



# Enter and view report South Bristol Community Hospital Monday 24 October 2016

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# 1 Introduction

## 1.1 Details of visit

| Details of visit: |  |
|-------------------|--|
| Service Address   | Inpatient Wards 100 and 200<br>South Bristol Community Hospital<br>Hengrove Promenade<br>Bristol<br>BS14 0DE |
| Service Provider  | University Hospitals Bristol NHS Foundation Trust  |
| Date and Time     | 24 October 2016, from 2 pm to 4 pm.  |

## 1.2 Acknowledgements

Healthwatch Bristol authorised enter and view representatives wish to express their gratitude to the patients of wards 100 and 200, and their families, friends and carers who participated in conversations with Healthwatch. We would also like to thank South Bristol Community Hospital's management and all the staff who were willing and able to engage with us and answer our queries. Staff were welcoming and helpful.

## 1.3 Purpose of the visit

The purpose of this enter and view was to gather feedback from inpatients about their experiences of care on South Bristol Community Hospital inpatient wards. Healthwatch Bristol also aimed to find out what visitors, carers and staff think of the wards.

# 2 Methodology

## 2.1 Planning

South Bristol Community Hospital was chosen for enter and view as it is a large healthcare provider that Healthwatch Bristol was yet to enter and view. The hospital has an upcoming CQC inspection in November 2016 and welcomed our



visit. Furthermore, the majority of the hospital's inpatients are older people, which ties in with Healthwatch Bristol's quarterly theme of Age, Health and Wellbeing.

A planning meeting was held between the enter and view lead volunteer, volunteers and staff to discuss the enter and view visit to South Bristol Community Hospital. We decided to hold an engagement stand on 21 September 2016 before the full enter and view, to help raise awareness of Healthwatch Bristol and what we do and gather feedback to help inform our prompt questions during the visit. 15 outpatients and visitors completed a questionnaire about South Bristol Community Hospital on 21 September: **please see appendix 2 for the findings and recommendations from this engagement stand.**

The enter and view lead volunteer, volunteers and staff met again to agree an observation checklist and prompt questions to use for our visits to the inpatient wards. We decided to focus our conversations and observations on inpatient experience, accessibility (as the Accessible Information Standard came into law in July 2016) and discharge, which is an ongoing area of engagement and consultation for Healthwatch Bristol. We also decided to find out more about staffing levels at the hospital after receiving some negative feedback about this during our engagement stand (see appendix 2). Healthwatch Bristol volunteers also asked patients and visitors about staff-patient communication, particularly focusing on how patients and carers were involved in decisions about their care and treatment, kept informed about the progress of their treatment and given the opportunity to ask questions and receive understandable answers, following discussions with UHB's Patient Experience and Patient and Public Involvement Leads.

A Doodle-poll was sent out to volunteers and the enter and view was planned on the most popular date.

After the visit, staff and volunteers had a short debrief at the hospital to discuss what we saw and heard and to identify any recommendations for improvement that we would like to make.

## 2.2 How was practice observed?

Enter and view representatives visited wards 100 and 200 at South Bristol Community Hospital and spent time speaking with patients, visitors and staff there. We also spent time observing the environment, patients and staff.

## 2.3 How were findings recorded?

Comments and quotes were recorded by Healthwatch Bristol volunteers and staff while engaging with patients, relatives and staff. Comments were recorded anonymously. Conversation and observation record templates were typed up and shared with the representative who was drafting the report. Records were



compiled and the report written based on the records from the team. A full list of quotes and comments from patients, visitors and staff can be found in Appendix 3.

## 2.4 What happens with the feedback Healthwatch Bristol has gathered?

The draft report will be shared with South Bristol Community Hospital. Healthwatch Bristol will give the hospital 20 working days to comment on our recommendations, outlining what steps the hospital will take to improve care. The final enter and view report and the service provider's response will be shared with the CQC, Healthwatch England, the local authority, adult social care and/or the CCG and the service provider we visited. The report and provider's response will then be uploaded onto our website for patients and the public to read.

## 2.5 About the service

Inpatient wards 100 and 200 are located on Level 1 of South Bristol Community Hospital. Ward 200 is an Acute Rehabilitation inpatient ward with 30 beds. Ward 100 is for Stroke patients, with 16 out of the 30 beds allocated to patients who had experienced both a stroke and poor mental health. Both wards are divided into 2 halves, with 14 single beds on one side and four bays with four beds each on the other side. The Rehab' ward has 4 single end of life bedrooms. The majority of inpatients were older people who seemed quite frail.

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# 3 Findings

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## 3.1 First Impressions

**"I don't know how it could be better."** - Quote from a visitor.

**"The care my husband receives is very good and he feels very well looked after."** - Quote from a visitor.

Healthwatch Bristol enter and view volunteers found wards 100 and 200 at South Bristol Hospital to be providing a very good service. The wards were functional, spacious and exceptionally clean and staff were observed to be caring and invested in their patients. The atmosphere was calm and friendly. No safeguarding concerns were raised by patients or visitors on this visit.

We were met by the Deputy Manager at the hospital's main reception downstairs. The main reception is modern, light and spacious. Parking was good but expensive and the bus stops were right outside the main entrance.



Volunteers were met by staff on entry to the wards and told which beds to avoid, which included the 16 beds allocated for patients with both stroke and mental health needs, several rooms with infection control measures in place (which were clearly labelled for visitors and staff) and patients having end of life care.

