Enter and View Report | Single Provider

healthwatch North Yorkshire
Improving Health & Social Care Together

Details of visit:

Service address:	Lancaster Park Rd, Harrogate, North Yorkshire HG2 7SX
Service Provider:	Harrogate and District NHS Foundation Trust
Date / Time:	7th November 2014 / 10am – 4pm
Authorised Representatives:	Gill Stone, Chris Gosling, Tina Holroyd, Sylvia Bagnall (Visit Lead), David Ita (Supervisor).
Contact details:	Healthwatch North Yorkshire, Blake House, 2A St Martins Lane, York. YO1 6LN

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, GP Out of Hours services, and Support for unpaid Carers.
- Looking at the quality of care being provided, and the variation (if any), within the main hospitals serving the citizens and communities of 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 five authorised representatives (including the visit lead) were split into teams and visited the Emergency Department (A&E), Fountains Ward (Acute Medical Unit), Granby Ward (Mixed Medical), Oakdale Ward (Stroke), Jervaulx and Byland Wards (Elderly Medical units). The visit team also spent some time at the Discharge Lounge, and were given a guided tour around the pharmacy's daily operations, including observing the pharmacy robot in action. In total we spoke to 49 people, made up of patients, relatives or carers, and staff.

At the end of the visit, we communicated the key (headline) 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 all expecting our visit, so we proceeded to find out if there were any patients we should not approach due to their condition or due to infection risk. This protocol was strictly adhered to by the visit team, and prior to any conversation being held with a patient, we introduced ourselves, gave them an explanatory leaflet on 'Enter and View'' and obtained permission to continue.

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.

- Staff are very passionate about their work, and nursing and other care staff are highly commended by patients for the attention to their care.
- The Trust has a good reputation for allowing staff to undertake training for progression and development of skills.
- There was evidence of poor communication at various levels
- Inconsistent management of, or support for dementia patients throughout the areas of the hospital we visited.
- An innovative use of nutrition assistants and volunteers to support at meal times, with very good quality and choice of food that is prepared on site.

Results of Visit

Harrogate and District NHS Foundation Trust (HDFT) was founded under the Health and Social Care (Community Health and Standards) Act 2003 and authorised as an NHS Foundation Trust from 1 January 2005. The Trust is the principal provider of hospital services to the population of Harrogate and surrounding district and also to north Leeds. In addition, on 1 April 2011, HDFT took on responsibility for a wide range of community based services covering the Harrogate and District locality and some services covering the whole of North Yorkshire as part of the Transforming Community Services programme. The Trust's overall catchment population is approximately 900,000.

Environment (including Premises)

Main entrance and reception area well-staffed, and observations showed that movement within this area appeared to flow well, primarily because of the volunteers with clearly identifiable t-shirts, available to assist visitors with navigating their way through the hospital. Good signage at the entrance, including a poster advising of the Healthwatch visit. Some corridors appeared cluttered with trolleys, medical equipment and trolleys delivering goods to wards, however the corridors were still accessible.

The Space within the Emergency Department presents significant challenges at times of high demand, because there are too many patients presenting, which has led to an overflow of patients into the fracture clinic, which is adjacent to A&E. This caused some confusion, even to staff, as a nurse was overheard asking another nurse which patients were A&E and which were for fracture clinic, and neither of them were certain about the answer. A member of staff also suggested that

since the introduction of the NHS 111 service, GP out of hours service, which is co-located within the hospital, has seen a decrease of 30% at the expense of A&E attendance, and this is impacting on resources and space.

Patient Care (Wellbeing, Dignity, Respect and Safety)

Patients were generally very positive about the service. Patients at A&E were comfortable with the waiting time and the triage system seemed to be working well. One patient was seen within 10 minutes and then moved to a cubicle within one hour. However this seems to be very different on a weekend, as a patient described their weekend experience as 'poor' due to skeleton staff. In one instance a patient claimed he was not given appropriate pain relief as no prescribers were available on site at the weekend.

