



Enter & View Report

Coalville Community Hospital
Snibston Ward 1 & Ellistown Ward 2

20 January 2016



Report Details

Address	Coalville Community Hospital Broom Leys Road Coalville Leicester LE67 4DE
Service Provider	Leicestershire Partnership NHS Trust
Date and time of visit	Saturday 24 October 2015 1.00pm - 3.30pm
Authorised representatives undertaking the visit	1 - Team Leader 2 - Authorised Representatives 1 - Staff Lead

Acknowledgements

Healthwatch Leicestershire would like to thank the service providers, patients and hospital staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report relates to findings observed on Wednesday 20 January 2016. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter & View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicestershire.



What is Healthwatch?

Healthwatch is the independent consumer champion to gather and represent the views of the public. We have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Part of the local Healthwatch Programme is to carry out Enter & View visits.

What is Enter & View?

Enter & View visits are conducted by a small team of trained volunteers, with Healthwatch staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements.

Enter & View is the opportunity for Healthwatch Leicestershire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery including staff views
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & 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 we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.



Purpose of the visit

- View a community hospital ward and see how it works
- Observe the delivery of hospital care to patients
- Observe what support is given to the patients by the hospital staff
- Capture the experience of patients, their families or carers and staff of hospital care

Strategic drivers

- Access to services and co-ordination of services are local Healthwatch priorities

Methodology

This was an announced Enter & View visit.

Coalville Community Hospital is a single storey building and is wheelchair friendly. It has two wards with a total of 48 beds. There are large patio areas outside each ward offering panoramic views across the extensive grounds and fields beyond.

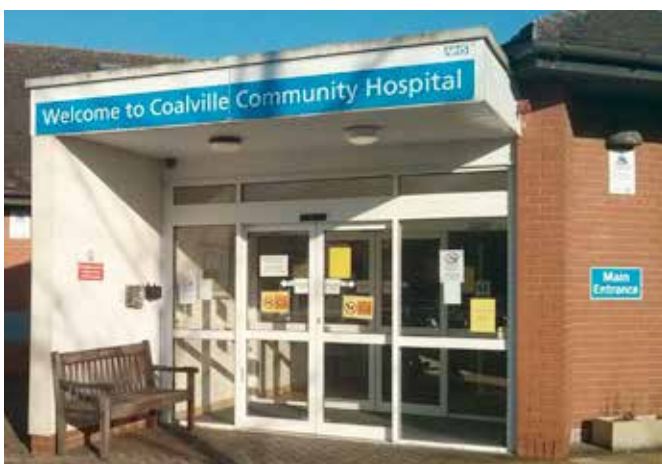
We approached the Matron about our visit to the Coalville Community Hospital wards and arranged a pre meeting with the department.

At our pre meeting we spoke with the Matron and the staff who advised that we had access to the wards and communal areas during our visit.

Authorised representatives conducted short conversations with staff members and spoke with patients, relatives and carers about their experiences of the hospital and the care

they have received. The authorised representatives explained to everyone they spoke to why they were there and left them with a Healthwatch Leicestershire leaflet.

A large proportion of the visit was observational, involving the authorised representatives observing the surroundings to gain an understanding of how patients engaged with staff members and the facilities.



Summary of Findings

- We saw evidence of group activities
- Everyone that we spoke to said that they were well cared for
- There was a wide range of patient and carer information leaflets in the wards
- The visitors we spoke to told us that the visiting times were restrictive
- We observed that the relationships and interactions between the staff was friendly and professional
- We were told that discharge was a frustration for some of the patients and carers
- We observed care being carried out with dignity and privacy

Findings

Reception area

The main entrance to the hospital building is via automatic doors. We noticed that all patients and visitors could access the building with ease.

The reception was clean, bright and welcoming with no odours. We observed that the reception staff were welcoming to patients and visitors.

A section of the reception desk was lowered for visitors in wheelchairs.

We noted that there was hand sanitiser and signs advising people to use the sanitiser in the reception. The sanitiser is on the opposite wall away from the reception desk and we noticed that people did not always use the sanitiser. We noted that the sanitiser was high on the wall and a person in a wheelchair would not be able to reach.

There was an uncluttered noticeboard for visitors with a clear Patient Information Liaison Service (PILS) poster. All the posters on the noticeboard were laminated. There was a wealth of patient information leaflets also available throughout reception.

To the right of the noticeboard there were comment cards and a box to place comments. However, there were no pens available.





Signage

Signage throughout the hospital was clear. However, we noted that there is a mixture of using the name or number of the wards. Sometimes the ward number is used and sometimes the name, this could be confusing for visitors.

From the reception to the wards there are handrails running the whole length of the corridors. There are local pictures and stimulating memories noticeboards. We noted that there were Patient Advice and Liaison Service (PALS) and 'how to make a complaint' signs in the corridors.

There are signs displaying the names of the Matron and manager near outpatients. However, we noted that there were chairs in front of the signs and the signs would be obstructed when waiting patients were sitting in them.

