



Enter & View Report

Hinckley and Bosworth Community
Hospital

24 May 2016



Report Details

Address	Hinckley and Bosworth Community Hospital Ashby Road Hinckley LE10 3DA
Service Provider	Leicestershire Partnership NHS Trust
Date and time of visit	Tuesday 24 May 2016 2pm-5pm
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 Tuesday 24 May 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 and 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

As part of our Enter & View Programme for 2016/17, we want to visit a number community hospitals across the county to observe the delivery of hospital care to patients and capture the experience of patients, their families or carers and staff at a community hospital.

Strategic drivers

- Access to services and co-ordination of services are local Healthwatch priorities.
- The Better Care Together (BCT) five year Strategic Plan
- West Leicestershire Clinical Commissioning Group are undertaking a community services review in Hinckley and Bosworth

Hinckley and Bosworth Community Hospital

Hinckley and Bosworth Community Hospital is a small, friendly hospital situated on the northern side of Hinckley town centre. The hospital is wheelchair friendly with all patient areas situated on the ground floor. Outside seating is available.

The hospital has 42 beds, (23 on East Ward and 16 on North Ward) providing medical, rehabilitation and palliative care. The hospital offers patient centred care, working in partnership with patients and other disciplines, to provide treatment, care and emotional support of a high standard.

Methodology

This was an announced Enter & View visit.

We approached the hospital Matron about our visit to the Hinckley and Bosworth Community Hospital wards and arranged a pre meeting to the department to talk the staff about our visit. At the meeting we spoke with the Matron and the staff who advised that we had access to the wards and communal areas during our visit.

On the day of 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 available to patients.

Summary of Findings

At the time of our visit, the evidence is that the hospital was operating to a good standard of care with regard to Dignity and Respect.

- We saw evidence of rehabilitation activities throughout the wards
- There were positive comments made by patients about the high standards of hygiene and cleanliness of the wards
- Staff told us that the visiting times were more flexible although some patients were unaware of the changes
- The majority of patients were aware of their discharge plans and the process for discharge
- Staff raised concerns about shortages of commodes and some broken equipment

Findings

Access to hospital

From the car park, the path leading to the reception has a covered roof and visitors were able to access the single-storey building with ease. Access to the reception is through electronic doors. The hospital is wheelchair friendly with all patient areas situated on the ground floor.

Reception area

We found the reception to be welcoming to patients. It was open, bright and airy and during our visit there was background music playing which created a relaxed and calming atmosphere.

We received a warm and friendly welcome from the Receptionist at the front desk. The front desk is immediately opposite the door when you enter the building. The desk had a lowered section for visitors in wheelchairs and there were hand sanitiser dispensers situated at convenient heights on both sides of the desk.

In the reception there were five high backed chairs for people to use whilst waiting, a water dispenser and a food vending machine.

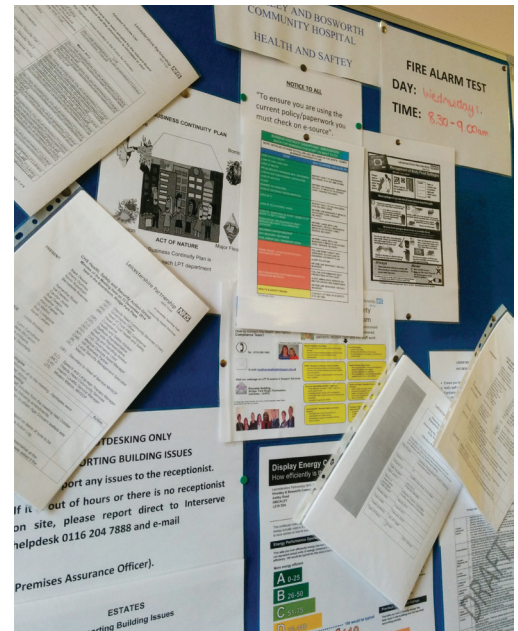
There were visitor and disabled toilets available and we noted that these were all clean. However, the female toilet had some holes around the sink area and we noted damage to the plaster on the wall.



