

Enter and View visit to the Evington Centre

Report on the Enter and View visit to the Beechwood and Clarendon Wards of the Evington Centre.



Enter and View visit details

Address	The Evington Centre Gwendoline Road Leicester LE5 4QG
Service Provider	Leicestershire Partnership Trust
Date and Time of visit	7 th March 2016 - 11am
Type of visit	Announced
Authorised representatives undertaking the visit	2 - Visit Leaders 2 - Authorised Representatives 1 - Staff Lead
Contact details	Healthwatch Leicester City, Clarence House, 46 Humberstone Gate, Leicester. LE1 3PJ

Acknowledgements

Healthwatch Leicester City would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View visit.

Disclaimer

Please note that this report relates to findings observed on Monday 7th March 2016. Our report is not a representative portrayal of the experiences of all patients, their family/carer and staff, and is 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 & View visits. Enter & View visits are conducted by a small team of trained volunteers, 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 or capture best practice which can be shared.

Enter and view is the opportunity for Healthwatch Leicester to:

- 🌱 Enter publicly funded health and social care premises to see and hear first-hand 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
- 🌱 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 services do well from the perspective of people with first-hand experience.

Purpose for the visit

In 2014 Healthwatch Leicester conducted an Enter and View to wards 31 and 32 in Leicester Royal Infirmary, University Hospitals of Leicester NHS Trust, looking at the acute care of elderly patients. The Evington Centre is run by Leicestershire Partnership (NHS) Trust which delivers elderly rehabilitation is a common next step for elderly patient care, after a fall. To ensure a focus on rehabilitation care to the Enter and View visit, it was decided to focus on the non-mental health wards of Clarendon and Beechwood.

The aims of the visit were to

- Observe the delivery of rehabilitation care to patients
- Observe the interaction with patients and staff, aside from normal care interactions to observe how patients are kept active.
- Capture the experience of patients, their families or carers and staff of the Evington Centre wards of Clarendon and Beechwood.

Strategic drivers

To understand how this visit is relevant to the local priorities of Healthwatch and regional/national stakeholder priorities, the following strategic drivers apply:

- NHS England - Frail older people - Safe, compassionate care
- Older people are a strategic priority for Leicester City Clinical Commissioning Group (Clinical Commissioning Strategy 2012-15- New Strategy not yet published)
- Supporting independence for older people is a priority for Leicester City Council (Closing the Gap - Leicester's Joint Health and Wellbeing Strategy 2013-16)

The Evington Centre

The Evington Centre is a separate building on the Leicester General Hospital Site. It is run by Leicestershire Partnership NHS Trust.

Within the Centre are 5 wards, Clarendon and Beechwood wards are physical health wards and the other 3 wards on site are mental health wards for older people.



Clarendon and Beechwood are single sex wards, with only male patients on the Clarendon ward and only female patients on the Beechwood ward.

Beechwood Ward has 24 beds and Clarendon Ward has 23 beds with both wards providing medical, rehabilitation and palliative care. The Wards were established towards the end of 2013 to treat patients who require nursing care outside of the acute hospital setting.

Methodology

This was an announced visit.

For the planning of this visit, the lead Authorised Representatives (Sue Mason and Janina Smith) for the visit and the staff lead (Micheal Smith) met to discuss and agree on the topics of focus for the visit. During this meeting a number of questions were set out to be able to ask patients, their family or carer and staff. To respect the dignity of patients on the wards the visit team was broken up in to 2 sub teams with 2 female representatives visiting the Beechwood ward and 2 male representatives visiting the Clarendon ward.

A preliminary meeting with a senior manager for the Evington Centre to discuss the visit and to better understand the service enabled a better picture of what patients might experience at the Centre.

Before the Enter and View visit a posters were put up around the wards explaining when we were visiting.

On the day of the visit the full visit team met with the ward sister from the Clarendon ward, who acted as our point of contact for our visit. During this part of the visit questions we were asked to build up a picture of the patient care from a staff perspective, the patient pathway and staff experience working in the Centre.

After this the two teams went around each ward and talked to patients, their families or carers and staff. Each team also made number of observations about the Centre, the patients and the staff.

After this the team met to agree on initial feedback which was then shared with the ward sister.