## 3.2 Environment

Wards were spacious, modern, functional and spotlessly clean. Visitors told Healthwatch that the atmosphere was calm, friendly and airy. Security and welcome to the wards were excellent; there was a buzzer to gain entry, hand sanitizer available and a large waiting room with many different leaflets offering information on, for example, health conditions, healthy living and carers support. There were lots of thank you cards from visitors/patients on display in the waiting area of Ward 200, praising the staff for their care and commitment. There was also an anonymous comments box, but this could be made more obvious to visitors using posters.

In terms of bedrooms, Healthwatch Bristol received mixed comments from patients regarding en-suite single rooms and four-bed bays. Some patients thought it was lonely in a single room. Many patients commented that it was boring sleeping in bays as these rooms did not have radios or televisions.

**“I do get lonely in my (single) room, I don’t get visits very often.” - Quote from a patient.**

**“(There is) nothing on the wards, no TV or radio.” - Quote from a patient.**

**“It’s sad there’s no television in the ward, especially for those who can’t read, it’s very boring. There’s nothing to do.” - Quote from a patient.**

The shared day rooms were bright, large and spacious but lacked interest, entertainment and homely touches. In Ward 200, there were no emergency signs but emergency signage was clearly visible everywhere else. Lots of chairs were arranged around the edge of the room with some tables and chairs set out in conversation groups in the middle; it was functional rather than welcoming and was observed by Healthwatch as largely unused by patients and visitors. There was one small television in the corner of the room, a DVD player and a CD player/radio. Volunteers observed that there were not many DVDs, books, magazines or CDs for patients and visitors to use and very few magazines. On Ward 100, volunteers saw a patient doing a puzzle. We did not see any evidence of activities or activities timetables. Much more could be done to entertain patients during their stay. One patient said their family bought them magazines as there was none available on the ward and another patient said they had to bring in their radio from home.

Volunteers looked at the ADL Kitchen. This looked very clean and was used to help patients practice moving around with mobility aids like stools and trolleys to

practice with. Patients made very positive comments about the Rehabilitation Gym.

Signage was generally excellent, but on Ward 200 the bedroom signs were wrong and could send visitors to the wrong bedroom. The signs outside each of the patient's bedrooms were personalised, telling staff the patient's name, how they like their hot drinks, infections the patient may have, and observations in place for each patient. Each patients' needs were displayed in the form of pictograms, for example, a picture that showed the patient was subject to trips and falls, was hard of hearing or could not walk without aids. There was also a large sign advising visitors and patients that there had been nil ward-related infections and nil pressure sores. All signs were laminated for infection control and hand sanitiser was available outside bedrooms but we saw no signage telling patients the date.

Healthwatch Bristol volunteers saw a sign that explained when meal time volunteers were attending the wards to support patients to eat. It is commendable that UHB uses volunteers and that these opportunities are on their website. UHB could also offer a role for volunteers to increase the social interaction given to patients who have been on extended stays.

### 3.3 Food

Ward meals were supplied from an outside caterer, heated on-site and served at 7.50 am, 12.15 pm and 5.15 pm according to signage. There was mixed feedback from patients about food on ward 100 and ward 200, with many patients saying that the food is good, plentiful and there is a good choice. Patients explained that the staff send a menu around in the morning and that they can choose from three options. Several patients who had been at the hospital a long time, however, were less happy with the food provided.

**“Food is becoming repetitive and boring.” - Quote from a longer-stay patient.**

**“The meals here are extremely good and there is plenty of choice.” - Quote from a patient.**

**“The weekly menu is not good food when you have been here a long time.” - Quote from a patient.**

We observed the 3 pm tea time service on ward 100 and saw housekeeping staff offering patients tea, coffee, fruit juice or a milkshake and cake, biscuits or fruit. Housekeeping staff told us that they would let a nurse know if a patient was asleep at tea time, and the nurse would let housekeeping staff know when the patient woke up so they did not miss out on refreshments. We did not observe this happen.



### 3.4 Patients' Choice, Personalisation and Daily Routine

There seemed to be a lack of choice for patients around when they ate their meals, took their medicines and had visitors come to visit them. Volunteers and patients agreed that it would be unrealistic for South Bristol Community Hospital to offer more choice due to the busy nature of the wards.

**“Breakfast time is very early for me (7:45 am) (but I) understand there are a lot of patients that they need to see.” - Quote from a patient.**

Several patients said they can go outside if staff are available to go with them. One patient said staff bring them sandwiches outside of meal times due to diabetes.

Several patients felt tied by the visiting hours and wished visiting times were more like Southmead Hospital's, which start at 10.00 am rather than 2.00 pm. A visitor said they wished there were visiting times in the mornings too. Healthwatch Bristol would recommend that visiting hours are extended to include weekday mornings.

Healthwatch Bristol volunteers thought the personalised signs outside each patient's bedroom were excellent in that they enabled all staff to easily see patients' preferences, for example how patients took their hot drinks. The signs highlighted that different patients had different needs in terms of mobility and observations and that care was being personalised to meet these different needs.

Several patients told Healthwatch Bristol there was no permanent shop on site and a trolley service came around only twice a week. This meant they only had access to one newspaper, The Metro, and were reliant on visitors to bring them newspapers, magazines and snacks. Those who did not have family visiting them would go without. Several patients told Healthwatch Bristol they got bored in the day and there was nothing for them to do. We recommend a shop trolley is put into place, offering things like snacks, chocolate, fruit, newspapers, puzzle books and magazines, toiletries and slippers.