There is no set process in place to support patients with dementia, and the use of the butterfly symbol to identify patients with dementia vary widely across the hospital, and in some wards no symbol is used at all. We spoke to a nursing sister in Jervaulx ward (Elderly Medical) she confirmed that they needed a better environment and provision for patients with early signs of dementia. Patients spoken to, even though very happy with the quality of care received, some felt that not enough information was provided to them or their relatives about what was happening, and because everyone seemed so busy, many did not want to 'bother' the staff by asking too many questions. A couple of relatives felt they could be better informed about the care of their loved ones, especially patients who may be unable to communicate to their relatives or carers themselves, like stroke or dementia patients.

All stroke patients and their carers have access to an Occupational Therapist who provides advice and guidance as well as practical support. They work very closely with the Community Stroke Team, both before and after patients are admitted.

A patient in the Coronary Care Unit, which is within the Acute Medical Unit, was very complimentary about his treatment and the speed things were happening, however he commented that 'things were now delayed' as he had to wait until Monday for an angiogram, and did not know why there was such a delay for an angiogram.

There doesn't appear to be enough side wards to support patients with high levels of dementia and/or end of life care needs. And until recently there used to be an end of life care facilitator, whose specialism the hospital needed to support patients with end of life requirements, and some of the nursing staff hoped that this specialism would be reintroduced.

Food (including nutrition and feeding)

A lot of work has gone into designing the menu, as items are labelled V for vegetarian, S for soft or with a heart for healthy option. The description of items are also carefully monitored, for example, the uptake of Mariners Pie was not very good, so the dish was renamed Fish Pie, and the uptake increased.

All food is prepared on site; hence special requirements are easy to arrange with little or no delay. Almost every patient we spoke to commented about the quality of the 'sponge cake' that it always "went down a treat". Pureed food is no longer all mixed together. Instead the carrot is formed into carrot shapes, the chicken into chicken breast shapes etc. This not only makes the food more visually appealing but the taste is also retained within the shape of the food chosen.

The hospital is believed to be the first in the country to introduce a "Nutritional Assistant" role that is

always on hand to provide one to one support to ensure patients' nutritional needs are met. However, this is only a part time post covering the hours between 7am and 3pm weekdays only. This means that any patient admitted outside of these hours will not have this support if needed. The hospital has also recruited a number of meal time volunteers to assist patients with feeding where needed, however there are not enough of these valuable helpers to go round, which can sometimes lead to some patients waiting some time for assistance, as in the case of one elderly patient in Jervaulx Ward (Elderly Medical).

Communication

At Fountain ward (Acute Medical Unit), the whiteboard appears to be the nerve centre, with bays differentiated by colours and coloured dots giving identity of consultants. Patients with dementia are identified with the butterfly symbol.

In Granby ward (Mixed Medical), we were impressed with the amount of useful information on the noticeboard which greets visitors as they enter the ward. There are pictures of the seven various uniforms worn by staff, including the pink Nutrition Assistants. The Red Tray system for patients requiring assistance with feeding is very well explained and also the Family and Friends questionnaire is available. The minimum staffing ratio is also stated as 1:8, which is according to national standards.

Nursing and Ancillary Staff

The Trust has a good reputation for allowing staff to undertake training for progression and development of skills, and staff are encouraged to avail themselves of the 10 days study leave available to them each year. The quality of care provided by staff can be summed up in the words of an 81 year old in Oakdale Ward (Stroke), who had 'nothing but praise' for the service she had received. She said that "the staff are wonderful, very kind, but very busy". This sentiment was echoed by nurses in two other wards, who felt the staffing levels were not enough, and because of this, they were unable to spend as much time caring for their patients as they would have liked.

Discharge from Hospital

Our observations revealed a number of areas where discharge was delayed, and others where people's experiences were less than satisfactory:

At A&E the staff team acknowledged that discharge to other wards was a problem as patients would often become stuck in A&E because beds were not readily available on wards for patients to be transferred to. Also on Byland ward, a nurse confirmed that discharge was often complex because the ward is an elderly medical ward, and even when patients were medically fit, the process was often not straight forward. The team at Byland ward had particular challenges in discharging patients to the rehab ward at Ripon, as there was sometimes a long waiting list.