Wards

We were welcomed by the ward sister who gave us a preliminary tour of the wards and explained how they operated before we conducted our visit.

On Ward 1 (Snibston Unit) they provide stroke rehabilitation for patients. On Ward 2 (Ellistown Unit) they provide acute care, general rehabilitation, palliative and end of life care.

The wards were clean and bright. Both wards have a similar layout with a central nurse's station with four bays (two male and two female) coming off like spokes of a wheel. On each ward there are 24 occupied beds. There are also two individual rooms available on each ward.

All the patients appeared well cared for and those sitting out of bed were dressed. We observed patients being assisted to the bathroom and toilet by the nurses. We noted that the relationship and interactions between all the staff was friendly and professional. We observed that staff interacted well with both patients and relatives throughout our visit.

Access to the ward was restricted for patient safety. There is an internal corridor that links both wards. We observed a team briefing in this corridor taking place in the afternoon.

We observed care being carried out in the bays with a high level of privacy and dignity. We saw a nurse wearing a red 'do not disturb' tabard during medication duties to prevent being interrupted. The nurse administering the medicines was observed sitting with patients, explaining the medicine and ensuring that it was taken.

In the central area we noted a complaints box on the wall but no complaints cards to write on. The sister informed us that these were no longer used as they now use the 'Friends and Family test'.

Infection control & hygiene

We noted that separate male and female washing and toilet facilities were provided on the wards and we were told that the bays were deep cleaned on a rotational basis every day.

We noted that there were washbasins at the doors of every ward. We observed hand washing at each bay and there was hand wash, hand sanitiser and moisturising cream available.

We noted that some areas around the perimeter of the wards were cluttered. We were told that there was a need for a lot of equipment, medical and patient aides but there is limited storage on the wards.

Activities

There was a day room in each ward with a variety of chairs and tables. There was evidence of group activities and there were games, television and music available. We were told that there is an activity co-ordinator who works 5 days a week.

The day rooms overlook open countryside. There was a large clock, date and weather chart on the wall.

We observed relatives and patients using the day room and not overcrowding the wards. We were told that this facility is well used at certain times of the day and sometimes patients had visitors there if more than two visitors were present or it was their preference.

Information

There were patient information leaflets situated in the entrance to the individual wards. There was a staff identification board, which had names and pictures of the staff and ward sister. The different uniform colours were clearly publicised. A whiteboard showed the allocation of staff to bays.

There were dedicated Leicestershire Partnership Trust (LPT) information boards that showed the monitoring information and targets to reach e.g. pressure ulcers and infection control. There was also information on patient experience by complaints and compliments and on one board we noted 1 complaint and 50 compliments.





In the day room, there was a wide range of patient and carer information leaflets available. There were posters for 'Nervecentre' and an explanation of what this is. There was also a sign with prices for a hairdresser. We saw signs in the room that said, "We're never too busy to answer a question - just ask".

We observed that there was an abundance of information displayed throughout the ward on boards and the walls. It was noted that there could be a more coordinated approach between the wards on displaying patient and visitor information.

We noted that the ward operated 'the protected meal time' system during lunch and supper.

Visiting times

We observed relatives and friends visiting patients. The visiting times were 2pm-4pm and 6pm-8pm for ward 1 and 2pm-3pm and 6.30pm-8pm for ward 2. We did notice that this conflicted with the opening times that are listed on the online patient information booklet.

A number of visitors told us that the visiting times were restrictive and they felt that more flexibility would be beneficial.

None of the patients that we spoke to had received a patient information booklet and the patients told us that this would be helpful as they had been in the ward a long time and could not remember things told to them or their relatives on admission. They said that something to refer to would be welcomed.

Speaking to patients, relatives and carers

We asked patients, relatives and carers five questions to focus our conversations with them relating to care received, information provided, discharge process and visiting times.

Snibston Ward

Patient 1

The patient was happy with the care he was receiving. He had regular information about his care and is involved in his discharge plan. He told us that the staff are open about what activities are taking place.

Patient 2

The patient told us that they have received very good care and there are activities available if you want to take part.

Patient 3

The patient could not fault the care in anyway. She has been in the ward since before

Christmas and has received regular updates and information about her care. She may be discharged this week and this is being discussed with her.

Relative 1

We spoke with a young family member of one patient who was admitted to the ward just before Christmas. She was happy with the care her grandma was receiving. The family have had regular information about the care and the patient had been involved in the discharge planning. The family member would like to see a morning slot for visiting, as the times are sometimes unsuitable. She told us that the car parking is a nightmare in the afternoon.

Relative/ Carer 2

We spoke to a man whose wife was admitted after a fall in their home. He is his wife's carer and has a progress update on his wife's care. He felt that sometimes there are too many staff on at certain times of the day and not enough staff when needed in the evening.

Relative 3

We observed the family greeting the patient who had been to the hairdresser. The relative told us that the patient had received good care since being admitted a week ago. They are receiving regular information from the staff but want to be involved more in the discharge planning. They felt that there needs to be more activities on the wards to occupy the mind especially for the patients who cannot get to the day room.

