Enter and View Report | Single Provider

healthwatch North Yorkshire
Improving Health & Social Care Together

Details of visit:	
Service address:	**Skipton Road, Steeton, Keighley, West Yorkshire. BD 20 6TD**
Service Provider:	**Airedale NHS Foundation Trust**
Date / Time:	**3rd November 2014 / 10am – 4pm**
Authorised Representatives:	**Gill Stone, Chris Gosling (Visit Lead), Patricia Staynes, Sue Staincliffe, Julie Janes, Sylvia Bagnall, David Ita (Supervisor).**
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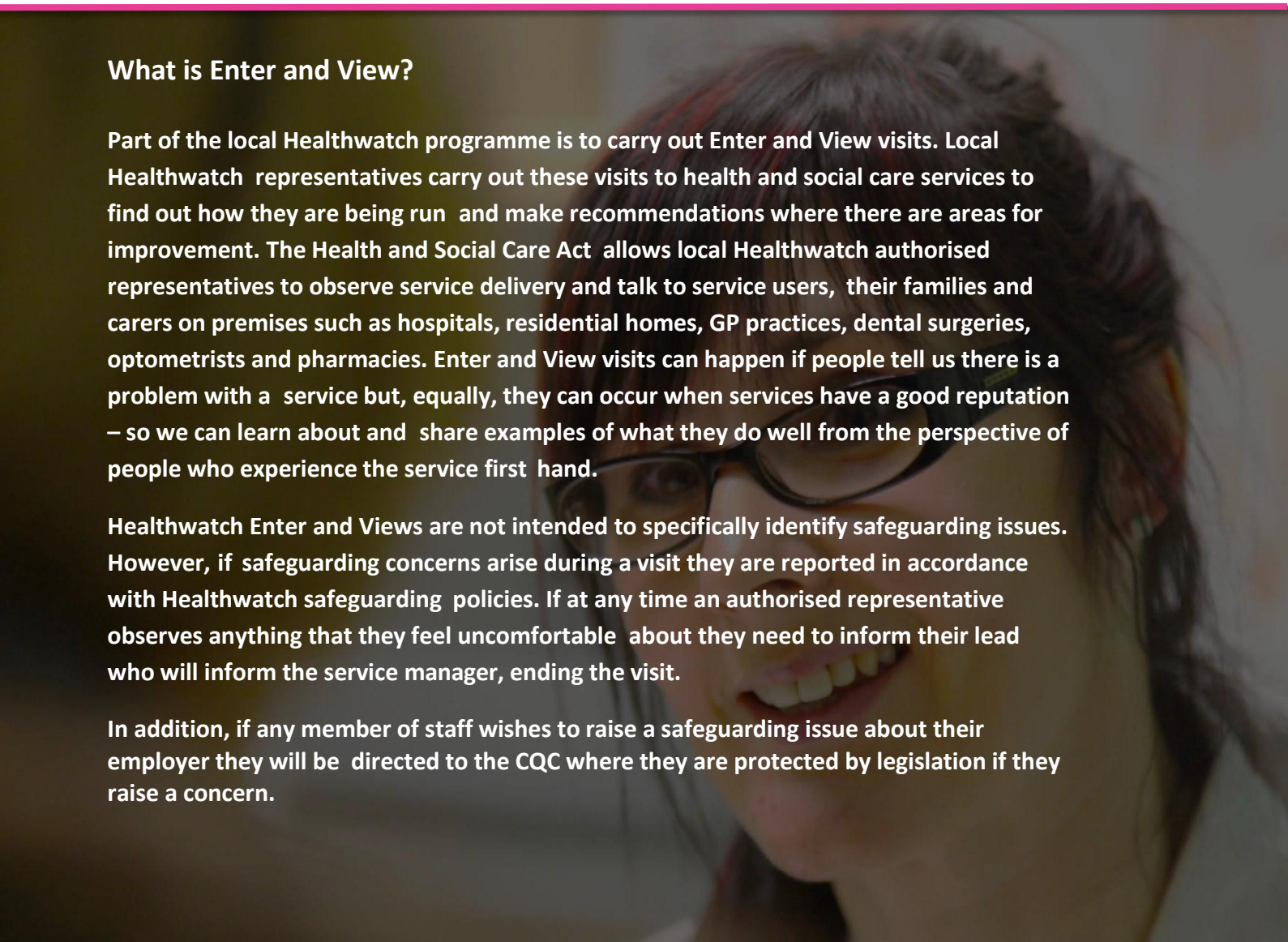
Acknowledgements

Healthwatch North Yorkshire would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View programme.

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 experiences of all patients, relatives or carers and staff, only an account of what was observed and contributed at the time.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives 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 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 we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

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

Purpose of the visit

- To gather the views of patients, relatives and carers in relation to their experiences of the services being provided.
- Identify examples of good working practice.
- Make observations as care is being provided to patients, and their interactions with staff and the surroundings.

Strategic drivers

- Contribute to our wider programme of work gathering evidence on our three Health and Social Care priorities for 2014/15, which is; Hospital Discharge and post Hospital support arrangements, Out of Hours services, and Support for unpaid Carers.
- Looking at variation (if any) in the quality of care being provided within the main hospitals serving North Yorkshire County.