**“My daughter gave me these (magazines), there's nothing here.” - Quote from a patient.**

### 3.5 Accessibility

The ward corridors were well organised and access to wards was clear for patients and visitors with varying mobility needs. There was accessible parking nearby and lifts for patients, staff and visitors. The shared accessible bathroom was clean, accessible and functional but was being used to store equipment when Healthwatch Bristol visited. The wards had grab rails going around the edges of the walls to aid patients with mobility needs, but the lack of colour on the walls, floor and grab rails would make it difficult for visually impaired patients and patients with dementia to move around the wards independently.



We did not see any hearing loops or easy read information on the wards or but saw subtitles on the television in the day room.

Staff assured Healthwatch Bristol volunteers that patients' communication needs were assessed on admission. Staff noted if a patient needed glasses, hearing aids or dentures and checked these aids were clean and working. Staff told us they had received training to change batteries in patients' hearing aids.

Staff told volunteers that there is an interpreting service which is used when treatment decisions need to be made. At the start of a patient's stay, one of the patient's family members might be used to informally interpret if English is not the patient's first language, for example, preferences around food choices. Several nurses come from overseas and also help with informal interpretation.

Two visitors said there was nowhere except the Costa café downstairs to take their loved one for a break off the ward. They said accessibility in the café is really bad and it can be difficult to manoeuvre a wheelchair in the café as it is small and cluttered with tables.

### 3.6 Staffing

**“The staff here are lovely - they're very approachable.”- Quote from a patient.**

Patients and visitors were very positive about the staff who work at South Bristol Community Hospital and told Healthwatch Bristol that staff were friendly, caring and well trained. Healthwatch observed staff joking with visitors in a friendly welcoming way and, in one case, talking about preparations for a patient's birthday party the next day. This was very nice to see.

Lots of patients, however, thought staff were too busy. Patients told Healthwatch Bristol: **“Staff don't have much time to stop and chat”** and **“The nurses are very kind, but of course they are busy all the time.”** When asked what one thing could make their time in hospital better, one patient said: **“more staff to give patients more time! But I know it's not possible.”** A stroke patient told Healthwatch Bristol volunteers that they needed daily physiotherapy but this was not available due to staffing levels and another patient commented that more therapy would mean they could leave the hospital sooner. Two patients told Healthwatch Bristol that they have to wait 5 to 10 minutes to have their call bells answered and that this feels like a long time to them. Volunteers agreed that the wards seemed large for the amount of staff, but none of the staff looked rushed or flustered.

Staff agreed that they were busy and often felt understaffed, but all said they enjoyed working at South Bristol Community Hospital and were given lots of opportunities for training and development. Staff said the team was very supportive of each other and management was very understanding and flexible about things like child care.



**“I’m really busy, it’s constantly demanding (but) I love my job.” - Quote from a staff member.**

**“The staffing doesn’t match the workload.” - Quote from a staff member.**

**“Most of the time we are short staffed: agency staff don’t always turn up.”- Quote from a staff member.**

Staff told Healthwatch Bristol that it can be particularly difficult to get everyone up and dressed in the morning and it can be difficult to get regular bank staff due to the hospital’s location. They also said there are no doctors working at night, but that senior nurses can send patients to the BRI’s A&E department if there is an emergency.

Staff had concerns about low staffing levels. One member of staff said told Healthwatch Bristol that staffing levels were **“unsafe here last night.”** The nurse explained that it takes four staff to safely turn a patient, and, as they only have two nursing assistants and one qualified nurse on each side of the ward, the staff are always borrowing staff from other wards to turn patients safely. This leaves other areas of the ward and other wards understaffed with no one available to respond to patients for up to 20 minutes. Another staff member said: **“there are not enough staff on the night shift as people with strokes and dementia need more time and this needs to be considered with staff ratio.”** Healthwatch would recommend that staffing levels are assessed and calculated in relation to individual patients’ support needs and that a “floater” is employed at night to work across the two inpatient wards and help with things like turning patients.

Staff also talked about the pressures of administration. Unfortunately, staff need to input patients’ details on three separate databases: Medway, which is UHB’s patient database, Liquid Logic, which is Bristol City Council’s adult social care database, and EMIJT, which is used by local community based care services. The three providers, which work together to support discharge of inpatients, use different systems that are not compatible. This impacts negatively on time that staff can spend with patients. This is a city-wide problem and Healthwatch Bristol understands that creating one database for all health and social care services is not solely the responsibility of University Hospitals Bristol.

### 3.7 Communication with Staff

Patients on ward 100 and ward 200 spoke very positively about their communication with South Bristol Community Hospital’s staff, saying staff were kind and helpful. Healthwatch Bristol observed staff speaking to patients in a kind and respectful way on both wards.

**“It’s easy to talk to staff.” - Quote from a patient.**

Most patients who spoke to Healthwatch Bristol volunteers and staff said they had been kept informed about the progress of their treatment and given the

information they need. Several visitors told us that, although staff are very busy, staff are more than willing to stop and answer their questions or update them.

**“(Communication has been) very good, they have talked to us about what’s involved.” - Quote from a visitor.**

**“I have been well informed so far.” - Quote from a patient.**

Only one patient told Healthwatch that staff **“don’t answer questions fully, (that is) left to doctors.” - Quote from a patient.** Only one visitor said a nurse on ward 200 had spoken to her inappropriately about their partner’s lack of mobility. The staff had kept the visitor up to date, however, on what might happen in the future in terms of treatment and potential discharge dates. The visitor spoke to a more senior nurse about the incident and felt happy it had been resolved.

