



## **Enter and View Report**

### **Halton General Hospital Cheshire & Merseyside Treatment Centre**

Visit: 14th January 2016

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# List of Contents

<b>Background</b>	<b>Page 3</b>
• What is Halton/Warrington Healthwatch?	Page 3
• What is Enter and View?	Page 3
• Disclaimer	Page 3
• Acknowledgements	Page 4
• Background and Purpose of the visits	Page 4
<b>Details of the Visit</b>	<b>Page 4</b>
• Location	Page 4
• Date/Time	Page 4
• Panel Members	Page 4
• Provider Service Staff	Page 5
• Details of the Service	Page 5
<b>Results of the Visit</b>	<b>Page 5</b>
<b>Recommendations</b>	<b>Page 10</b>
• Distribution List	Page 10
• Appendices	Page 11

# Background

## What is Warrington/ Halton Healthwatch?

Local Healthwatch organisations help the residents and communities of their area to get the best out of local health and social care services. They gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services. This report was jointly undertaken by the Healthwatch organisations covering Halton and Warrington areas.

## What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Halton has safeguarding policies in place which identify the correct procedure to be taken.

## Disclaimer

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

## Acknowledgements

We would like to thank all the staff for their time in showing the team round and answering questions. In particular we would like to thank Michelle Riding (Ward Manager). Thanks also go to all the patients who answered our questions and gave us their comments.

## Background and Purpose of the visits

As part of the work programme for 2015-16, Healthwatch Warrington and Healthwatch Halton are looking at all aspects of patient experience within the hospital trust to find out how it can be ensured that all future changes will offer improvements and not just savings.

Throughout the engagement process we have collected comments from patients and relatives that highlight issues with delays and bed capacity.

This report will also look at the issues relating to ward capacity, the appropriateness of the bed provided, waiting times, the effectiveness of transition to ward when needed, as well as the overall quality of care.

# Details of the Visit

## Location

Halton General Hospital Cheshire and Merseyside Treatment Centre

## Date/Time

The visit took place on 13th January 2016

## Panel Members

Irene Bramwell - Healthwatch Halton, Outreach and Intelligence Officer

Angela Fell - Healthwatch Warrington, Enter and View Panel Member

Eileen McDonald - Healthwatch Warrington, Enter and View Panel Member

## Provider Service Staff

Michelle Riding - Ward Manager

## Details of the Service

The Cheshire and Merseyside Treatment Centre deals with elective care and treatment and has 30 beds

# Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the team's reports have not been altered.

## Observations from the Visit

### First impressions

On arrival at the Cheshire and Merseyside Treatment centre (CMT) it was noted that there was adequate car park spaces including disabled spaces. Directly in front of the main entrance to the CMT there was a drop off area clearly marked for patients arriving by ambulance or bus and the treatment centre was accessible by wheelchair.

There are currently issues in getting to and leaving the centre because of major road works locally.

### Access

Throughout the visit hand sanitising points were available for staff patients and visitors. The seating area adjacent to the reception area was clean, spacious and uncluttered, a television was on at the far end of the seating area and the volume was at an appropriate level.

Telephones were available for staff, patients and visitors and a free call taxi service however, at the time of the visit both pay phones were out of order which was clearly signed.

Signage was clear and above eye level, and included one additional free standing sign directing patients to the CT scan and X-ray department situated in front of the reception desk. The visiting team members on their arrival discussed the issues they experienced getting to the CMT, due to the diverted roadways in place and the lack of signage. The team discussed the purpose of the visit and provided with the relevant paperwork and packs, the team made notes and approached the receptionist, who informed the Ward Manager, Mrs Michelle Riding, via telephone of our visit.

We were met by Michelle Riding, who was warm and welcoming we proceeded to the middle floor which can be accessed by lift or stairs. The team chose to use the lift which was wheelchair accessible, Michelle invited the team into her office to discuss the treatment and care provided by the centre.

### **Staffing & Leadership**

Within the reception area there were a number of boards including a welcoming board which had photographs and names of consultants. Display boards also included photographs of named various team members such as the lower limb, theatre and therapy teams and a patients' rights and responsibilities notice board.

### **Activities & Leisure**

The team during the visit were able to observe the laundry room which was well stocked in an orderly way containing various clean bedding needed for patients.

In addition during the tour the team were able to observe a Gym where physiotherapy exercises and treatment is provided. The Gym was clean and well equipped, and Michelle further explained that patients can choose to go home and return to the ward for exercises, but that is down to the personal choice of patients.