Methodology

This was an announced Enter and View visit.

Following the formal notification of the visit sent to both the service provider and the clinical commissioning group responsible for commissioning this service, the visit lead arranged a telephone conference with the service providers' nominated person(s) in order to; complete a pre-visit questionnaire, explain the visit process, and answer any questions that the service provider may have about the visit. The visit lead also shared the visit plans with the service provider, including the areas of the service that the visit team planned on visiting, so that relevant staff would be notified in advance, thereby minimising or avoiding disruption to the normal day to day running of the service.

The visit team of six authorised representatives (including the visit lead) were split into three pairs and visited Wards 2 (Medical Admissions), 4 (Acute Elderly Medicine), 5 (Stroke) and 6 (Endocrinology, Gastroenterology and Elderly Medicine). The team also visited Outpatients, and the Telehealth Hub, and spoke to the Appointments Manager and the Senior Pharmacist. In total we spoke to over 40 people on the day, made up of patients, relatives or carers and staff.

At the end of the visit, we communicated the key (headlines) findings of our visit to the service providers' nominated person(s), and explained the protocol of "what happens next" following our visit, including timings and expectations. This allowed the service provider to respond immediately to some of our findings, as well as ask the visit team any questions.

Ethical consideration

On entry to Wards we always introduced ourselves to the senior member of Staff present and informed them of the reason for our visit. Without exception they were expecting our visit. We also ascertained from staff which patients we should not approach due to their condition or due to infection risk. This protocol was strictly adhered to.

Prior to any conversation being held with a patient we introduced ourselves by name and showed our HW authorisation badge, gave them an explanatory leaflet on Healthwatch "Enter and View" purpose and procedure and then obtained their permission to continue with the conversation. It was also made clear to each patient that whatever they divulged to us in respect of their experience as a patient in the hospital would be anonymised for the purpose of this report.

In addition to our discussion with patients, we spoke to many staff and ancillary workers and family members who were visiting. We walked around the ward observing equipment, bay areas, bathrooms, signage, ward literature and general cleanliness and safety of the ward.
All authorised representatives were briefed prior to ward visits to be alert and attentive to the care, wellbeing, dignity, privacy and safety of patients.

Summary of findings

At the time of our visit, our overall observations show that the hospital was operating to a very good standard of care.

- After patients raised concerns about the delay in their discharge the hospital identified the cause and now have a target of 'Home by 1pm'. This has been aided by Drs changing their prescribing routines and also by pharmacists who are now much more ward based and liaise directly with patients, relatives and GPs.
- Safe staffing levels are a priority for the Hospital, and patients say that they feel safe and well cared for. The Hospital publishes staffing levels for all its wards on the Hospital website and on each ward.
- The Hospital has identified Dementia as a priority and has already opened a dementia friendly ward. 4 wards have been completed as part of the Department of Health Dementia Capital Scheme in accordance with the Kings Fund's enhancing the Healing Environment. Other ward/departmental capital schemes will incorporate the principles to be Dementia Friendly. Dementia awareness training is now mandatory for all clinical staff and the 'Butterfly' system for identifying patients with dementia is now well established.
- Patients who had been previously discharged talked about their experiences to us. They described an experience which was 'joined up' with admission and diagnosis being timely. Treatment, even at another Hospital, being arranged promptly and after discharge community care being as previously arranged. There may of course be other contrary experiences but we could not find patients with an alternative view.
- The Hospital is using technology to communicate more effectively with patients, and their carers with measurable gains. With services like Gold Line and ImmediCare contributing to significant reductions in hospital admissions.
- Outpatient clinics for eye, ear nose and throat, and Dental have appointments at Airedale

Hospital. The consultants however are from Bradford Hospital. At times Bradford do not inform Airedale of the unavailability of a consultant. This results in outpatients turning up for an appointment at a clinic that has been cancelled. This happened the morning of our visit. As a consequence staff spend time in an attempt to contact patients to inform them that the clinic has been cancelled.

Results of Visit

Airedale Hospital Foundation Trust and Community Services NHS Trust serves a population of over 200,000 in an area from the rural areas around Skipton and Settle to the urban areas North of Bradford. It has nearly 400 beds and provides the range of services normally expected of a large District General Hospital.

Premises

We found that the Hospital is clean and very well maintained. The wide corridors are remarkably free of the normal clutter such as trolleys and medical equipment. Wards were similarly free from clutter and well maintained. One exception to this was a bathroom in Ward 5 (Stroke) where there was obvious damage to wall/ceiling due to a probable water leak.

Ward 4 (Acute Elderly Medicine) is the recently refurbished 'Dementia Friendly' ward. Walls are colour coordinated with calming pictures and chairs placed into recesses. The reception desk is much smaller than in other wards but the Nurses have small 'workstations' built into the walls to be much closer to the patients. We found that staff love working in this environment.