The Discharge Lounge appears to be an add-on to Elmwood Day Unit, with only 6 chairs for patients to sit and wait. We found it to be a very depressing space, which doesn't seem to be poorly planned, and considering the crucial role that discharge plays in the flow of patients through the hospital and into the community, the discharge lounge as it currently stands may only serve to slow down that process. Having spoken to the duty nurse, we were informed that the space was only a temporary one, and as all the signs were laminated, it appeared to back up that premise; however we understand that this space has been in this state for 4 years.

We observed two elderly patients sitting at the discharge lounge, with nothing to do having been there for a couple of hours already. It was however very reassuring to see that nurse on duty was

very enthusiastic and humorous, always trying to keep both patients entertained and help them pass the time. Our conversation with the duty nurse revealed a number of frustrations with the whole hospital discharge process, with probable solutions that could easily be implemented. Rather than go through a list of concerns and/or suggestions, we would strongly recommend that a member of the senior management team speak with the discharge nurse to get a complete picture of what the problems currently are, and what could be done (easily) to improve the whole patient experience of the discharge lounge.

Additional Findings

- We had the opportunity of speaking to the senior pharmacist at length, and we were also shown the 'pharmacy robot', which we understand has dramatically reduced the length of time it takes to source medication for patients on discharge. It has also reduced the number of errors involved with sorting medication. Our time spent with the pharmacist helped us to understand that the often held view about pharmacy delaying discharge is a myth and largely untrue, and in fact the time between when the doctor sends the discharge prescriptions to pharmacy and when the medication is ready for patients to take home is about 60 minutes, which we found impressive.

- Many of the patients we spoke to complained about the cost of the TV system, and most didn't use it as a result. In fact we did not come across anyone, patient or staff who had anything positive to say about the system.

- Interesting method of gathering feedback on the Friends and Family Test using tokens, however it isn't clear how this feedback is validated and what is done with the results.

- Although not unique to Harrogate 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.

- Having visited different wards, including the discharge lounge, and speaking to staff and patients, communication at various levels could be improved. There was evidence of poor communication; between staff and patient, between wards, between most wards and the discharge lounge, and between doctor and pharmacy. A strengthening of communication at all levels will amongst other things lead to an improved patient experience.

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, there are a few recommendations we would like to make:

- Regular communication with patients about their treatment/diagnosis could be improved and also keeping relatives or carers informed when they visit.
- 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.
- The benefits that your nutrition assistants bring to the care of patients is invaluable, and hence it is worth considering increasing coverage beyond 3pm on weekdays by creating a potential job share post, to match out of hours and weekend hospital admissions.
- A possible re-introduction of the end of life care facilitator would greatly provide the much needed expert support for nursing staff, and ensure that patients nearing the end of their lives have the very best care possible tailored to their needs.
- A dedicated discharge lounge would greatly aid the patient flow (freeing up bed space) through the hospital and out into the community. It would also greatly improve patient experience as they prepare to return back to their homes and communities now that they are deemed medically fit.
- Improved communication between wards and the discharge lounge in order to improve patient experience of discharge and enable a smooth patient flow. It is worth hearing the views of the duty nurse in the discharge lounge about how this can be improved.
- Explore the suggestion of using the 'back door' of the hospital for discharging elderly patients to care homes to avoid blocking the ambulance bays, which are always busy. And to avoid elderly patients being confused and distressed, as much as possible, only transfer patients to care homes during daylight hours.
- Your innovative use of volunteers to support meal times is very highly commended, but should be proactively increased as the demand for this service far exceeds the number of volunteers available to help. Harrogate and Rural Community and Voluntary Services will be best placed to assist you with recruiting the right volunteers.

Service Provider response

Page 3: Environment (including Premises)

The report states that "the space within the Emergency Department presents significant challenges at times of high demand".

