Healthwatch South Gloucestershire
Enter and view report
Skylarks Unit
13 June 2018

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Skylarks Unit The Meadows Cranleigh Court Road Yate BS37 5DW
Service Provider	Sirona care & health
Date and Time	13 June 2018 10.00am – 12.00pm
Authorised Representatives	Jenny Harris Karen John Janet Spence Christine Eden Sue Elford Norma Marshall Andrew Riches Rosemary Dibble Dianne Kenny
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1.2 Acknowledgements

Healthwatch South Gloucestershire authorised enter and view representatives wish to express their gratitude to the staff and patients of the Skylarks unit who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Ellen Williams, the manager, and all of the staff who were willing and able to engage and answer our queries. Staff were welcoming and helpful.

1.3 Purpose of the visit

Healthwatch South Gloucestershire undertook the enter and view visit to the Skylarks Unit at the Meadows Care Home during June 2018 with the purpose of finding out about patients' experiences of Rehabilitation, Recovery and Reablement (3Rs) Discharge to Access Pathway 2.

The enter and view (E and V) visit to the Skylarks Unit is part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire to understand the quality of residents' experiences following discharge from an acute care setting. From this visit, six patients agreed for Healthwatch to follow up their experience of rehabilitation after they have been discharged from hospital.

1.4 How this links with Healthwatch South Gloucestershire strategy

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2018-19 is to engage with older people experiencing 3Rs services. Enter and view provides an ideal tool to hear the views of this group of people.

Full details of the work plan for Healthwatch South Gloucestershire are available on the website: www.healthwatchsouthglos.co.uk

2 Methodology

2.1 Planning

Prior to this visit, Healthwatch enter and view volunteers undertook learning and development visits to Elgar House at Southmead Hospital, Henderson Rehabilitation Unit at Thornbury Hospital and to care homes which are providing care to people through the 3Rs pathways, in order to gain some understanding of the processes

involved in these pathways and how and where different levels of care and support are provided. The questionnaires used on the enter and view visit were based on work undertaken by Healthwatch Bath and North East Somerset and Healthwatch Wiltshire. This shared learning helped in producing observation templates and prompt questions agreed at the monthly planning meetings held by authorised enter and view volunteers.

2.2 How was practice observed?

On 13 June 2018, nine authorised enter and view representatives visited Skylark Rehabilitation Unit. Information was gathered from the representatives' observations of care and their notes of conversations with patients and members of staff. Observations were gathered by all of the authorised representatives, who worked in pairs, with a new enter and view volunteer observing. Conversations were semi-structured and underpinned by the use of a template and a list of prompt questions. Observations and conversations were recorded during the enter and view visit.

2.3 How were findings recorded?

Patients' comments were recorded by one volunteer in each pair as the other engaged patients or staff in conversation. Conversations are recorded anonymously. One enter and view representative then compiled the report based on the records from the team's conversations and observations, and shared the report in draft form for all who participated in the visit to contribute and agree. Seven patients were spoken to and six agreed and gave consent for Healthwatch to follow them up after discharge.

2.4 About the service

Skylark Rehabilitation Unit is a Discharge to Access Pathway 2 rehabilitation unit run by Sirona care & health in partnership with North Bristol NHS Trust (NBT) and South Gloucestershire Council. It is situated on the third floor of The Meadows Care Home, (run by Windmill Care), and provides 30 rehabilitation beds for those people registered with a South Gloucestershire GP following a hospital stay.

The Meadows is a new build which opened as a care home on 1 February 2018 with the 30 beds on the top floor being commissioned by North Bristol Trust as a stand-alone Rehabilitation Unit. It was therefore not purpose-built as a Rehabilitation Unit, but as a care home. This caused initial problems in the commissioning of the unit, for example, the beds were divan beds and had to be replaced with hospital beds, the floors are carpeted, inadequate hand washing facilities were provided for infection control, and there was limited IT provision.

However, the unit has now been running for four months, and most of the problems have been overcome, e.g. mobile sinks have been provided in corridor areas for staff hand washing and IT requirements have been met.

Any patient aged over eighteen may be transferred to the unit, but in practice the age group is between seventy five and ninety years. The majority (approximately 60%) of the admissions are due to falls some of which have resulted in fractures. Other causes of admissions are post infections, post-surgery (other than orthopedic), those with general frailty syndrome, neurological conditions (including Parkinson's and MND) and other metabolic problems.

Windmill Care provides the cleaning, laundry and meals services - all of which are cooked on the premises.

The Unit was inspected by the Care Quality Commission at the end of January 2018 and is registered as a Community Rehabilitation Unit.

