



Enter & View Visit Report

Details of Visit

Service Name and Address	Whitchurch Community Hospital, Claypit Street, Whitchurch, Shropshire, SY13 1NT
Service Provider	Shropshire Community Health NHS Trust
Date and Time	30 October 2015 at 10.00 a.m. - 12.30 p.m.
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Margaret Blackmore Chris Knight

Purpose of the Visit

To explore the standards of care experienced by service users in this setting in terms of dignity and respect.

Disclaimer

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

Context of Visit

In 2014, the Shropshire Clinical Commissioning Group visited the community hospitals in Bishop's Castle, Bridgnorth, Ludlow and Whitchurch. These visits focused on the quality of care being given in terms of dignity and respect. Following these visits the Shropshire Community Health NHS Trust, who run the community hospitals, produced a series of action plans.

In 2015, Healthwatch Shropshire agreed to visit all the community hospitals in Shropshire to follow up this piece of work.

This visit was announced.

What we were looking at

We looked at key topics affecting the quality of patient experience in the hospital:

- Do they feel comfortable and able to relax?
- Do they have confidence in the ability of the staff?
- Do they feel supported?
- Do they feel listened to and understood by the staff?
- Do they feel the staff communicate with them well?

What we did

When we arrived we were introduced to one of the ward sisters as the sister who had arranged the visit with Healthwatch Shropshire was on annual leave.

During our visit we spoke to seven patients and one visiting family member. When deciding which patients to speak to we had to take into account who was awake, who could hear and understand us, who could speak to us and who could respond to our questions.

After we had met patients the ward sister introduced us to a staff nurse and we talked to them both about their views on working in the hospital.

We talked to members of staff about whether they feel able to provide a quality service.

What we found out

Whitchurch Hospital is in North Shropshire with borders to Wales and Cheshire.

The Ward

The ward sister told us that the ward provides rehabilitation and palliative care for 32 patients. The average length of stay is 23 days but when patients are discharged depends on the coordination of the Integrated Community Services (ICS), therapists, social worker and pharmacy opening times. Most patients go home with supported care.

The ward covers a large area and is split into two sections, one female only and one mixed. Each section had a four bedded bay and single rooms. In the mixed section there were male and female toilet facilities. Both sections shared a dining area, quiet room, Day Room and bathrooms and toilets.

Comfortable and able to relax

The patients we spoke to told us that they usually slept well. One patient felt that the staff were slow to respond when there had been some disturbance at night. However, patients commented, “staff are very busy”.

Most of the patients we spoke to said that the temperature in the ward was acceptable but one told us that it was hot at night in the ward and cold in the Day Room during the day.

There was a telephone available in the ward but the patients we spoke to seemed to be reluctant to ask if they could use it. They told us that it was easier to use their personal mobile phones if they wanted to phone family and friends

The patients we spoke to about it said they had the choice to listen to the radio, music or watch TV on the ward.

There appeared to be enough space for visitors around the beds although one patient described it as being “squashed”. There were other places patients could go to if they had visitors, such as the Day Room.

One patient we spoke to told us that they found the chair by their bed uncomfortable to sit in and so they did not use it. They had asked staff on the ward for a different chair but this had not been provided at the time of our visit.

One patient said, “It’s like a luxury hotel”. Other patients said that the food was excellent and they could have their hair done. The mobile hairdresser was in the ward during our visit. We were also shown the newly developed garden. This garden provides a pleasant outdoor area where people can walk and sit.

Privacy

All the patients that we saw appeared to be wearing their own clothing, which was appropriate for the daytime. Patients told us that curtains were used to preserve privacy and dignity. They could also use the bathroom space and some patients had the benefit of single rooms. Patients told us that there was the quiet room for private conversations or they could go to the dining room outside meal times.

Confidence in staff ability

The patients and visitors we spoke to told us they had complete confidence in the staff. However, everyone was aware that the staff were working under pressure and so there could be delays in giving personalised care or responding to alarms and this meant there was a general reluctance to bother staff unless necessary. Patients said care was good no matter what time of day or night it was given and during the weekend.

Feeling supported, listened to and understood by the staff

We picked up a number of quotations from patients including the following:

- “Staff will go the extra mile.”
- “This is the best of the 3 hospitals I’ve been in (Chester, Shrewsbury and Whitchurch)”.
- “Staff are good at their job”.

One of the patients suggested that more meals should be eaten in the dining area so there would be more stimulation and conversations amongst the patients. When we mentioned this to the staff, they thought it would be possible to bring patients together for supper as well as lunch. We saw three patients in the dining room at lunchtime. Everybody else was being served by their beds.

A patient who tried to talk to us indicated that they had mislaid their two hearing aids with the result that they could hear very little and could not communicate with us or the other patients. The patient said that staff “haven’t got time to look for them”. When we raised this with the staff, it was agreed that further action needed to be taken to get replacements and the patient had been referred to audiology but they had been told that there was a long waiting list.

Quality of staff communication

Patients appeared to know the names of the staff; we saw staff calling patients by their first names. The patients we spoke to said that they were told about and involved in any procedures carried out.

We spoke to staff about how they share care plans with the patient and their family. They told us that different patients are given different levels of information at different times to balance expectations, anxieties and the practicalities of arranging discharge in accordance with their individual needs. The patients we spoke to said that they understood parts of the care plan but few had had a discussion about their discharge.

What the staff told us

The staff we spoke to explained that the in-patient ward is nurse-led and supported by the local GP surgery. However, they said that the Designated GP for the ward had left and not yet been replaced. They said the team are very supportive of each other and it was clear that the nurses were focussed on the needs of individual patients. One member of staff told us that they would like to be able to deliver a 'platinum' service all the time.