One visitor said they had not been told there were visiting hours on Saturday morning, and were not told to avoid protected meal times.

Healthwatch Bristol volunteers saw information about making a complaint in a leaflet holder on the wards. The leaflets were high up and not easy to access. There was also a comments box on reception. We would recommend both items move to a more prominent place.

### **3.8. Discharge**

It was clear that discharge of patients was decided by a multidisciplinary team of nurses, doctors, physiotherapists and other practitioners working together. Staff explained that there are a few different ways that patients can be discharged, depending on their individual needs. Sometimes patients are discharged straight away to their homes, other times they are referred to Re-ablement teams to continue rehabilitation and physiotherapy or referred to Social Services for home assessments. Sometimes inpatients are discharged to a step-down service like Bristol North Rehabilitation Centre. Staff explained that Care Planning Approach (CPA) Meetings, Multi-Disciplinary Team (MDT) Meetings and Discharge Planning Meetings are held for all inpatients so staff can plan for discharge throughout their stay. Staff said inpatients and their families are kept informed of their discharge plans and possible dates, both informally (via corridor catch ups) and formally (via CPA meetings and Discharge Planning meetings.) When a patient is ready for discharge, a date is set and staff check if they have transport and the patient’s home environment is ready. If patients need a dosette box to help them manage new medicines these are provided from Lloyds Pharmacy and explained by staff. The discharge summary is always shared with the patient’s GP and next of kin. Staff told volunteers that Friends and Family surveys are handed out as part of the discharge process, and that feedback is reviewed on each ward before being sent onto the BRI. A Physiotherapist explained that most patients are admitted following stays at other hospitals like the BRI and that all patients are assessed on arrival so a care plan can be put in place.



Healthwatch Bristol volunteers saw a large MDT (Multidisciplinary Team) Grid at one end of the ward. This gave a visual indicator of which patient was being treated by which practitioner. Each practitioner had a magnet which they placed by each patient's name, with green magnets indicating that the patient had finished treatment with that practitioner and amber magnets indicating that the patient's treatment is still in process. When each professional had a green magnet next to a patient's name, this meant the patient was ready to be discharged. This ensured that all professionals and practitioners had been consulted and a care plan had been put in place before any patients were discharged. Healthwatch Bristol volunteers thought this was a very good system and should be commended.

Healthwatch Bristol volunteers were told that no patients are discharged unless they have appropriate support and after care in place, which was again commendable.

**“Nobody goes without a plan in place.” - Quote from a staff member**

Patients and visitors were generally positive about communication from staff and thought they had been kept well informed about discharge plans. Healthwatch Bristol did speak to a couple of patients who did not know anything about their discharge yet, but they were newly admitted patients.

**“I'm kept up to date with what might happen in the future.” - Quote from a visitor.**

**“Staff will stop and talk to you (if you have questions about when you might leave)” - Quote from a patient.**

Healthwatch Bristol's largest concern was regarding delayed discharges for patients. Several staff and patients expressed frustrations about patients having to stay in hospital when they are well enough to leave. Healthwatch volunteers were told that the previous average target stay for most patients on wards 100 and 200 was 14 days but this had recently risen to 21 days because of difficulty in getting a home assessment completed by the council's social workers. Many patients were waiting for care packages to be put in place before they could go home and felt fed up.

**“All I know is I'm waiting for carers” (before I can be discharged.) -Quote from a patient.**

**“I am keen to go home, (but there is) no plan in place.” - Quote from a patient.**

**“They're keeping me up to date, but we don't know how long it will be.” - Quote from a patient.**

Healthwatch Bristol realises this is not the fault of University Hospitals Bristol (UHB), who are acting responsibly by keeping patients who do not have adequate support in place to be discharged, but feels that better links with local authorities could help patients to be discharged sooner and relieve pressure on the wards.

These links would also help improve patient experience. Healthwatch Bristol will share our concerns and this report with Bristol City Council Adult Social Care Team.

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## 4 Conclusion

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Inpatient wards 100 and 200 at South Bristol Community Hospital are to be commended for providing a friendly, caring, clean and functional environment for stroke and rehab' patients to recover in. It was clear that the staff team were happy in their work, treated well by UHB and dedicated to aiding patient recovery. Patients and visitors said very complimentary things about the staff team. Healthwatch Bristol volunteers thought things like the MDT Discharge Grid and the personalised signs outside bedroom doors were exceptional, and so was the wards' infection control signage. Staff are also to be commended for providing clear, friendly communication to both patients and visitors and for their detailed discharge process, which ensured all patients had adequate support in place before they left the ward.

It was clear to Healthwatch Bristol volunteers and staff, however, that the wards are not well equipped to accommodate longer-stay patients. There was little to entertain patients during their stay, day rooms were sparse and largely unused and longer-stay patients began to find the meals repetitive and boring. Patients had little choice or say in how they spent their days and no access to a shop to buy snacks or magazines. Healthwatch Bristol thought accessibility could be improved by introducing hearing loops and easy read menus and by painting the grab rails in a contrast colour. The Costa Coffee shop downstairs, which was the only place most patients could have a break from the ward, was not accessible for patients or visitors who use wheelchairs.

Healthwatch Bristol received several comments about there not being enough staff on the wards, from both patients and UHB staff. We believe staffing levels should be reassessed as soon as possible.

Healthwatch Bristol also had major concerns about the amount of patients who were ready but unable to be discharged due to hold ups in adult social care. We will also take these concerns up with Bristol City Council.