Summary of the findings

- Patients were very happy with the care they received at the Evington Centre.
- Whilst there was clear evidence of the ward sisters providing non-care activities on both wards, this was not formal policy and patients were not observed engaged in any formal non-care activities.
- A number of issues were evidenced around poor communication between other NHS referring agencies leading to incomplete or inaccurate information about the patient or with the patient about the Centre. Provision of Information to the patient once in the Centre also varied about the Centre.
- Staffing vacancies and recruitment difficulties often resulted in senior staff forgoing their responsibilities to be able to fill gaps in nursing staff numbers.
- Good examples of information for patients and families/carers through visual displays.

Full Results of the Visit

Initial observations

Entering the Evington Centre, there is a spacious reception area. We were greeted by a friendly member of staff who confirmed our reasons for visiting and let the ward know we had arrived.



After signing at the reception desk for the Evington Centre we walked round to the Clarendon and Beechwood ward, which are located next to each other in the Centre. The first thing to greet you is "Memory Lane", which the corridor to the wards, set up with a series of large framed displays with pictures from different eras.

It was interesting to see the different eras represented in the pictures and the wide range of topics covered in the displays.

Arriving on the Clarendon ward it was clean and spacious and we were with a big visual display about great patient experience. The display was easy to understand and eye-catching.

Patients and Staff interaction

During the initial discussion with the Clarendon ward sister, we discussed what activities are planned for patients and how are they kept active, both mentally and physically, whilst in the Centre. The ward sister advised us of initiatives already in place which included:

- Ward sister and reception staff obtaining newspapers for patients in the morning
- The ward sister walks around the ward every day to speak to patients

As well as those in the process of being put into place

- Getting the WRVS (Royal Voluntary Service) to come round the ward with a trolley.
- Expanding the role of the Interactive companion currently used to monitor higher risk patients.

We were informed of a number of themed events which have been held to engage patients and their visitors, for example:

- Valentine's Day
- Rugby World Cup
- Mock tails

Whilst walking around the wards we observed some nursing staff taking patients for a walk. We observed no patients in the communal area of the Clarendon Ward where all the books and games were kept but patients were observed using the communal room in the Beechwood Ward.

During our discussions with patients and staff, in both instances we received feedback that they would like more non-care activities with members of staff adding that they would welcome volunteer support to be able to offer more activities.

Patients

On the Clarendon Ward

Patient 1

They had not been on the ward long but were very happy with the care they had received so far. They commented that the staff are very receptive and respond quickly to the alarm. They were not sure why they were in the Evington Centre and what had happened to them but they did feel safe in the ward. They were unable to think of any way their care could have been improved.

Patient 2

They felt their care was good. Their family was visiting them regularly and said the staff was looking after him.

Patient 3

This patient had their family with them during our discussion. This patient had suffered previous falls but was discharged from the hospital. It was only after the most recent fall that a family member intervened to ensure the patient was admitted to the Evington Centre. Their family was confident without this intervention the patient would have been discharged home again. The family was very positive about the care the patient had received whilst in the Centre. The family had been kept informed throughout their family members care. They felt the staff had been very helpful and very attentive in their care. "They go out of their way to help". They also added the patient had really enjoyed the "Memory Lane" and had spent "ages" looking at all the displays. They were also very grateful to the physio staff who had respected their family members need for independence during treatment.

Patient 4

Initial we spoke to this patient on their own but their wife came in during our chat and joined in.

They had been moved from the General Hospital and had been kept informed about their move to the Centre. They mentioned that they didn't see many people other than the consultant "when they were in" and nurses with tea. They had tried to go to the dining room to eat but there weren't many patients in there and no one had talked to each other. They did feel that communication needs to be better as they would like to know more about what going on with their treatment. They felt that some staff was friendlier than others but that they were all competent. His wife was very impressed with the care her husband had received but did feel communication could be better.

On the Beechwood ward

Patient 5

This patient had been in the ward for a week and was due to be discharged later that day. They lived on their own but did not have a care package in place. When she arrived she had not been given any literature about the Centre. She did comment that her care had not been discussed with her but she was very happy with her stay and the treatment she had received. She had also enjoyed the good food. She would have liked more activities to do whilst on the ward.

Patient 6

This patient had had a fall at home and said they'd been in the ward for several weeks now. They hoped they would be able to go home sooner rather than later. They did have a TV in their room to pass the time but thought it would be nice to have more to do whilst in the ward, also to be able to enjoy the wards garden.