Information for patients and visitors

Our team observed that the reception was a shared service area for the hospital, out of hours service and the cleaning service. We noted numerous notices, information and unlaminated posters on the noticeboards. They appeared busy and cluttered. It was difficult to understand from the information how to raise concerns or complaints for each provider. Some of the signs were old and referred to the now abolished Primary Care Trust.

There was a large Health and Safety Information Board, which displayed out-dated information and contained spelling errors. It was unclear whether the information was intended for the staff or patients.



Under the board there were two wheelchairs. One was folded and one was left open in the centre of the corridor. This was brought to the attention of the staff, as we believed this could have been a safety risk.

There were a number of wall leaflet racks for A5 leaflets. These were filled with A5 and A4 leaflets and we noted that the racks were unable to support the A4 leaflets that had been put in them and the leaflets were bending. Some information leaflets were spread flat across the surface of the reception desk and were not visible to visitors.

There were a number of 'Lions Message In a Bottle' on display and freely available. The Lions Message In a Bottle scheme is a simple idea designed to encourage people to keep their personal and medical details on a standard form and in a common location - the Fridge. We noted that there was no information telling people about the purpose of the bottles or whether they could be taken.

On one wall there were faded pictures of Castle Mead Radio staff and we noted that these looked out of place at the hospital as on first glance could be mistaken for hospital staff.

The Wards

The Ward Sisters gave us a preliminary tour of both wards and explained how they operated before we conducted our visit. On the day of our visit, there were 21 patients on East Ward and 16 patients on the North Ward.

Access to the wards is secured by key code system. We noted that the wards were clean,

light, bright and airy. There were handrails fitted to the corridor walls and there were boxes of detergent wipes available throughout the wards. Hand sanitisers were available and there were instructions displayed on their use but we observed that these were not used as frequently as advised.

We noted that the patient wards were spacious with plenty of natural light. There were patient wards with four beds (separate male and female) as well as individual patient rooms. All of the windows have safety locking. We did note that the decor is dated in the rooms; the curtains and blinds could be replaced and some of the rooms could benefit from being re-painted.

The bathrooms in both wards (male and female) were large, clean and well equipped. There were large assisted bathrooms with aides and hoists available.

We observed that the cleaner mopped one side of the corridor at a time so patients, visitors and staff can walk the length of the corridor without the risk of slips and falls on a wet floor. Yellow warning signs were in use.

Staffing

We met the staff on duty which included the Matron, Ward Managers, Health Care Assistants (HCA), Occupational Therapists and the Advanced Nurse Practitioner (ANP) who all spoke well of the hospital and stated that they enjoyed their jobs. One of the HCAs told us of the opportunities that she had been given to learn and carry out new skills through NVQs and further training and how pleased she was to be able to deliver more care. We also spoke to the cleaner who displayed pride in his work.

All the staff we saw and met appeared happy and in good humour that was reiterated and confirmed by the patients we spoke to.

We noted that there were staff charts on the wall that were updated daily. On the wards there are three shifts and on each shift there are qualified nurses and support workers.

SHIFTS		EARLY	LATE	NIGHT
QUALIFIED NURSES	NUMBERS OF	2	2	2
SUPPORT WORKERS	STAFF	4	3	2

There are two consultants, one for each ward who visit twice weekly. The majority of day-to-day medical management is undertaken by the ANPs in liaison with other medical staff.

We were told that after 5pm the medical care at the hospital is provided through the out of hours service.

The different types of staff uniforms were clearly displayed in picture form on the wards. The names of the nurses on duty, the beds /bays they were responsible for and the key basic elements of patient care required were also clearly displayed.



Clear, accessible patient information

Patient information on both wards was plentiful and informative for patients, staff and the public. The posters on display were laminated, up to date and the information boards were well maintained.

On the North Ward we saw a 'comment tree' where patients and relatives could leave their feedback on the ward and the staff. The comments included messages such as: "Thanks for doing a good job and all your help and support, the staff are encouraging, helpful and considerate and the staff couldn't have done any more to help me". 'Thank you' cards were also displayed on this board.

