



Enter and View Report

Eccleshill Community Hospital,
Bradford Teaching Hospitals Foundation
Trust Intermediate Care Service

17th June 2014

What is Enter and View?

- Healthwatch authorised representatives carry out visits to health and social care services in our district, to see how a service is being run and make recommendations where there are areas for improvement.
- Enter and View visits can happen if people tell us there is a problem with a service, but they can also happen when services have a good reputation - so we can learn about and share examples of what they do well.
- Any publicly funded service can be visited like care homes, hospitals, GPs and dentists.
- Members of the public volunteer to become authorised representatives, carrying out visits on behalf of Healthwatch. They receive training to deal with sensitive situations and confidential information, and are checked by the Disclosure and Barring Service.

Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Bradford and District.

Enter and View Visit Report

Date of Visit: 17th June 2014

Enter and View Volunteers: Hoshiar Singh, Joan Fenton and Yvonne Jardine

Healthwatch Staff: Afsana Aslam, Development Worker and Marcella Celli, Development Worker

Eccleshill Community Hospital Contact: Sue Malone (Ward Manager)

Why Healthwatch volunteers visited this service

The visit was organised as an opportunity to learn how health provider Bradford Teaching Hospital Foundation Trust (BTHFT) deliver intermediate care services. Healthwatch Volunteers have previously undertaken a visit to the Airedale Collaborative Care Team (ACCT) Service at Currergate. Airedale NHS Foundation Trust and social care providers Currergate Nursing Home work together to deliver intermediate care services.

The volunteers decided the Enter and view visit should be about communication and prepared questions in relation to communication between services as well as between services, patient and family. This would be explored at the point of admission, period of stay and upon discharge. The volunteers met with four individuals who were inpatients at the facility and also spoke to relatives/carers. All individuals we spoke to were informed of our volunteer role with Healthwatch, the aim of the Enter and View programme and visit. All participants gave verbal permission for the interviews to proceed and were assured of confidentiality. The feedback was drafted by Healthwatch staff and approved by the Enter and View volunteers.

About Eccleshill Community Hospital - Intermediate Care service

The Eccleshill Community Hospital, Intermediate Care Service Unit is one of four managed by Bradford Teaching Hospitals Foundation Trust (BTHFT), Westbourne Green, St. Luke's F3, and Westwood Park are the other three. Over the last few years demand for intermediate care has lowered over the summer period and so each hospital has often closed a few beds. This year however BTHFT have closed one of the facilities over the summer resulting in the remaining three facilities being at full capacity.

Intermediate Care Service is in place for when patients are ready to be discharged from acute care services but are not ready to go home . It is open to anybody who needs this kind of service but the majority of patients are 65 years or above. The facility has on occasion supported individuals under this age who have suffered

stroke or similar illness and needed some support with rehabilitation before going into the home setting. They can also accept referrals from a GP to avoid hospital admission.

Eccleshill has nineteen beds; the facility is divided up into single bedrooms (with ensuite facilities) and four bedded rooms. At the point of the visit occupancy was at 100% and there were plans for a patient to be discharged that day which would be followed with an admission.

The facility implements the “Forget Me Not” scheme which Bradford Teaching Hospital Foundation Trust uses to help identify patients living with dementia; the sticker is used on case notes and is placed above the patient’s bed during hospital stay. The environment has also been adapted and incorporates the use of colour and clear signage to provide a more suitable space for people living with dementia.

What staff told us about the service

The Ward Manager Sue Malone introduced herself and readily answered our many questions. Sue Malone is a qualified nurse and holds a degree qualification in the care of people with Dementia. She is also a dementia champion and has attended the dementia training at Bradford Teaching Hospital. The role of Ward Manager is a medical on-site manager. The Trust also has a Clinical Services Manager for all four community hospitals, Jacqueline Crabtree, whose role is equivalent to that of “Matrons” in other areas.

Staffing levels consist of ten qualified nurses; Intermediate Services must have two qualified nurses on duty for each shift. In addition to this there are usually two Healthcare assistants. There is no medical cover at consultant level twenty-four hours a day however Eccleshill provides adequate medical cover made up of three qualified nurses and two healthcare staff on morning shift, two qualified nurses and two healthcare assistants on late shift and two qualified nurses and one healthcare staff during night shifts. Eccleshill have two Consultants in geriatrics who attend two afternoons a week and an associate GP who also comes in for consultations. In case of a medical emergency staff must contact emergency services and request ambulance assistance. All staff at Eccleshill have attended the dementia training at BTHFT.