Healthwatch Bristol volunteers and staff found that patients and their visitors were very happy with the care on wards 100 and 200. We were very impressed by South Bristol Community Hospital and felt welcome during our visit.



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## 5 Recommendations

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Healthwatch Bristol volunteers and staff have identified a few ways that South Bristol Community Hospital could improve the already-positive experience of their inpatients even further.

1. Much more could be done to entertain patients on wards 100 and 200. Consider the introduction of televisions and/or radios in four-bed bays and invest in books, DVDs, magazines and puzzles for the day rooms.
2. Introduce a patient shop, or increase and improve the trolley service, so patients can buy magazines, newspapers, puzzle books, snacks of fruit and chocolate and toiletries.
3. Buy emergency signage for ward 200's day room, correct bedroom signage by ward 200's reception desk and introduce signage to show patients the day and date on both wards. Create posters to promote comments box and complaints information.
4. Introduce a new volunteer role to increase social interaction and entertainment for patients on extended stays due to delayed discharge.
5. Paint grab rails on corridor walls in a contrast colour to increase accessibility and independence for patients with dementia and patients and visitors with visual impairments. Introduce hearing loops and easy read patient information.
6. Liaise with Costa café to ensure layout of tables is more wheelchair friendly.
7. Regularly reassess staffing levels in light of individual patients' needs and employ a floating staff member to assist with things like turning patients on both wards during night shifts.
8. Create better links with local authorities to allow patients who are well enough to be discharged sooner.

### Disclaimer

- This report relates only to specific visit times.
- This report is not representative of all service users, staff and visitors (only those who contributed within the restricted time available).



## 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<sup>1</sup>:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- 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
- 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.

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<sup>1</sup> Section 221(2) of The Local Government and Public Involvement in Health Act 2007



Each Local Healthwatch has an additional power to enter and view providers<sup>2</sup> 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.

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.<sup>4 5</sup> 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.

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 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.

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 simply to observe the service, talk to service users, patients, visitors and staff, and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The report will also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

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

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

<sup>4</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>5</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



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)
- 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 Appendix 2: Full list of Comments and Quotes from Patients, Visitors and Staff

**“I don’t know how it could be better.” Quote from a visitor.**

‘I think it’s lovely here, spotless’. ‘We have been well looked after so far.’ Quote from a visitor.

“(It is) open airy and very pleasant as there is lots of room.” - Quote from a visitor.

‘Everything is spotlessly clean and the atmosphere is friendly.’ - Quote from a visitor.

**“The hospital provides a good service and he is very happy here! Long may it continue.” - Quote from a visitor.**

**“The care my husband receives is very good and he feels very well looked after.” - Quote from a visitor.**

“I am very grateful for the care I receive.” - Quote from a patient.

“They’re very good here, food’s very good, the care is good.” Quote from a patient.

“Food very good.” - Quote from a patient.

“Good assortment (of food).” - Quote from a patient.

“(I) won’t eat the food. I (want to) eat the same things but cooked properly.” - Quote from a patient.

**‘The meals here are extremely good and there is plenty of choice.’**

‘They send a menu round in the morning. You get to choose what you want for lunch and dinner, there are usually 3 different things.’ ‘I think the food is very good’. - Quote from a patient.

**“Food is becoming repetitive and boring.” - Quote from a longer-stay patient.**

“Too much (food).” - Quote from a patient.

**“The weekly menu is not good food when you have been here a long time.” - Quote from a patient.**

“The menus here are ok but not much variety.” - Quote from a patient.

“(I am) well cared for - food’s good, plenty of it.”

“I do get lonely in my room, I don’t get visits very often.” - Quote from a patient.

“I miss having a television (in a four person bay.)” - Quote from a patient.

“It’s a lovely hospital.” - Quote from a patient.

It is “better here for sleeping. I had sirens all the time (at another hospital.” - Quote from a patient.

“The gym is very good.” - Quote from a patient.

‘The staff (at the gym) treated me brilliantly.’ - Quote from a patient.

“Staff very good, friendly.” - Quote from a patient.

‘Some of the staff have been fantastic.’ - Quote from a patient.

‘The staff are trained well.’ - Quote from a patient.

“staff are good here.” - Quote from a visitor.

“Staff are great. They come (when I press my call bell).” - Quote from a patient.

**‘The staff here are lovely - they’re very approachable.’ - Quote from a patient.**

“I’ve got to wait (when I press my call bell). It’s probably only 5 or 10 minutes but it seems like a long time’. - Quote from a patient.

‘There is usually a nurse in the ward all the time.’ - Quote from a patient.

**“The nurses are very kind, but of course they are busy all the time.’ - Quote from a patient.**

**“Staff don't have much time to stop and chat.” - Quote from a patient.**

‘The staff are really busy, they have so many other people to look after.’ - Quote from a patient.

“The staff here are very good as my father can be difficult sometimes with his dementia.” - Quote from a visitor.

“Onsite parking is good.” - Quote from a visitor.

“I'm in a four bedroom room... there's nothing to do.” - Quote from a patient. The patient said single rooms have televisions.

‘I think there should be a television on the ward(4-bed bay).’ - Quote from a patient.

There is “nothing on the wards, no TV.” - Quote from a patient.

“I brought my own radio (into hospital with me) - Quote from a patient.

“My daughter gave me these (magazines), there's nothing here.” - Quote from a patient.

‘It's sad there's no television in the ward, especially for those who can't read, it's very boring. There's nothing to do, I can't walk and I can't reach anything’ - Quote from a patient.