The Friend and Family Test monthly compliments and complaints record was prominently displayed. On the East Ward the display showed that there had been 110 compliments and 0 complaints. There were charts that showed that there had been no new pressure ulcers in the recent audit.

We noted that there were posters about the Patient Advice and Liaison Service (PALS) and Patient Information and Liaison Service (PILS) Complaint Service.

Communal Areas

There are day rooms on both wards with books, games and activities available. On the North Ward there was a piano in the day room, the room had plenty of natural light and there were fresh flowers on the table. We did note that some of the blinds were broken and needed repairing.

Patients are encouraged to use the dining room where there were signs about snacks, nutrition and food charts. The 'red tray' nutrition system is in use. (The red tray system is used in hospitals during mealtimes to identify patients who need help or their dietary intake monitored). There were also leaflets about getting enough fluids at home that people could take.

The garden and patio communal seating areas were in use by patients and relatives at the time of the visit. Bird feeders, which were full, were positioned in the garden so that patients can see them from their rooms. There was information about the on site multi faith room and Sunday service that the hospital chaplain provides.

Rehabilitation activities

We saw evidence of rehabilitation activities throughout the wards. There was a Physiotherapy gym and it was being utilised at the time of our visit. There is a staff of six Physiotherapists listed and there is a separate room for the Occupational Therapists of which there were two full time Therapists and one student on placement.

A patient told us that her Physiotherapy rehabilitation programme was intensive and jokingly remarked that she was glad for the rest she got at the weekends. The Physiotherapy Room on North Ward was not in use during our visit but we noted that there were two wheelchairs placed in front of the fire exits, which could be a safety risk.

Speaking to patients, relatives and carers

We asked patients, relatives, friends and carers questions to focus our conversations with them relating to care received, discharge process and visiting times. We spoke to 10 patients and 7 Relatives/ Carers. The other patients on the wards were asleep or unable to talk to the team at the time of our visit.

On the day of our visit all the patients that we spoke to were complimentary about the care they had received at the hospital and they praised the staff. The patients told us that the needs were met and the hospital was described as 'a wonderful place'. There were positive remarks about the high standard of hygiene and cleanliness of the wards.

Care Received

The patients we spoke to said that their care has been good and they have received regular information from the staff about their care plans. We noted that there were information folders available for patients and visitors on the wards and in individual rooms.

One relative/ carer was not yet fully involved with her relative's treatment plan but said that whenever she asked questions she was given answers. She suggested that it was early days to discuss discharge plans but hoped to get a more positive active involvement soon.

Two patients we spoke to on East Ward told us they were not receiving regular information about their care plans. The relatives with the two patients did advise that they were fully aware of the patients' care plan.

Call bells were provided for each patient. Two patients told us that there was sometimes a delay (one said half an hour) in their call bells being answered but both seemed to accept this as they spoke of the pressure that they thought the staff were under.

Discharge Process

The majority of the patients we spoke to were aware of their discharge plans and the process for their discharge. Other patients were not at a stage where they would be discharged.

One patient was happy with the care he has received at the hospital. The patient is due to be discharged but has some apprehension with going home. The relative with him told us that they have a care plan and arrangements have been made for any equipment needed which has been ordered. The patient told us that the hospital would not let him go home until all the equipment is in place. The patient told us that that the staff are very good at keeping them informed and everything they have asked about the care has been answered.

The relative of another patient was very happy with the 'outside agencies' input into the necessary adaptations needed to the patient's home. Although the patient expected to leave on Friday this was on the understanding that all the necessary work to accommodate the patient had been completed.



Visiting Times

The Ward Sisters told us that the visiting times had recently become more open and flexible rather than the advertised fixed hours twice per day (2pm - 5pm and 6pm - 8pm). We were told that when family members are on the wards during meal times this can be better for some patients to encourage them with their nutrition. Some patients appeared to be unaware that visiting hours had been relaxed but everyone we talked to were happy with visiting times.

Speaking to Staff

We spoke to two Occupational Therapists and a student Occupational Therapist and they all told us they enjoyed their work. The student spoke highly of her placement.