We were told the majority of referrals that Eccleshill receive are from acute settings i.e. Hospitals, and only receive approximately ten referrals a year from General Practitioners(GP). This is largely due to individuals needing to remain under the care of their own GP and therefore often referrals only come in from nearby practices. Eccleshill have a good relationship with the GP practice, Ashcroft Surgery which is in close proximity, and majority of referrals are from this practice. Near the time of discharge from acute wards/referral point, patients are offered the choice of which intermediate care facility they would like to go to.

Eccleshill tries to ensure admissions take place between 9am - 5pm and no later than 8pm, as any later it can be very confusing for the patient. On arrival staff always try and talk to patients to gather some informal feedback about what patients can manage at home so that an appropriate care plan can be put in place and an estimated discharge date is provided following an assessment. The date is fluid but helps to start the process for a plan to be put in place, involve the right people and to ensure the right care package is in place upon discharge.

The Multi -disciplinary team make joint decisions about discharge or what other therapy and support a patient may require. This is a joint decision made by the consultants, ward manager occupational therapist and other required services. The nursing staff then informs the family.

The number of patients discharged last year was about 300 and the length of stay varied, the average stay is between 20/24 days. 65% of those discharged go home and the others go into residential care

Staff told us that discharge can often be a complicated process for many reasons, including liaising with social services which can take time. We were told from when the social worker assessment takes place it takes 48 hours to put a support plan in place which gives the patient six weeks of free homecare which helps to support people in their own home. Another reason for delay is getting medication which the patient needs upon discharge. This needs to be dispensed from BTHFT pharmacy based at Lynnfield Mount and this can often cause delays in discharge. However on a positive note Eccleshill have their own transport which support the discharge process

The ward manager also shared with us how some people often refuse home care services because they feel they can cope and others do not want it because they view it as inflexible and limited choices in the way the service is provided for example they don't want to be put to bed at 5pm if the care worker cannot arrive later than that. Refusing home care can actually lead to readmission but it's important to remember that it may not be suited to the individual needs and that they have a choice.

In cases like this the staff offer the "Home from Hospital" service at Carers Resource who have a paid staff member to co-ordinate and oversee volunteers. Volunteers help and support people upon discharge from hospital for a limited period. This information was also displayed on the ward.

Impressions of the Hospital

Eccleshill Community Hospital is clean, bright and welcoming. The environment gave the impression of being relaxed but efficient, communal areas such as the day room and dining room were painted in bright colours to help orientation for those who may have problems with this. The atmosphere seemed very positive with quite a lot of activity taking place with and around patients. We had little time to observe general and specific interactions between staff and patients or carers/relatives, staff seemed caring happy and motivated. Although this unit is of course a “hospital” we thought the environment was a little too “clinical”. The general communal areas looked somewhat “institutionalised” rather than “homely”. This however, did not appear to be a problem for the patients and carers that we spoke to.

What did the people using the service say?

Patient A and family

We spoke to a south Asian, Gujrathi female aged 84 and her family who were visiting. Family members included her son, daughter in law, nephew and niece. The Patient had only been in Eccleshill for a day however had been a patient at the facility on a previous occasion.

On discharge from Bradford Royal infirmary the patient and family were involved on making decisions about her discharge to intermediate care. Both patient and family were able to make a considered choice in selecting Eccleshill to provide the care largely based on previous admissions and location which was close to the family.

Both the patient and family seemed pleased with service and commented on previous admissions “she has been here before and it’s been very good...the last time we were here, it was really good, we were very involved and things were discussed with us, they involved and arranged support at home and other services.”

The son told us “she has only been here a day...we are waiting for an assessment which is not yet complete, but we think she will be staying in about a week”.

Based on previous experience the family expected they would be informed of services that would be involved for aftercare at home “sufficient information on how to administer medication and information on caring for herself, such as exercise and home care services and the need for the right level of care to meet her needs.”

Final comments from the patient and family were positive about Eccleshill. “It’s a very good place, we are quite happy”. The patient also noticed a south Asian member of staff and assumed the staff member would be available to provide support with communication.