During our visit members of staff spoke to us about the discharge of patients and staffing on the ward. These discussions were outside the purpose of the Enter and View visit; Healthwatch Shropshire will share this information directly with the trust and local authority.

Additional Findings

- The patients we spoke to in Whitchurch Hospital seemed happy and spoke highly of the care they were receiving from the staff.
- We found the staff warm, open and committed.
- It appeared to us that the hospital was using space well in response to the needs of current patients. For example, a patient requiring palliative care was placed in a single room with a bathroom and separate sitting area with a microwave and kettle which could be used by visitors.
- The ward and corridors appeared to be clean and well maintained. Patients also told us this. However, at the time of our visit the corridors were cluttered with stacked chairs, bedside tables and other furniture and equipment. The remaining corridor space was severely reduced and potentially hazardous. We did see a room on the ward for storage of wheel chairs and other equipment.

- There was a good relationship with other agencies but staff were frustrated by the sometimes unrealistic timings of discharge notification, e.g. on a Friday lunch time when supportive care and medication could not be arranged until the following week. The pharmacy is only open on 3 days so if patients are told they can leave on a day when it is not open they have to wait.
- We observed passivity amongst patients resulting in an apparent reluctance to ask questions and to ask for help. This was often related to staff being seen to be “too busy”.

Summary of Findings

- The patients we spoke to were happy about the care they were being given. However, they also seemed reluctant to “bother” staff, being very aware of how busy the staff are. This meant that patients did not feel they could ask questions or expect a fast response to their call bell.
- Patients can eat their lunch in the dining area. The staff we spoke to said it would be possible for supper to also be served there.
- The accommodation was clean but the corridors were cluttered.
- The staffing levels meant that it was not always possible to give individual attention to patients’ needs, e.g. lost hearing aids.
- The patients we spoke to said that they understood parts of the care plan but few had had a discussion about their discharge.
- Currently there is not a Designated GP for the ward.

Recommendations

- Review storage arrangements for furniture and equipment currently kept in the corridors.
- Consider encouraging patients to eat all meals in the dining area if they are mobile to increase stimulation and activity levels.

- Any review of staffing levels needs to take into account the flexibility required for nursing staff to be able to respond to the individual needs of patients.
- The policy of having a Designated GP should be clarified.
- Healthwatch Shropshire to speak directly with the Chief Executive of Shropshire Community Health NHS Trust and the Director of Adult Social Care at Shropshire County Council about the discharge of patients and staffing.

Service Provider Response

Steve Gregory, Director of Nursing and Operations for Shropshire Community Health NHS Trust has told Healthwatch Shropshire that the report has been shared with the Ward Manager and they have been asked to disseminate the positive feedback contained in this report to staff as well as the constructive information for us to develop action plans.

He has provided the following comments and updates:

- The report suggests that more meals should be eaten in the dining area so there would be more stimulation and conversation amongst the patients. When we mentioned this to staff they thought it would be possible to bring patients together for supper as well as lunch. Every patient is encouraged to eat lunch in the dining room. Currently it is challenging to support this at teatime due to reduced staffing and increased admission at that time. We continue to work on this.
- Issues were raised that patients were not involved in their care plans and discharge planning. This will be greatly improved once we can support bedside handover. This will be achievable once the shift pattern have been agreed and implemented.

The trust has provided the following response to our recommendations:

Review storage arrangements for furniture and equipment currently kept in the corridors.

One of the bathrooms is being partly converted to a storage area - the job request is in and we are awaiting completion by the Estates Team. This will be overseen by the Ward Manager and completed by February 2016.

Consider encouraging patients to eat all meals in the dining area if they are mobile to increase stimulation and activity levels.

Actions:

- All patients to be encouraged to eat in the dining room every lunchtime
- Review staffing levels at tea time to support more patients eating their evening meal in the dining room

This will be overseen by the Ward Manager, Senior Occupational Therapist and Acting Clinical Services Manager and be completed by February 2016

Any review of staffing levels needs to take into account the flexibility required for nursing staff to be able to respond to the individual needs of patients.

Actions:

- The skill mix on the ward is reviewed daily and is considered when preparing the rotas
- We are looking at converting some of our RGN (Registered General Nurse) hours into HCA (Health Care Assistant) hours to support much of the work required to meet individualised patient needs

This will be overseen by the Ward Manager and Acting Clinical Services Manager and be completed by February 2016

The policy of having a Designated GP should be clarified.

We currently have a 6 session per week vacancy which has been out to recruitment three times with no suitable applicants to shortlist. The gap has been filled by an Agency Locum GP who has offered some consistency to the ward and this will continue until the end of March 2016.

Actions

- We are working with Bridgewater GP Practice to develop a new model of working from April 2016 where they will look after the additional 22 beds as well as the 5 they already have responsibility for

This will be overseen by the Acting Clinical Services Manager and will be completed by April 2016

Healthwatch Shropshire Response

In December 2015 we met with Jan Ditheridge, Chief Executive for the Trust, and Stephen Chandler, Director of Adult Social Care for Shropshire County Council, to discuss issues around delayed discharge. Both of them were very aware of the issues. We also discussed staffing with Jan Ditheridge who told us she would take our findings back to the Trust.

Stephen Chandler told us that Shropshire County Council are changing the way they buy in domiciliary care and that should help to increase the services available to people who live in rural areas. This includes giving contracts to providers that cover particular geographical areas to address the problems around access to services for people living in rural areas, i.e. the distance carers have to travel between appointments. He explained that members of the public might not see evidence of these changes until February/March 2016.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England, we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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