“It's boring (because I can't walk)”. - Quote from a patient.

“The therapist only takes me for a walk assisted once a day.” - Quote from a patient.

One patient said waiting times for radiotherapy were too long.

Several patients told Healthwatch Bristol there was no permanent shop on site and a trolley service came around twice a week. This meant they only had access to one newspaper, The Metro, and were reliant on visitors to bring them newspapers and magazines.

Visitors told Healthwatch they were concerned about visiting if local bus services were cut.

Several patients who had visitors travelling a long way to visit them felt tied by the visiting hours. Two patients said they wished visiting times were more like Southmead Hospital's, which start at 10.00 am rather than 2.00 pm. Another visitor said they wished there were visiting times in the mornings too so they could spend more time with the person they are visiting during the day.

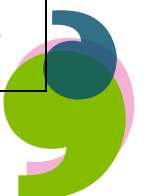
One visitor said they person they were visiting was suffering from constipation and they felt that this matter should have been dealt with earlier.

One patient, when asked what could make their time in hospital better, said: “more staff to give patients' more time! But I knows it's not possible.”

One patient said changing the bed sheets everyday was a “waste of time” and this time could be better spent elsewhere.

There is no choice about the time to eat, however this was accepted as normal routine: “The food's good, I get four choices, they (the nurses) tell you in the morning.” - Quote from a patient.

We asked if patients had choices around things like meal times: “You have to eat at the proper times.” - Quote from a patient



There was choice around when patients took their medicines. (You have to have your) “medicines at the proper hour.”. Not much choice.

“Breakfast time is very early for me (7:45 am) (but I) understand there are a lot of patients that they need to see.” - Quote from a patient.

‘I can’t get out because I can’t walk. I’m seeing the physiotherapist so I hope I will be able to walk soon.’ - Quote from a visitor

Several patients said they can go outside if staff are available to go with them.

‘Really good food.’ - Quote from a patient.

‘Because I am diabetic and my blood sugar goes down, they bring me a plate of sandwiches in the evening, which is very good.’ - Quote from a patient.

‘We were told visiting was 2-8, but on the door it says you can’t visit between 5 and 6.’  
Quote from a visitor.

“It’s good we can visit longer on the weekends.” - Quote from a visitor.

Visitors were generally positive about communication from staff and thought they have been kept well informed about discharge plans. We spoke to a couple of patients who did not know anything about their discharge. Several visitors told us that, although staff are very busy, staff are more than willing to stop and talk with or update them.

**A visitor said: “I’m kept up to date with what might happen in the future.” - Quote from a visitor.**

**‘(Communication has been) very good, they have talked to us about what’s involved.’ - Quote from a visitor.**

“No discharge plan yet.” - Quote from a visitor.

One patient said they had been at the hospital over two weeks and nobody had spoken to her about discharge.

**“I have been well informed so far.” - Quote from a patient.**

Again hold ups occurred because of delays in the wider system - as with 1 man waiting to have 2 people to assess whether he could use all the equipment which had been put in his home following a stroke. Hospital cannot discharge until he has been passed as fit and able to live on his own.

We spoke to several patients who were awaiting discharge but could not leave as they were waiting for care packages to be put in place at home. One patient told us they were waiting for two social workers to assess whether they could use their new equipment which had been put in their homes following a stroke.

(There is) “no one to care for me” (if I leave). - Quote from a patient.

**“All I know is I’m waiting for carers” (before I can be discharged). - Quote from a patient.**

**“I am keen to go home, (but there is) no plan in place.” - Quote from a patient.**

**“They’re keeping me up to date, but we don’t know how long it will be.” - Quote from a patient.**

One patient said they were very fed up and worried because she was ready to go home but needed 2 carers in place and this has taken weeks, with still no solution in sight.

Patients generally spoke very positively about their communication with South Bristol Community Hospital's staff, saying staff were kind and helpful.

One patient, who had a difficult time at her previous hospital in Devon, said: "Lyn was fantastic" in arranging her transfer.

One family member said that a nurse on ward 200 had spoken to her very inappropriately about their partner's poor mobility. The staff had kept the visitor up to date, however, on what might happen in the future in terms of treatment and potential discharge dates. The visitor spoke to a senior staff member and, although angry, was happy that this had been resolved.

One visitor said they had not been told there were visiting hours on Saturday morning, and were not told to avoid protected meal times.

"Communication is good." - Quote from a patient.

**"It's easy to talk to staff."** - Quote from a patient.

Several patients told us staff are very "rushed": (They are) "on the go all the time." - Quote from a patient.

"It's hectic in the mornings." - Quote from a patient.

**One patient said staff "don't answer questions fully, (that is) left to doctors."** - Quote from a patient.

A stroke patient told Healthwatch Bristol volunteers that they needed daily physiotherapy but this was not available due to staffing.

## Quotes and comments from Staff

Discharge process explained by several staff - see report findings for details.

No patients are discharged unless they have appropriate support and after care in place. "Nobody goes without a plan in place." - Quote from a member of staff. Staff explained it was not in the hospital's interest to discharge patients before these checks, as patients were likely to be readmitted.

Two staff members told us they were "trained well" and had lots of opportunities for development.

"I love working here, really nice teams, supportive of each other." - Quote from a staff member.

"This hospital has a good team." - Quote from a staff member.

**One staff member told us "I'm really busy, it's constantly demanding (but) I love my job."** - Quote from a staff member.