Patient B and daughter

Patient B was of Polish background; Aged 85 was suffering some breathing problems and had an infection. His daughter was visiting him and was also happy to speak to us. Although the patient did not feel involved in any decisions regarding choice of intermediate care facility the patient shared he was happy with his transfer to Eccleshill “he was relieved”. He added on discharge from the Bradford Royal Infirmary he was taken to Westwood Park intermediate care and was unaware of the switch to Eccleshill.

The patient and daughter were pleased with the clean environment and food “the beds are nice and clean and the food is good” they also told us “The nursing care was good, the nurses are very caring”. Despite this both patient and daughter felt great unease regarding the future of the patients care and support.

The patient’s daughter told us they were not involved in any decision making or kept informed. They were not aware of a potential discharge date. Both patient and daughter discussed the need for support at home but shared their limited faith in the quality of care provision that would be offered upon discharge and it seemed the daughter was upset by this. “Home care will obviously be required....but have no faith in this”.

Patient C, husband and relative

Patient C was of white British background, aged 89 from Leeds. She was in with a broken leg, which was in a plaster and used a Zimmer frame to support her mobility while she was at Eccleshill. Her husband and son in law were visiting and all three were happy to speak to Healthwatch volunteer and share their experiences.

The patient and relatives were able to choose Eccleshill as an intermediate care facility. Their choice was mostly based on location of the facility as it was close to the family home. The relative felt they had to ask for this rather than it being offered to the patient.

The patient said that she didn’t know what to expect, “I hadn’t received any information about what the service was upon discharge”. The patient continued to tell us about how she felt about the service she received, “I am very well cared for here, the staff are supportive and helpful. The food is very good especially the chocolate buns...And I feel comfortable”

When we asked the patient if she was aware how long she expected to stay at Eccleshill she told us, “ I think about three weeks, my husband and son in law visit me every day but we do not feel included in decision making or involved in future care.” The patient’s son in law added, “We have tried to contact social services to discuss choices and provisions of homecare service between Leeds and Bradford with little success.... It just feels like a constant battle, we have to ask for the information it is not just given to us”.

The patient and family members appreciated the difficulties in co-ordinating services across Leeds and Bradford but felt they had little support in organising this and that it was taking too long.

Both patient and family reiterated, “We’re satisfied with the care at Eccleshill” and felt strongly that it was “professional and caring”

Patient D and son

Patient “D” who is 97 years old lives alone in a flat and is independent, relying little on any family/carer/friends, although her son, who lives in Merseyside area, visits regularly, is very supportive and often stays with his mother for periods of time as he is retired himself.

She had been in Eccleshill for “a few days” and said spontaneously that she “loves this hospital” This was the third admission. On this occasion she was admitted from Bradford Royal Infirmary after treatment there for a fractured shoulder and a possible infection following a fall at home at the end of May.

The patient felt that she had a choice of what happened after BRI but she and her son had to ask specifically for her to be transferred to Eccleshill rather than this being offered.

The patient told us she knew what type of care and support she would receive from Eccleshill on this admission having been in Eccleshill before. However, she was expecting explanations about her illness and progress, and especially some indication on admission or soon afterwards, as to how long she would be staying at Eccleshill. This had not happened but she felt this was on “their agenda” i.e. of the staff at Eccleshill.

However overall she felt her care at Eccleshill did meet her expectations. She was very happy with her care although commented that on her previous admission to Eccleshill, a thrush infection was not picked up and this happened only after discharge home and seeing her GP

The patient, having only been in Eccleshill for a few days, felt that it was a bit too early for decisions to be made regarding discharge and the next stage in her care. However both she and her son very much wished to be involved in this. She said on

her last admission to Eccleshill, she did not feel that she had been involved in discharge decisions and planning after care.

Upon discharge she and son expected to be given full information about her illness, progress and particularly information and support available about how to prevent future illnesses, falls and hospital admissions when at home. She said she did not want “everything put down to my age, after all anyone can get infections, old or young” and just wanted to be treated as a person with views, opinions and preferences of her own regarding her care and treatment.

She and her son had no further comments but added that the service at Eccleshill was very good, with very friendly and kind staff, in a very supportive environment. They would not hesitate for her to be admitted to Eccleshill again if needed in the future.

Communication at the BRI prior to discharge - Acute setting

The four patients we spoke to and family members all shared experiences of the level of communication and involvement upon discharge from the BRI. This varied from being unclear information, little or no involvement, not offered a choice of service to not being provided with any information in particular at the point of transfer.

