradford-dementia-group/>

Commissioning for Quality and Innovation (CQUIN)

<http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf>

Dementia Action Alliance <http://www.dementiaaction.org.uk/>

Johns Campaign www.johnscampaign.org.uk

15 steps challenge formerly NHS Institute Higher Education England

<http://hee.nhs.uk/wp-content/uploads/sites/321/2013/01/Our-Strategic-Intent-web-Feb20131.pdf>

The King's Fund EHE programme – Environments of care for people with dementia and EHE environmental assessment tools

<http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-in-dementia-care>

NHS England - Strategic Clinical Networks (Dementia)

<http://www.england.nhs.uk/2012/07/26/strat-clin-networks/>

Royal College of Psychiatrists:

Memory Services National Accreditation Programme (MSNAP)

<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/memoryservices/memoryservicesaccreditation.aspx>

Psychiatric Liaison Accreditation Network (PLAN)

<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/liaisonpsychiatry/plan.aspx>

AIMS

<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/psychiatricwards/aims.aspx>

Quality Mark

<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/elder-friendlyqualitymark.aspx>

Royal United Hospitals Bath - Dementia Charter mark

<http://www.rcpsych.ac.uk/pdf/Dementia%20Charter%20Mark.pdf>

Royal College of Nursing:

SPACE principles and self-assessment tool:

http://www.rcn.org.uk/development/practice/dementia/commitment_to_the_care_of_people_with_dementia_in_general_hospitals

Triangle of Care self-assessment tool: http://www.rcn.org.uk/development/practice/dementia/triangle_of_care

RCN development programme; Transforming dementia care in hospital

http://www.rcn.org.uk/development/practice/dementia/rcn_development_programme

University of Worcester - Care fit for VIPs

<http://www.worcester.ac.uk/discover/9980.html>



DAA Dementia
Action Alliance



Contact Us

DAA c/o Alzheimer's Society
Devon House
58 St Katharine's Way
London
E1W 1LB

For more information visit:
dementiaactionalliance@alzheimers.org.uk
020 7423 5185
dementiaaction.org.uk/hospitalcharter

Follow us on Twitter:



[@Dementia_Action](https://twitter.com/Dementia_Action)



Appendix 2: John's Campaign



John's Campaign: for the right to stay with people with dementia in hospital

Background:

John's Campaign was founded after the death of Dr John Gerrard in November 2014. John Gerrard had been diagnosed with Alzheimer's in his mid-70s but was managing to live a good, if limited, life at home, caring for his wife and supported by his family. He was admitted to hospital in February 2014, aged 86, to receive treatment for infected leg ulcers. During his five-week stay visits from his family were severely restricted due to an infection outbreak and his decline was catastrophic. "My father went into hospital articulate and able: he emerged a broken man." These words are from his daughter Nicci Gerrard's article in the *Observer* newspaper (30.11.2014) which sparked an outpouring of public sympathy – and far too many similar accounts. John's Campaign takes its inspiration from the campaigns of the 1960s which secured the acceptance of parents' rights to remain with their children in hospital – and children's rights to the uninterrupted support of their parents. The generation who won that battle are the generation who need our help now.

Reasons to support John's Campaign:

Compassion: People with dementia are confused and frightened people and a stay in hospital can be unnerving for anyone at any age. The only way to live well with dementia is to put your trust in someone else – a family member, a friend, a neighbour, a known carer. Those are the people who can reassure you if you are admitted to hospital or explain (as many times as is needed) why you are there. It's no good a nurse telling you that the person you love and trust was here at visiting time this afternoon and will probably come again tomorrow because, with dementia, you forget. The feeling of abandonment is a terrible thing. Carers of people with dementia must have the freedom to be with them whenever they are most needed, not to an imposed timetable.

Care: Involving a family carer from the moment of admission to hospital until the moment of discharge has been proved to give better quality of care and improved outcomes. This is common sense. Hospital staff are professionals with a wide, generalised knowledge. The family carer is the expert in that single individual. If they are accepted as part of the care team they can immediately provide insight, facilitate communication (and informed consent) and ensure continuity. To take a single example, 90% of older people leave hospital with a different medication than they had on arrival. A person with dementia cannot make that change unaided: their carer is the key to success. Poorly planned discharges almost invariably mean premature readmissions to hospital at disproportionate financial cost to the NHS as well as individual suffering.

Community: People with dementia do not make easy patients. Physically they often need help with basic nutrition, hydration, hygiene and mobility, which can be very time-consuming. Emotionally they need huge amounts of reassurance and may find it difficult to communicate pain. They also need attention and activity to maintain whatever levels of function they still have. If all is not well they will show their distress by their behaviour and this can be upsetting and demoralising for everyone around them. Many patients with dementia will not have family carers



able to be with them but extending a warm welcome to those who do volunteer can improve the ward atmosphere for all – for staff as well as other patients.

Caring for carers: It is not true that we live in an uncaring society: 6,000 people become new carers every day, even if they don't use that word to describe themselves. Unpaid carers (usually family) save the economy £11bn but too often they are isolated, invisible, frequently stressed and in danger of neglecting their own health. If a carer collapses, two people – not one – will need public support. **John's Campaign** wants carers to have a right to continue to care throughout a hospital stay – not the duty. It is completely understandable if a carer sees admission to hospital of the person they support as a chance to take some respite themselves. This may, however, be respite too dearly bought if the patient is discharged in a worse state than when they were admitted – 54% of cases according to the Alzheimer's Society. An unintended benefit of hospital admission may be the chance to identify the carer, check on their health and happiness, point them to external sources of support and offer training with techniques such as safe lifting that may be needed in the future. If hospitals do not see this as their job, then they should work in partnership with carer support agencies. **Carers could also be recognised – and praised – for the wonderful work they are doing.**

The End of Life: This year's Reith lecturer Atul Gawande highlighted the soaring numbers of people who are dying in hospital. A recent Healthwatch Special Inquiry included the shocking statistics that although 66% of people wish to die at home only 20.8% actually do so, while most – 54.8% – die in hospital. Too often (according to Healthwatch) the reasons for this are bureaucratic entanglements which delay that last essential discharge. **John's Campaign** cannot reintegrate health and social care, speed up the provision of equipment or increase community supplies of palliative medicines. However the consistent presence of a family carer should at least give a better chance for the dying patient to have their wishes communicated and attended to, if this is possible.

John's Campaign focuses on people with dementia but there are many others who are frail or who have particular needs who would benefit from the nurture of a family member or trusted friend when they are in hospital. There is no intention to trespass on the domain of nurses, merely to offer them a unique form of support in delivering compassionate and effective patient care. It is simple, virtually cost-free and chimes immediately with what people know to be right. There are already hospitals or wards within hospitals which act in this way. What is unacceptable is the randomness and variation between these islands of good practice. The right of the willing family carer to continue support and the patient to continue to receive it through a hospital admission needs to be as universally accepted as the right of parents to remain with their children.

John's Campaign:

for the right of people with dementia to be supported by their carers in hospital



www.johnscampaign.org.uk