Staff said they felt stretched getting everyone up and dressed. "The mornings are particularly busy." - Quote from a staff member.

Staff spoke about the pressure of paperwork. Unfortunately, they need to input patients' details on three separate databases: Medway, which is UHB's patient database, Liquid Logic, which is BCC's adult social care database, and EMIJT, which is used by community

based care services. The three providers, which work together to support discharge of inpatients, use different systems and this impact's on staff time.

A member of staff spoke to us about “unsafe” staffing levels on the wards. The nurse explained that it takes four staff to safely turn a patient, and, as they only have two nursing assistants and one qualified nurse on each side of the ward, the staff are always borrowing staff from other wards to turn patients safely. This leaves other areas of the ward and other wards understaffed with no one available to respond to patients for up to 20 minutes. **“It was unsafe here last night.” - Quote from a member of staff.** Another staff member said: “there are not enough staff on the night shift as people with strokes and dementia need more time and this needs to be considered with staff ratio.” Another member of staff said there was enough staff for the wards.

Staff told us there were no doctors on the ward at night but senior nurses could escalate care to BRI A&E department if needed. Another staff member said “We’re often short staffed.” - Quote from a member of staff.

**‘The staffing doesn’t match the workload.’ - Quote from a member of staff.**

“We are a bit short staffed, as someone went home sick.” - quote from a member of staff.

Staff explained that the wards use regular bank staff to increase consistency for patients. “It can be difficult to get regular bank staff because of the hospital’s location.” - Quote from a member of staff.

**‘Most of the time we are short staffed: agency staff don’t always turn up.’- Quote from a member of staff.**

‘This place is excellent in keeping us up to date’ (with training). - Quote from a member of staff.

Staff told us it can be difficult to see many patients at the same time due to the layout of the wards.

Staff told us that the hospital was very flexible and understanding if staff needed time off to look after children or dependents.



## 6.3 Appendix 3: South Bristol Community Hospital Engagement Stand Report



**healthwatch**  
Bristol

# SOUTH BRISTOL COMMUNITY HOSPITAL ENGAGEMENT STAND

21 SEPTEMBER 2016

Healthwatch Bristol volunteers and staff held an information stand at South Bristol Hospital on 21 September 2016. We aimed to raise awareness of Healthwatch Bristol at the hospital in preparation for our upcoming enter and view visit in October 2016 and gather feedback to help inform our prompt questions during the visit.

## Introduction

Healthwatch Bristol enter and view volunteers and Healthwatch Bristol development staff held an information stand at South Bristol Community Hospital on 21 September 2016.

The purpose of the visit was too:

- inform patients, visitors, carers and staff about Healthwatch Bristol and promote our work at the hospital;
- gather feedback about patients, carers and visitors' experiences of using the hospital;
- use the feedback to help inform our questions for an upcoming enter and view visit to the hospital in late October.

## Summary of Findings

Healthwatch volunteers and staff received 41 comments from patients, carers, and visitors including 13 Surveys on 'which service and why', 15 Surveys on South Bristol Hospital (for upcoming E&V), 1 hospital discharge survey, and 12 Tell Us Your Story leaflets. The surveys will be added to the survey reports and individual issues and concerns from leaflets will be inputted into the database.

The findings from the 15 surveys specifically about South Bristol Community Hospital are summarised below.

### We Did...

Volunteers held an enter and view planning meeting to identify dates that might work for an initial information and engagement stand. We then liaised with Tony Watkin, Patient Experience Lead at University Hospital Bristol, and Neina English, the hospital's Manager, to identify whether they would like Healthwatch staff and volunteers to ask patients, carers and visitors specific questions.

Paul Lewis, Patient Experience Programme Manager at University Hospitals Bristol NHS Foundation Trust, asked that we find out about staff-patient communication:

when patients were in hospital, did the staff:

- involve patients in decisions about their care and treatment
- Involve their carers / families
- give patients all of the information you needed about your care and treatment
- keep patients informed about what was happening with your condition and treatment
- give patients the opportunity to ask questions / give you understandable answers if you asked questions.



Healthwatch Bristol was also interested to find out about inpatient experience of care and ask patients, visitors and carers whether their communication from the hospital was accessible and understandable in terms of their communication needs. These questions were merged with the questions from UHB's Patient Experience Team.

Most of the patients and visitors we spoke to were outpatients visiting the urgent care centre.

## You Said...

### 1. How did you find your communication from South Bristol Hospital?

11 patients responded positively: "Brilliant re. my chemo." - Quote from a patient. Two patients said communication was satisfactory and one patient said: "I wasn't sent anything!" - Quote from a patient. Healthwatch Bristol volunteers and staff also received some mixed comments about the lack of doctors and long waiting times.

#### 1.b. Was it understandable and clear, and, if not, what would have worked better for you?

11 patients said information sent by South Bristol Community Hospital was understandable and clear. "Clear communications with staff and quality of care very good, couldn't fault it." - Quote from a patient. Two patients responded negatively about a lack of doctors and a lack of information around waiting times.

### 2. Were your communication needs met? Were you offered information in other formats like audio, braille, easy read?

None of the 15 patients or visitors that Healthwatch Bristol spoke to had any specific communication needs, so no feedback was gathered about South Bristol Community Hospital's provision of accessible information. Two people responded "yes" in that their communication needs were met, 2 patients said they had "no problems" and 11 patients noted that they did not have any communication needs or left this question blank.