Patient A

“we were involved and knew she would be moving to intermediate care and told them we would prefer Eccleshill...but we were not informed when she had been moved we only found out when we turned up at the BRI that she had gone.”

Patient B

The patient and relative felt they had not received any information regarding her transfer from BRI to Eccleshill for intermediate care. They never saw a doctor and after leaving messages with the consultant secretary which were never returned. The only information on intermediate care they had received was from the ward sister at the BRI after they kept asking.

Patient C

Patient and his daughters were completely unaware of patients transfer to Eccleshill. His daughter went to visit at the BRI and was told he had been transferred to Eccleshill. There was a lack of inclusion in any decision making.

Patient D

One patient told us she felt she was not given sufficient information about her condition/illness when in BRI to make an informed choice about her discharge from BRI. She was told there that she would be “discharged tomorrow” but that was

delayed - her son thought it was probably because Eccleshill did not have a vacant bed at the time, but they were not informed clearly about this.

The patient felt that she had a choice of what happened after BRI but she and her son had to ask specifically for her to be transferred to Eccleshill rather than this being offered.

Both she and her son felt that improvements could be made in the assessment and transfer from the BRI hospital. She felt that more information should be given about a patient's diagnosis, conditions, causes of their illness and reasons for discharge to an intermediate care bed. Her son said that relatives/carers should be much more involved and included by the hospital in these assessments and transfers.

Conclusions and Recommendations

Healthwatch would like to thank the staff and patients for the warm welcome and time shared with the Healthwatch Enter and View Representatives. Our overall impression of Eccleshill was that it is a good unit with many positive features and very complimentary comments by patients and relatives about the unit itself as well as the staff and care whilst at Eccleshill.

Some of us felt that the environment was somewhat "too clinical" in comparison to the ACCT service at Currergate Nursing Homes in Airedale which also provides intermediate care services. We understand that the two services operate differently and are also aware of financial constraints and pressures on BTHFT but feel it would be beneficial for the patient for the environment be made a little more "homely" e.g. such things as inclusion of some interior decorations in both the lounge area and dining room.

We were pleased to learn that staff recognised some of the challenges they faced upon discharge in particular arranging medication from a pharmacy which is located off site at Lynfield Mount. It would be useful to learn more about the rationale for medication being dispensed from the pharmacy at Lynfield Mount and what the barriers are to putting in place an agreement with an alternative provider who is situated closer to the facility.

From our conversations with both staff and patients we understood that it is difficult to set up care packages due to delays with social services and financing care. We hope that our conversation highlight the need for Health and social care services to work better together and become more streamlined. We are aware there is existing work ongoing to join up services and hope our findings will be used to inform the work on integrated Health and Social care services.

It was encouraging to learn that the service is working with the community services like the 'Home from Hospital' service as an alternative offered when patients do not wish to receive home care services.

We also heard about some discrepancy between information given by staff to patients before admission to Eccleshill and how that information is received/perceived by patients. It is our understanding that Information is given only verbally to patients.

Given that the patients are not well, may have some mild cognitive impairment (not sufficient to warrant a diagnosis of dementia or be on the “forget -me -not” scheme), or find themselves within what may appear to be a strange environment compared to their own home. Is it possible that the patient does not fully understand the information provided at the time of admission.

We found there are also some inconsistencies in the information and discussion of aftercare arrangements for patients and family when due for discharge from Eccleshill. Although the Ward Manager said that on admission patients are given an “estimated” discharge date, the 2 patients we interviewed didn’t seem to know about this nor did their respective relatives

Healthwatch Enter and View representative recommend:

- We recommend that BTHFT explore the idea of having written information for patients and relatives that explains what intermediate care services offer. This will allow patients, relatives and professionals to make more informed choices when exploring service options.
- We suggest and think it would be useful if on admission, information is written down for patients and relatives. This would reinforce the information which is verbally explained to the patient.
- We feel patients and carers should have more involvement in planning and making decisions about discharge, be given more information on choice of services and support available to them. Including information on voluntary sector organisations in the community.
- It would be useful if verbal communication upon discharge was supported by written documents. This would draw attention to the services that have been put in place upon discharge for both patient and relatives.

Healthwatch Authorised Enter and View Representatives:

Joan Fenton

Yvonne Jardine

Hoshiar Singh

Date: 7th October 2014