Care

The patients and carers we interviewed were very complimentary about their care although patients in Ward 5 (stroke) generally thought that they should have more than one physiotherapy session per day and also more speech therapy. Staff were vigilant in helping patients who had difficulty eating and there was water within reach on each locker. And when curtains were drawn around a bed 'Do Not Enter – Patient Privacy and Dignity' were used to emphasize their purpose.

Communication

In Ward 6 (Endocrinology, Gastroenterology and Elderly Medicine) patients did not appear to know what was happening with regard to their actual treatment and diagnosis. Also in Ward 6 a patient was anxious about taking his pills all at the same time when his GP had earlier instructed that they should be taken at specific times. The Staff Nurse was informed of the situation and we asked that the patient be informed about the reason for this change.

A patient on Ward 2 (Medical Admissions) was worried and/or distressed about her husband, whom she had left at home. We informed the Staff Nurse and asked that her husband be contacted to put her mind at ease. On checking later the husband had already arrived at the hospital and was going to

take his wife home later that afternoon.

Patient on Ward 2 was waiting with her husband and had been told that she would be discharged at 2pm. On checking later the lady had gone home with her husband. Another patient was brought in as an emergency. She was worried that her 'befriender' would be calling at her home today and she was not there. We informed the Staff Nurse and on checking later the problem had been resolved and the patient was much happier.

Telehealth

The hospital has been using cutting edge technology to provide care for over 18 months, with the use of both Gold Line and ImmediCare. Both services operating from within its Telehealth Hub.

Gold Line is a 24/7 telephone service that is often used to support palliative care patients like hospice residents, and this provides complete peace of mind for both the patient and their carer, guaranteeing the availability of professional advice whenever it is needed.

ImmediCare is the hospital's flagship virtual service, where a televisual device is installed within persons' home or a care home setting. Devices could either be TV screen, IPad or equivalent compatible device. It provides an instant access to a qualified clinical staff whenever you need it, and it allows for visual assessments to be done remotely and advice given. The presence of a professional at the other end, gives the patient peace of mind and helps reduce unnecessary hospital admissions. This technology is such that it will soon be able to provide junior Drs with instant advice from senior consultants on call, without the need for the consultant to travel to the hospital first.

Volunteers

There are about 400 volunteers at Airedale Hospital engaged in about 16 different tasks. Several patients commented on how friendly and helpful the volunteers are. Two of the volunteers talked to us and they were obviously fully engaged with their voluntary work. They both volunteered for 2 days per week, and said that their role involves directing patients or accompanying them to their destination within the hospital. They believe that this process helps calm some patients, and frees up reception staff to attend to other enquiries. They keep track of their journeys/patient contacts which overtime probably helps predict workload. There is generally a waiting list to become a volunteer.

Additional findings

Although not directly observed, feedback received from staff, patients and relatives suggests the following:

- A patient on the Stroke ward keeps a personal diary of the staff who visit and what they do and say. His wife commented that she had found this very useful in her understanding of what has

been happening to her husband.

- The Appointments Manager said that the Hospital arranges well over 1000 appointments each day but is unable to provide enough 'slots' for all appointment to be made within the target time. This could be exacerbated by some Doctors arranging long term appointments when they might reasonably be referred back to their GP. System One is used to manage appointments and although it was difficult at first it now works well. It is particularly useful in that GPs also use it so patient information is easily exchanged.
- Although not unique to Airedale Hospital, there is currently no process for identifying patients who are also unpaid carers, either on admissions or at discharge. This process could help alleviate the anxiety of unpaid carers about the person they are caring for, who may have been left at home without support.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that patients felt about the care and support provided. However as a result of our observations, we are making the following recommendations:

- Ensure Bradford Hospital informs Airedale Hospital when a consultant cannot attend a clinic at Airedale in order to avoid wasted outpatient attendances.
- Regularly audit discharge times to identify any causes of delayed discharge
- Investigate the quantity and frequency of physiotherapy and speech therapy sessions on ward 5 (stroke)
- Regular communication with patients about their treatment/diagnosis could be improved
- Consider asking all patients on admission and discharge whether they currently look after anyone (family, friend, neighbour etc.), and use this information to identify appropriate support within the community for the cared for person.
- Consider introducing a patient diary system that summarises (in simplest terms) the clinical interactions or interventions that the patient has with staff, as a way of keeping relatives or carers abreast of the care of their loved ones. This would particularly be useful for patients who are unable to communicate effectively, like those suffering from a stroke.

Service Provider response

We have recently had a stroke peer review which established the following:

- Physiotherapy staffing is as it should be for the number of beds and specialty. However on that morning three of the staff were attending a Bobath course which is essential to support their skill development. We have standards of practice and clinical guidelines which state that people should have daily physiotherapy but nothing that says this should be more frequent.
- Speech and language therapy are currently recruiting following a successful business case, this will enhance service provision. It is anticipated that within the next three months there will be a further speech and language therapist on the ward.

We are currently working in partnership with Bradford Teaching Hospitals to determine what the future pathway will be for stroke and will be reviewing the therapy staffing to support the new service model.

There is reference to a question about patients with dependent children within the nursing documentation booklet used on all adult inpatients.