Ellistown Ward

Patient 1

The patient was very happy with the care he had received. He thought that the food was good and was happy with all aspects of his care. He felt that he was given regular information and updates about his care. He lives alone and a discharge plan was in place. He told us that he has been involved in this process and was due to be discharged in the next 24 hours. He was satisfied with the visiting times but voiced an opinion that the times could be clarified.

Patient 2

The patient was happy with his care since arrival at the hospital. We asked about response to call bells and he said these were answered as soon as possible. His family and carers had been involved in plans for discharge and adaptations were being made at his home in preparation for discharge. He was happy with the visiting times, however there was a need for a little more flexibility. He praised the staff for advising the family regarding the use of the NHS transportation/ taxi service having being admitted to Leicester Royal Infirmary and then transferred here.

Relative/ Carer 1

The family were pleased with the progress and care of their relative since admission. They have had limited involvement but felt the patients' needs were being met. The patients' wife



(the primary carer) was satisfied and pleased that he was now able to go to the shower. We observed the family assisting him with his walking. We asked if they had received any leaflets or patient information leaflets about the ward but they had not had any of these, which they felt would have been helpful.

The family felt visiting times were satisfactory however they proved difficult for those that worked and voiced that more flexibility would be helpful.

Relative/ Carer 2

The family and husband (primary carer) were happy to speak to us and expressed that the nursing care was good, although a little dependent on the staff numbers. The patient has Dementia and needs a relatively high level of care and assistance. They were unhappy about a call bell that was bleeping constantly (we had noted this on arrival and mentioned this to staff but were informed that it was broken).

They expressed difficulties with discharge planning, their frustration with the process and lack of joined up working between health and social care. They spoke of the large numbers of people that they were dealing with and the difficulties of finding suitable residential/nursing care near to home.

We spoke with the sister, administration staff and an advanced practitioner who provided insights into the ward, patients and issues around the difficulties associated with discharge planning especially complex discharges. It was noted in conversation and from our observations that maybe there was a need for a dedicated discharge nurse.

Additional observations

Car Parking

There is a free car park for visitors and staff. There is parking available at the front of the building and round the back of the building.

We noted that the car park was busy around clinic and visiting times. The marked spaces for cars are very small and therefore we noticed that drivers did not follow the lines and this created fewer spaces. We noticed that cars were therefore parking on double yellow lines and verges around the car park.

Visitor toilets

The placement of the toilet roll holder in the ladies visitor toilet (in the reception area) is in a position that could possibly cause a person to fall off the toilet when reaching for the paper.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that patients felt about the care and support provided. The following recommendations reflect the findings from the Enter & View visit:

- 1.** Explore the idea of having a dedicated discharge nurse working on the wards.
- 2.** Review visiting times to allow greater flexibility for carers and family members, ensuring that online and print materials are updated to accurately reflect this.
- 3.** Provide every patient with a ward information booklet on admittance and have copies available for visitors to read.
- 4.** Review and rationalise the amount of leaflets and posters on display and update all signage so that it is visible to all patients and visitors.
- 5.** Remove the complaints boxes throughout the wards, as we were told these are no longer in use.
- 6.** We suggest having a hand sanitiser, patient leaflets and comment cards placed on the lowered reception desk so that all patients can access these items.
- 7.** Review the space markings in the car park and consider re-marking to create more spaces to accommodate staff and visitors.

Service Provider Response

Many thanks for the report. We were very happy to see that it was overwhelmingly positive and patients and carers are on the whole happy with the care that is delivered by our service.

Please find some comments on the actions. Most of these were underway or have been actioned as a result of the report.

- 1.** There is currently work ongoing around the role of the nurse in charge and their responsibilities - this will include co-ordinating discharges. Our primary care coordinators, bed managers and one of our Matrons have been working on supporting the role of the discharge nurse/nurse in charge and developing information/ tool kits to aid them in this role.
- 2.** A review of visiting times is on going and some areas have altered their visiting times to provide greater flexibility for patients and visitors. Ward 2 here at Coalville now operate an 11am-8pm visiting time. Ward 1 is currently reviewing their visiting times. Once these have been confirmed we will request for the website to be updated with new information.
- 3.** The wards are developing a ward information folder for patients and visitors. Ward information booklets were previously in place but required updating.
- 4.** Review of posters and leaflets is underway and regular changes and altering of displays and information to be initiated to ensure that information displayed is up to date and relevant.
- 5.** A request for these to be removed by estates has been submitted.
- 6.** Actioned.
- 7.** The car parks are due to be resurfaced and remarked in the next few weeks.

Additional - Visitors Toilet

- 8.** Request for position (of toilet roll holder) to be changed has been submitted to the estates team.

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Distribution

The report has been distributed to the following:

- Coalville Community Hospital
- Leicestershire Partnership Trust (LPT)
- University Hospitals of Leicester (UHL)
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- LCC Health & Wellbeing Board
- Overview & Scrutiny Committee (OSC)
- East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)
- West Leicestershire Clinical Commissioning Group (WLCCG)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network

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