The difficulty of the environment within ED is recognised by the Trust and there are a number of mitigations in place to maximise efficiency in times of high demand. The Trust also has plans for a rebuild.

Page 4: Patient Care (Wellbeing, Dignity, Respect and Safety)

The report states that "a patient described their weekend experience as 'poor' due to skeleton staff.

In one instance a patient claimed he was not given appropriate pain relief as no prescribers were available on site at the weekend".

This is an anecdotal and unsubstantiated claim and is not accurate as staffing levels do not significantly change and medical prescribers are available throughout the Trust.

Page 4: Patient Care (Wellbeing, Dignity, Respect and Safety)

The report states that "a patient in the Coronary Care Unit… commented that 'things were now delayed', as he had to wait until Monday for an angiogram, and did not know why there was such a delay for an angiogram".

The patient would have been clinically risk assessed to determine if an angiogram was required immediately or within a number days. – This patient would have benefited from a more comprehensive explanation.

Page 4: Food (including nutrition and feeding)

The report states that "the hospital is believed to be the first in the country to introduce a Nutritional Assistant role… However, this is only a part time post covering the hours between 7am and 3pm weekdays only… The hospital has also recruited a number of meal time volunteers to assist patients with feeding where needed, however there are not enough of these valuable helpers to go round".

The nutritional assistants are full time posts and are employed on all in patient areas. Outside their hours of employment their duties are undertaken by the care support workers. We currently have 45 active mealtime volunteers and are continuing to recruit.

Response to Healthwatch Recommendations (Page 7 of 9)

Bullet 1: "Regular communication with patients about their treatment/diagnosis could be improved and also keeping relatives or carers informed when they visit."

The Trust is exploring the opportunity of how communication can be improved with patients and their families.

Bullet 2: "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."

There is an opportunity within the admission documentation to ask this question.

Bullet 3: "The benefits that your nutrition assistants bring to the care of patients is invaluable, and hence it is worth considering increasing coverage beyond 3pm on weekdays by creating a potential job share post, to match out of hours and weekend hospital admissions."

Care Support Workers cover the duties of the Nutritional Assistants out of hours and at weekends and we have 45 mealtime volunteers who predominately work at teatime and more are being recruited.

Bullet 4: “A possible re-introduction of the end of life care facilitator would greatly provide the much needed expert support for nursing staff, and ensure that patients nearing the end of their lives have the very best care possible tailored to their needs.”

End of life care facilitator role is being reviewed and will be reintroduced.

Bullet 5: “A dedicated discharge lounge would greatly aid the patient flow (freeing up bed space) through the hospital and out into the community. It would also greatly improve patient experience as they prepare to return back to their homes and communities now that they are deemed medically fit.”

The management of the Trust are aware of a number of frustrations and improving discharge is a current improvement priority of HDFT. The environment, staffing and use of the Discharge Lounge are under consideration.

Bullet 6: “Improved communication between wards and the discharge lounge in order to improve patient experience of discharge and enable a smooth patient flow. It is worth hearing the views of the duty nurse in the discharge lounge about how this can be improved.”

The management of patient flow including discharge processes is a current focus as part of HDFT’s current Quality Improvement priorities.

Bullet 7: “Explore the suggestion of using the ‘back door’ of the hospital for discharging elderly patients to care homes to avoid blocking the ambulance bays, which are always busy. And to avoid elderly patients being confused and distressed, as much as possible, only transfer patients to care homes during daylight hours.”

The use of an alternative exit is not being considered at present. Our aim is for all patients to be discharged as early as possible.

Bullet 8: “Your innovative use of volunteers to support meal times is very highly commended, but should be proactively increased as the demand for this service far exceeds the number of volunteers available to help. Harrogate and Rural Community and Voluntary Services will be best placed to assist you with recruiting the right volunteers.”

As previously stated, there are 45 active volunteers at present with more being recruited.

Finally, the care of dementia patients including the use of the Butterfly scheme is being reviewed.