#### 2.b. What, if anything can be done to improve the way information is provided to you?

3 patients or visitors said that telephone or text reminders before their appointments would be helpful and another patient said they would like to see more leaflets about the hospital's different services. One patient said: "A doctor should be available at all times and it is obvious they're understaffed (funding!!)" 5 patients did not answer this question and 6 responded that nothing needed to be improved: "nothing, very good, very quick." - Quote from a patient.

### 3. When you were at the hospital, how did staff involve you / your carer in decisions about your care? What would you have liked to happen?



7 patients/visitors responded positively to this question and 7 patients/visitors did not respond. “Yes, I did wait a few hours but was told what’s going on.” - Quote from a patient/visitor. “Yes, it was good, they talked through everything especially @ the beginning.” - Quote from a patient/visitor. One patient responded that they “did have some doubts asking questions.”

#### **4. Did staff give you all the information you needed about your care and treatment?**

8 patients/visitors responded yes, they did receive all the information they needed about their care and treatment. 4 patients/visitors did not respond to this question and 2 patients/visitors responded negatively: “not really, not yet” and “I called again (for more information).”

#### **4.b. Were you given the opportunity to ask questions and kept informed about what was happening with your condition? How could this have been improved?**

7 patients/visitors answered that they had been kept informed and offered the opportunity to ask questions about their treatment. “(I was) well informed by letter provided by the hospital and given to me and my doctor was all updated.” - Quote from a patient / visitor. Other patients stated they were “very impressed” and that there was “no improvement necessary.” 1 patient answered negatively and 7 patients/visitors did not respond. One patient / visitor also said that more information and publicity about which services are available at the hospital would be helpful.

#### **5. Have you (or someone you care for) been an inpatient?**

All respondents answered that they had no been an inpatient.

#### **5.b. If so, how was your experience? What was good and what would you like to see changed? (prompts: environment, food, staff attitudes, discharge)**

All respondents left this question blank.

### **Recommendations for South Bristol Community Hospital**

1. Introduce text reminders one day before outpatient appointments.
2. Increase and improve quality of information available to patients via leaflets and the website. Outpatients said they would like to know more about what services are available at the hospital.



## APPENDIX 1: FULL RESULTS OF ENGAGEMENT

### 1. How did you find your communication from South Bristol Hospital?

Excellent; Very good, bus service is good; N/A (I was sent here by Bristol eye Hospital); good; good; good; Alright, I had to call twice and had been waiting 10 days to see BRI; waiting some time at urgent care 2 hours already; I wasn't sent anything!; ok; brilliant re. my chemo; fine; good; good; very good.

#### 1.b. Was it understandable and clear, and, if not, what would have worked better for you?

N/A; clear communications with staff and quality of care very good, couldn't fault it; yes; all satisfactory; all clear but I was waiting 1 hour; all satisfactory; good, spoke to the hospital about my split cast and was called in today for assessment; I saw a triage nurse my daughter was in pain 2 hours, had to wait to see another nurse, no doctors; not sent anything; yes; yes, clear; yes; yes, I come once a month for eye care; yes; yes very clear.

### 2. Were your communication needs met? Were you offered information in other formats like audio, braille, easy read?

Yes; N/A; I have none, didn't need these but plenty of leaflets a good thing; not necessary; N/A; no problems; all ok; no problems here, biggest problem was last time a week ago had to wait a period of 5 hours before seeing a triage nurse; N/A; none; N/A; yes; I don't have any; N/A; N/A, I don't have any; N/A.

#### 2.b. What, if anything can be done to improve the way information is provided to you?

Telephone / text reminders; letter then text messages in advance a day before appointment to refresh appointment times; N/A; all ok here, would like text reminder; N/A; all ok; a doctor should be available at all times and it is obvious they are short of staff (funding!!); N/A; leaflets about the hospital's services would be useful; (no more info given about how); nothing; N/A; no; nothing, very good, very quick; it was very good.

### 3. When you were at the hospital, how did staff involve you / your carer in decisions about your care? What would you have liked to happen?

N/A; yes well informed; very well, very informative; I had some doubts asking questions; N/A; N/A; N/A; saw 2 nurses would have preferred to see a GP, I came here in an emergency and after this experience I would go to the BRI (as) emergency/urgent care not good; N/A; yes, I did wait a few hours but was told what's going on; the staff told me everything I needed to know would like if it was wrote down; yes, it was good, they talked through everything especially @ the beginning; yes lots of info; fine; N/A; N/A in X-ray.

### 4. Did staff give you all the information you needed about your care and treatment?



N/A; Yes, glaucoma clinic is good so no need to attend eye hospital. I have regular checkups yearly, no problems so far; I called again (for more information); N/A; N/A; information good but felt the are under staffed and need more help!; N/A; not really, not yet; yes; yes; yes; yes; yes; yes.

4.b. Were you given the opportunity to ask questions and kept informed about what was happening with your condition? How could this have been improved?

N/A; yes I was given the opportunity to ask questions. Well informed by letter provided by the hospital and given to me and my doctor was all updated; N/A; N/A; N/A; N/A; yes; N/A; not really; N/A; yes; yes I asked questions, more publicity about the services and what is available here; yes, no improvement necessary; yes in Xray; yes I was very impressed.

5. Have you (or someone you care for) been an inpatient?

N/A; no; no; no; N/A; N/A; no not here; N/A; no; no; no; no; no; no.

5.b. If so, how was your experience? What was good and what would you like to see changed? (prompts: environment, food, staff attitudes, discharge)

N/A; N/A; N/A; N/A; N/A; N/A; N/A; N/A; N/A; N/A; N/A.