### **Administration**

During the visit after observing the care ward, Michelle provided members of the team the opportunity to observe the assessment and surgical recovery ward located on the top floor, which was accessible by lift. The ward was spotlessly clean and the décor was calming bright and fresh, the wards appeared to be well maintained and rise and fall chairs were available for patients.

Michelle explained that patients when possible walk into the theatre, and are greeted by theatre staff, recovery time as explained by Michelle is determined by a wide range of factors such as age, additional health needs, and length of time under anaesthetic.

### **Cleanliness**

The team were able to observe the wards in which the assessment and care is provided. The team noted that within the middle of the ward was a nursing station, the ward was made up of four bays with four beds in each bay, each bay had an individual toilet. The bays throughout the ward were clean modern and fresh, the team observed one toilet in one of the bays which was clean and bright. Throughout the visit patients appeared to be well cared for.

Michelle showed the team one of the empty rooms that patients with additional care needs use, the room was bright clean and well decorated within the room was a walk in shower which was also clean and fresh.

### **Management of Medicines**

Michelle maintained that to avoid delays in discharge the ward has a stock of common medications that most patients use such as pain killers which senior members can prepare for discharge, if the patient has an ongoing prescription.

### **Food and Refreshments**

Within the waiting area there was a drinks machine available and a café selling hot drinks and snacks to staff patients and visitors. A nappy changing area was available in the toilets situated just off the reception area the toilets appeared clean and were regularly checked and logged.

The team enquired about dietary needs of patients Michelle told the team that all dietary needs can be met this includes allergies such as patients needing a gluten free diet or diets related to religion or ethnicity such as Halal foods.

Patients have soup, sandwiches and dessert at lunchtime. The evening meal is a hot meal.

### **Privacy & Dignity**

The team enquired about interpreting services Michelle explained that they use the telephone interpretation services to protect patient confidentiality and to ensure that the patient understands the assessment and any follow up treatment and care.

Michelle explained that following surgery; Patients are transferred to the lower floor which consists of four bays within each bay there is four beds and a toilet for patients to use. In addition to the bays there are individual rooms available which are mainly allocated to patients with additional needs such as patients diagnosed with dementia, or prisoners who have to have a prison officer accompanying them during their stay on the ward.

Michelle explained that by putting individuals in individual rooms this helps to aid there orientation around the ward and promote the patients dignity.

### **Safety & Security**

Patients and their families have access to the complaints process. Patients are made aware that they can complain to staff or can be supported to go through the formal complaint process with PALS.

### **Discharge**

The team discussed the discharge process Michelle explained that the ward has a discharge coordinator so discharge begins from when the patient comes in. This may include working with social workers as some patients may need home care packages or Intermediate Care Services before returning home, and any carers are identified by staff and referred to Halton Carers Centre. The team were given the opportunity to speak to patients I spoke to one patient who told me

*'It is very good in here it is nice and clean and the staff are very nice. I would like to go home but I am waiting for carers to be arranged before I can be discharged home. The nurses are very good and explained everything to me before I had my operation I have had my hip replaced. I was out of bed really quickly. I am looking forward to going home, nothing beats your own home, does it, but I have to wait as I need someone to help me when I get home. I need to have carers that is getting sorted out for me so I should be going home next week. The meals are nice I had soup and a sandwich for lunch, we have a choice of meals at teatime and if you want a drink you only have to ask the nurses are really helpful'.*

### **Staff Training**

Staff are required to undertake mandatory training for all regardless of band and are also required to be aware of NHS Trusts policies and procedures. Staff are provided with the opportunity to continue their personal development.

### **Summary**

This is an extremely well run and managed Treatment Centre. Patients on the whole were very satisfied with the care they received during their stay.

## Recommendations

1. During the visit the public telephones in the reception area were out of order. It is not known how long this had been the case. It is recommended these are brought back into use.

### Distribution List

*This report has been distributed to the following:*

- *Warrington and Halton NHS Foundation Trust*
- *Halton CCG*
- *Care Quality Commission*
- *Healthwatch England*

## Appendices

### Appendix A

#### Response from Michelle Riding - Ward Manager, Cheshire & Merseyside Treatment Centre

As the ward manager at the CMTC, Halton I was most pleased to read the report you compiled following your visit on the 14<sup>th</sup> Jan 2016. The staff at the CMTC all work hard to provide care to a high standard and this is reflected in your report, which is very positive. It is in keeping with the feedback we receive from our patient in the Friends and Family Test responses.

As the ward manager I am proud of the service we deliver.

The only comment I have about the draft report is that the picture on the front perhaps should be of the treatment centre not Halton.