3 Findings

Executive summary

- Very clean, bright and cheerful
- Enthusiastic and dedicated staff
- Delays in patient discharge are already occurring

3.1 First impressions

The Healthwatch enter and view volunteers were welcomed by the Unit Manager and Senior Nurse, Ellen Williams. Ellen is super numeracy to nursing requirements and is able to perform nursing duties if required. Also briefing us was Emma Richards, Assistant lead for inpatient services, who has the overview of the therapy provided.

The full complement of staff comprises three trained nurses and five healthcare assistants in the daytime and two trained nurses with three healthcare assistants at night. Healthwatch did not ask about the ratio of male and female staff.

There are also physiotherapists, occupational therapists and a rehabilitation support workers. Medical cover is provided by GP's with a special interest in Older Persons Care three days a week (Monday, Wednesday, Friday) and this is supplemented by colleagues from Courtside Surgery who provide cover on a Tuesday and Thursday. All the GP's work closely with the Advanced Nurse Practitioner (Chrissie Chilcott) who works five days per week. Out of hours cover (including weekends) is provided by Brisdoc.

Every Monday morning staff have a multi-disciplinary meeting to discuss the plans for each patient. The aim is to get patients, whenever possible, back to their own homes in a timely manner. This active discharge process is further supported by an action focused 'Huddle' on a Thursday to ensure each person's discharge has been processed as agreed.

There is also input from dietetics, speech and language therapists and mental health support. Weekly meetings are held with social workers and a Falls prevention group is run once a week along with other balance and exercise groups.

The Infection Control Officer (Debra Nicholson) visits once a week to ensure that systems are in place to make infection control as easy as possible for staff. Staff wear small portable bottles of hand gel on their belts. The Infection Control Link Practitioner is responsible for ensuring the portable wash basins are flushed through with chlorine regularly.

Initially when opened, all the Sirona care & health staff from Elgar 2 ward at Southmead Hospital (nurse, therapist, ANP and Unit Manager) were transferred to the unit along with North Bristol Trust staff that were seconded to support the opening of Skylark (nursing and HCA support Staff)ng with ten patients. Elgar Ward is run by North Bristol Trust and does not have direct community service input. After a phased decant and fill the full complement of thirty patients were in residence within a month of the setting opening. They are all accommodated in single rooms with en-suite facilities. Because of this, male and female segregation is not necessary. The ratio at present is about 40% male to 60% female.

The average length of stay is twenty eight days, but there is an aim of reducing his to twenty five days, and during the winter to twenty one days.

However, there is a problem with delayed discharge because of the lack of resource in the community to provide packages of care, i.e. domiciliary care. At the time of the Healthwatch visit, eleven of the thirty patients were unable to be discharged for this reason, even though medically fit.

The day room is spacious and is where group exercises were taking place, with a safe balcony area leading off it. Patients are welcome to use the grounds of The Meadows care home if they wish (accompanied by a member of the Skylark team).

There is an activity co-ordinator, Hannah, whom Healthwatch volunteers observed carrying out an exercise class. The activity co-ordinator works 30 hours a week and does a lot of one to one work with patients to encourage personalised activities. She also undertakes group activities and runs a Breakfast Club every Wednesday and organises celebrations for birthdays.

All the patients were dressed in day clothes, rather than night clothes, in order to encourage an ethos of wellness.

Visiting times are between 11am – 8pm.

There is no spiritual input but Healthwatch was assured that this could be obtained if requested.

3.2 Food and drink

Food is cooked on the premises by Windmill Care staff, and the chef will come to Skylark Rehabilitation Unit to discuss dietary requirements with patients as required.

The dining room was large enough to accommodate all of the patients if they wished. All patients were encouraged to take their meals out of their bedrooms to make it less like a hospital and more like 'home'. The dining room was attractively laid out, with small tables and table cloths. A menu was displayed, but one patient told us that due to his poor mobility he could not get to read it and would have preferred one in his room.

Fish and chip nights are organised as part of the activities programme.

3.3 Discharge home

The aim is to get patients back to their own homes, Healthwatch was informed that this is achieved in 90% of cases. There is a Discharge Co-ordinator who liaises with the individual and their family to plan the discharge. Home assessments are carried out (if clinically indicated) by the occupational therapists, who may recommend adjustments to the home. Following discharge, the patient receives the follow up support that they need to both remain safe at home and also continue their rehabilitation. This may be input from therapists in either the community rehabilitation team or the Social Care commissioned re-ablement service and care may continue in the form of a more formal package of care in the longer term if required.

The important criteria for discharge is that the patient will be safe between visits. If the patient is not considered to have met this criteria, discharge to a care home or alternative setting may be recommended. This will be discussed with the patient and their family / carers (if appropriate) to determine the best location for them to be discharged to.

Discharge summaries were provided in a large font if required, other than this there was no provision of information in other formats, e.g. braille. The Advanced Nurse Practitioner was happy to look into this should information in alternative formats be required.