Patient 7

This patient has been in hospital for a week after a fall at home. They were moved from LRI. They were keen to get back walking again and was about to start their physio on the day of the visit. They had enjoyed the good food and thought the staff was very caring. They did not like going to bed early as they were not used to it. They use the day room in the evenings to watch TV. They thought it would be nice to have extra activities to do whilst in the Centre.

Patient 8

The patient had been transferred to the Centre following a hip operation. The patient was pleased with the treatment they had received at UHL and on the Beechwood ward. They felt that communication had been good and their treatment had been discussed with them. She did miss listening to the radio, in particular Radio 4. There was no TV in the patient's bay. The patient had not received an information pack when they were admitted.

Patient 9

During the discussion the patients family were present and due English not being the patient's first language, their son acted as an interpreter.

The patient had been transferred from LRI but had to wait for a bed for some time.

The patient's son raised his concerns that the Centre had not seemed to be aware of his parent's mental health issues. The patient's daughter had to provide Centre staff with information relating to the patient's mental health issues.

This had impacted on the patient's arrival to the Centre as they had taken some time to settle. Due to multi lingual staff on the ward they were able to talk to the patient but there were no books for the patient to read in their first language.

The patient did not appear to understand about how to use the TV, which was switched off. This was raised with a HCA present, she replied that the patient only had to ask for it to be switched on (it was felt that the HCA was unnecessarily abrupt in their response)

Staff

As part of our visit we felt it was important to talk to staff about their experience of delivering patient care.

During our initial discussion with the ward sisters of Beechwood and Clarendon ward, they both explained about staffing shortages they were facing. This was observed to be more pronounced on the Beechwood ward, as the ward sister had to undertake general nursing duties at the expense of her ward sister duties.

Another key concern from both ward sisters was that patient information received from other NHS referring agencies to the Centre was incomplete or that the service transferring the patient did not know the full patient health information, this was observed in the case of the patient who had mental health problems but the Centre had not been informed of this when they had been transferred.

On the ward we observed a number of different staff going about their duties. On the Clarendon Ward a nurse was using a mobile computer terminal, which she explained was used when giving out medication.

The staff were observed to be polite and friendly, in the majority.

When a patient alarm went off we were able to observe that it was responded to in 1min 12 secs, well below the 2 minute target advised.

The different staff roles had distinct uniforms to wear and this was observed on the visit. There was a guide to the staff uniforms in the reception area.

The consultant was observed on the ward meeting with patients. We were informed that they would attend the ward on Mondays and Wednesdays.

Additional observations

Whilst walking around the Wards there were a number of observations made:-

- Neither ward were able to directly observe their high risk patients from the main nursing bay
- On the Beechwood ward, pressure pads were used to monitor high risk patients. As this only triggers if a patient leaves their bed, it is unreliable as a monitoring tool.
- In the communal areas, there did not appear to be a lot to do. The book shelves were half full and there was no TV in the Clarendon Ward day room. **Provider response -** *(The television was in the bay area at the time as a patient who was in source isolation wished to watch Cheltenham races.)*
- Outside in the garden of the Clarendon Ward were unattended garden tool, which was potentially a safety risk.
- The garden of the Clarendon Ward was overgrown and the paint on the furniture was peeling badly, however the garden area in the Beechwood Ward was very tidy.
- Rooms on both wards with Keep Locked signs were found to be ajar. The staff room door had been propped open with a chair and was easily accessible.

Recommendations and further actions

1. Patient information on transfer to the Evington Centre - If patients are not transferred into the Evington Centre with all the patient health information this is likely to impact on the efficacy of the patient care provided and the patient experience. This will be highlighted to the UHL board and LPT board for further discussion and assurances sought that better communication is achieved between the services. This will also be raised to the Clinical Commissioning Groups for their response to this issue.
2. Staffing levels at the Centre - This is a known problem in NHS services locally, however we will ensure this is highlighted as a concern and will seek reassurance from LPT about how this is being addressed.
3. Meaningful activities - The absence of a formal meaningful activities co-ordination at the Evington Centre should be addressed as soon as possible. The nursing staff at the Centre are evidently trying to make patients time in the Centre more enjoyable however their priority is the patients nursing care. We would recommend that LPT contact UHL to discuss their Meaningful Activities coordinator role and how this might be implemented at the Evington Centre, or any community hospital with frail or Elderly patients.

Service Provider Response *(Responses provided to individual points have been added within the report.)*

Distribution

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