We were told that staff turnover is low and vacancies were being filled. All the staff we spoke to wore NHS lanyards with name badges. We were told that new badges were being introduced, as the current badges are difficult to read. All of the staff were enthusiastic about their jobs and felt well supported. Most of the staff had worked at the hospital for a considerable time.

We asked the staff for their opinion about the facilities. We were told that new curtains and blinds were needed; that there was a shortage of commodes and that many blood pressure machines and other equipment was broken or very old and in need of replacement.

Additional observations

Car Parking

There were ample car parking spaces and within walking distance from the Reception.

There were also disabled parking spaces near the entrance. We noted that there were bus stops located at the site entrance. Transport issues were mentioned by two patients as they felt that the hospital is a little far out of the centre of Hinckley. Other patients we spoke to were from local surrounding villages and they told us that their relatives normally visited via car.

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. The reception area is over cluttered with information posters and leaflets some of which are out of date. We would recommend that all the information and displays be reviewed.
2. The Castle Mead Radio team information in reception seems out of place and we would recommend that this is removed or updated.
3. Review the placement of wheelchairs when not in use and ensure that wheelchairs are stored correctly and not creating a safety risk.
4. Keep all visitors updated on the visiting times and ensure that the new visiting times are advertised.
5. The decor in the wards could be refreshed and we recommend new curtains, blinds and decorating in the patient rooms.
6. The equipment available on the wards for patients be reviewed i.e. commodes and blood pressure machines and ensure that equipment is maintained and available for patient use.

Stakeholder Response

Action Plan in Response to Healthwatch Leicestershire Enter & View Visit May 2016

RECOMMENDATION	ACTION	LEAD	TIMESCALE
1. The reception area is over cluttered with information posters and leaflets some of which are out of date. We would recommend that all the information and displays be reviewed.	<ul style="list-style-type: none"> Matron to complete a review of the area, ensuring appropriate up to date information is displayed. 	Matron	Completed 05/08/2016
	<ul style="list-style-type: none"> Designated member of staff to be identified to complete a monthly walkround with the Matron to review information that is displayed. 	Matron/ Designated Staff Member	Completed 05/08/2016
	<ul style="list-style-type: none"> Matron to provide feedback to other services using the reception area in relation to appropriate, up to date signage. 	Matron	August 2016
2. The Castle Mead Radio team information in reception seems out of place and we would recommend that this is removed or updated.	<ul style="list-style-type: none"> Out of date posters removed 	Matron	Completed 05/08/2016
	<ul style="list-style-type: none"> Matron to contact the Castle Team Radio Team for revised and updated information. 	Matron	August 2016
3. Review the placement of wheelchairs when not in use and ensure that wheelchairs are stored correctly and not creating a safety risk.	<ul style="list-style-type: none"> Alternative storage to be identified within the ward area. 	Physiotherapy Team Lead	Completed
	<ul style="list-style-type: none"> Therapy team lead to discuss the recommendations with the therapy team. 	Physiotherapy Team Lead	Completed July 2016
4. Keep all visitors updated on the visiting times and ensure that the new visiting times are advertised.	<ul style="list-style-type: none"> Visiting Times to be displayed 	Matron	Completed
5. The decor in the wards could be refreshed and we recommend new curtains, blinds and decorating in the patient rooms.	<ul style="list-style-type: none"> Matron to meet with Property Services Manager to review décor requirements. 	Matron	September 2016
	<ul style="list-style-type: none"> Matron to obtain a quote for replacing curtains and secure funding for replacement 	Matron	September 2016
6. The equipment available on the wards for patients be reviewed i.e. commodes and blood pressure machines and ensure that equipment is maintained and available for patient use.	<ul style="list-style-type: none"> A review of the blood pressure equipment is currently underway by the Matron and Medical Device Manager 	Matron	September 2016
	<ul style="list-style-type: none"> A review of the number of commodes is underway by the Matron and Ward Sisters 	Matron/Ward Sister	August 2016

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Distribution

The report has been distributed to the following:

- Hinckley & Bosworth 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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