3.4 Patient experience

Healthwatch talked to seven patients and asked a set of standard questions. Six patients gave consent for Healthwatch to follow-up after discharge.

1) **Tell me your story / tell me a little bit about what has been happening with you over the past few weeks or months**

Healthwatch learnt that four patients had had falls – two of whom had sustained fractures.

2) **Have you or your family / carers / friends been involved as much as you wanted to be in the decisions about your care and support?**

	Yes	No	Do not know
In hospital	**5**	**1**	**0**
Here in Skylarks	**4**	**0**	**2**
Planning to go home	**5**	**0**	**1**

3) **Do / did you feel that people caring for you listen to you and understand you (as an individual) ?**

	Yes	No	Do not know
In hospital	5	0	1

Please tell us why you have given this answer?

"Given time to explain myself"
"Good care"
"Treated as an independent person. Could ask for help when needed and pointed in right direction"

4) **Do the people caring for you always tell you what is going to happen next?**

Yes	No	Do not know
3	**2**	**1**

"No-one has discussed discharge"
"Don't know what's happening"
"Very good – they keep you in the loop. Can ask anything"

5) How do you feel about the care you have received here at Skylarks?

"Very good"
"Brilliant"
"No problems"
"Nothing too much trouble"
"Very good"
"Excellent – tailored to your needs"
"Everyone is pleasant and sociable"
"Food – satisfactory"
"Care not always co-ordinated"

6) What would you change if you could?

"Nothing"
"Would like to know what the day's menu is"
"Physio sessions could be longer"
"Water not hot enough for a shave"
"Happy with all care"
"Dinner or plate not very hot" "Could be better presented"

7) What choice were you given about what will happen to you next? Is this what you want? If you had a choice, why have you chosen this?

"Told to come here for safety reasons"
"Happy to come here – I realised I needed rehabilitation"
"I am going to a Nursing Home from here – I was consulted and helped by the OT with this decision"
"Worried about going home and not coping – may need to go into respite"

8) If you had to give your current care and support a mark out of 10, how would you score it? (1 = poor, 10 = excellent)

Three patients gave a score of ten

One patient gave a score of eight

One patient gave a score of seven

9) Anything else you would like to tell me about your experience here?

"Very relaxing, friendly. Always ready for a chat"
"All staff doing their best for me"
"When you ask for something you get it. Nothing too much trouble"
"Physios available when you need them"

"They are not aware of my previous level of activity. I was very independent"

Follow up:
Healthwatch obtained the consent of six patients to follow up either by telephone or email when they return home, in order to ascertain whether the care organised in the community meets their individual needs. The ward manager will inform Healthwatch when these discharges have taken place.

4 Conclusion

As stated before, Healthwatch enter and view volunteers were made very welcome, despite the Healthwatch team being much larger than they had expected. This is something that we will bear in mind for future visits to ensure that we send a proportionate number of people for the size of the setting being visited.

The building is brand new so it is spotlessly clean, bright and cheerful. The building did not give the impression of being 'clinical'. The rooms were large and simply furnished, with good en-suite facilities.

Healthwatch was impressed by the standard of Skylark Rehabilitation Unit and the enthusiasm and dedication with which the staff worked. The 3Rs idea is a good one, and our observations to date suggest that the Pathway Two units are working well to relieve the problem of delayed transfers of care at local hospitals. However there is evidence to suggest that this process is simply moving the discharge further down the system. At Skylarks we learnt that eleven of the thirty beds were inhabited by patients that were clinically fit for discharge however they were being delayed due to care plans not being fulfilled. Healthwatch is concerned by this considering the short period of time that the unit has been open and the fact that it is summer. How will this situation develop as we move into the winter?

The other concern highlighted by the visit was the number of admissions due to falls. It appears that a high proportion of admissions are due to falls. This begs the question of what can be done to prevent people from falling and what impact are services, such as falls clinics, having on this?

5 Recommendations

Recommendations for Skylark Rehabilitation Unit are:

- Ensure menus are available to patients in areas other than the dining room.
- Ensure that information is available in alternative formats for patients with communication needs, sensory impairments or learning disabilities, in order to comply with the Accessible Information Standard.

Suggestions for further Healthwatch work:

- Explore the reasons for the delay in discharging patients from 3Rs Pathway Two
- Find out more about work being done in the community to prevent falls and consider how if and Healthwatch ca support this work.

Disclaimer: This report relates only to a specific visit (at a point in time) and is not representative of all service users and staff only those who contributed within the time of the visit.

6 Appendices

6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include[1]:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;

Provider's Response to Recommendations	
Recommendation	**Comments from Sirona care & health**
• Ensure menus are available to patients in areas other than the dining room.	
• Relevant Accessible Information is available for patients with disabilities or learning difficulties, particularly for discharge summaries.	
Any other comments:	

[1] Section 221(2) of The Local Government and Public Involvement in Health Act 2007

- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known to providers;
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;
- providing advice and information about access to local care services so choices can be made about local care services;
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Each Local Healthwatch has an additional power to enter and view providers[2] [3]**so matters relating to health and social care services can be observed.** These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe

2 The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

3 The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services. [4] [5] Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services.

Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is to observe the service, talk to service users, visitors and staff (if appropriate), and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report aims to outline what volunteers saw and make suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

· NHS Trusts, NHS Foundation Trusts

· Primary Care providers

· Local Authorities

· a person providing primary medical services (e.g. GPs)

[4] The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

[5] The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

· a person providing primary dental services (i.e. dentists)

· a person providing primary ophthalmic services (i.e. opticians)

· a person providing pharmaceutical services (e.g. community pharmacists)

· a person who owns or controls premises where ophthalmic and pharmaceutical services are provided

· Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

6.2 Enter and View Aim and Objectives

The aim and objectives of enter and view visits:

Aim

To find out about patients' experiences of being in a reablement ward.

Objectives

- To visit for a minimum of two hours for each visit.
- To have a minimum of three pairs of authorised representatives visiting, to ensure that as many patients who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so.
- To observe the overall reablement service provided for patients, including any structured activities using a template as an 'aide-memoire'.
- To engage patients in conversation about their daily lives on the ward using the template and prompt questions.
- If possible to engage patients' families and friends in conversation to elicit their views about the service their relative receives.
- To produce a report of the findings from the observations and conversations.
- To make comments on the findings and make recommendations for change if appropriate.
- To share the final report with Sirona care & health, as the provider, the Ward manager, staff and patients ; and appropriate organisations and agencies such as South Gloucestershire Local Authority, the Care Quality Commission and Healthwatch England.

6.3 Enter and View Methodology

- A.1 The Healthwatch South Gloucestershire (HWSG) enter and view (E and V) planning group, comprising all HWSG E and V authorised representative volunteers, have discussed, agreed, and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the E and V authorised representatives from responding to what they see and hear and thus pursue further information if necessary. The following was agreed:
- which observations should be made
- how to record the observations
- how to initiate and maintain conversations with patients /their relatives
- what questions were important to ask patients /their relatives
- how to record the conversations with patients /their relatives
- what questions were important to ask members of staff
- how to record the conversations with members of staff
- how to collate all the data gathered and write a final report
- ensuring a 'debrief' session and an opportunity for learning and reflection for the E and V authorised representatives.

A.2 An aide-memoire observation record sheet has been drawn up and piloted and refined, as has a list of prompt questions. The headings for the observations and questions cover the following categories (in no particular order, nor are they exclusive or exhaustive):

- first impressions of the care home;
- patients' environment;
- staffing issues;
- activities for patients;
- person centred care;
- conversations with patients;
- conversations with patients' relatives;
- conversations with members of staff;
- nutrition and hydration;
- patient' choice;
- any other comments or observations.

A.3 Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a patient, included open questions such as:

- Tell us a little bit about what has been happening with you over the past few weeks?
- Have you or your family / carers / friends been involved as much as you wanted to be in the decisions about your care and support?

- Do you feel that people caring for you listen to you and understand you as an individual?
- Do the people caring for you always tell you what is going to happen next?
- How do you feel about the care you have received here at Thornbury hospital?
- What would you change if you could?
- What choice were you given about what will happen to you next? Is this what you want? If you had a choice, why have you chosen this?
- If you had to give your current care a mark out of 10, how would you score it?
- Is there anything else you would like to tell Healthwatch about your experience here?
- May we arrange to follow up with you when you get home to see how you are getting on?

A.4 The hospital / ward is informed in advance by telephone and letter of the E and V visits, and dates and times are agreed. Posters and leaflets about HWSG are sent to the ward in advance so that these can be displayed on notice boards and used to inform patients, their relatives and members of staff about the role of HWSG, the E and V visits, and to encourage relatives to be present during the visits.

A.5 Each visit takes the form of a series of informal conversations with patients and/or their relatives. Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on patients. The views of some of the members of staff, including nurses and ancillary staff, are also sought.

A.6 All the authorised E and V volunteers have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such Equality and Diversity, Safeguarding Adults, Dementia Awareness, Deprivation of Liberty Safeguards and Dual Sensory Loss. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E and V volunteers introduce themselves to patients and explain the purpose of their visit. Some patients are also given leaflets about HWSG which includes information about 'how to tell your story' in case any of them, or their relatives, wish to send HWSG further information, or send it anonymously.

A.7 The data collected are the E and V representative volunteers' subjective observations and notes from conversations with patients, where possible, their families/carers, and members of staff. Observations are gathered by all the E and V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations ware collated and also used to inform the report. A quick debrief session for the E and V

volunteers is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final 'wash-up' session is held separately.