



Enter and view report South Bristol Community Hospital Thursday 15 November 2018

Authorised Enter and View representatives

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Inpatient Wards 100 and 200 South Bristol Community Hospital Hengrove Promenade Bristol BS14 0DE
Service Provider	University Hospitals Bristol NHS Foundation Trust
Date and Time	15 November 2018, 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 a revisit following the previous Healthwatch visit on Monday 24 October 2016, to observe if the Healthwatch recommendations from the report had been implemented. Also to gather feedback from residents and their families about their experiences of care at South Bristol Community Hospital.

2 Methodology

2.1 Planning

South Bristol Community Hospital was chosen for enter and view revisit as it is a large healthcare provider that Healthwatch Bristol has previously visited in 2016, and Healthwatch volunteers were keen to see what improvements had been made by the South Bristol community Hospital since the visit.

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. Healthwatch 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 that 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 the Healthwatch Bristol 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 a stroke. Both wards are divided into two 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.

3 Findings

3.1 What we saw

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.

Healthwatch volunteers were met by the Assistant General Manager and the Lead Matron at the hospital's main reception. The main reception is modern, light and spacious. Parking was good but expensive.

Healthwatch Bristol found The South Bristol Community Hospital to be a well-run hospital with a leadership team enthusiastic and open to new ideas with an emphasis on creating a dynamic evolving rather than static environment for the patients.

Healthwatch Bristol were pleased to be informed of increased activities for the patients and further opportunities to be involved. There was also an active desire to increase and develop activities available.

A therapy dog visits and there are also visits from a local art therapist and a poet.



There is more use of the day rooms where there are events such as films and therapeutic meals for patients who are preparing to leave. We saw one patient using this space to read his newspapers.

We also saw small tables deployed in the wards to encourage and enable patients to socialise over a game or meal away from their bed space.



The wards were quiet and calm with staff engaged with the patients or other duties with smiles and happy voices. Everywhere appeared clean and uncluttered.

There was hardly any equipment in the corridors and what was there was explained as being about to go into or just come out of a ward/bed space.

Healthwatch Bristol 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 What we heard

“Conditions here for my partner are first class” - Quote from a visitor.

“I have been a patient before and the quality of treatment by staff is the same - brilliant!” - Quote from a visitor.

The Leadership team were open and honest with regard to some of the issues that they were facing but were regarding these as opportunities to develop better experiences rather than as obstacles.

“We were informed of our my parents admission from their care provider not the hospital which was disappointing” - Quote from a family/visitor

Healthwatch Bristol were informed there had been a cut in the number of buses serving the hospital resulting in long walks for patients and staff. As this walk involved lightly trafficked areas it was a particular concern for staff starting early or finishing late.

Healthwatch Bristol were informed there had been a problem with the car parking charges resulting in a lot of penalties notices being issued. (This may have contributed to the low Friends & Family Score the Hospital recently received.) Though this is being aggressively dealt with by the Management and the complaints team. The receptionist was advising people about the issue.

**“All the information I received from the hospital was in an accessible format so I was never confused about my treatment or the next steps”
Quote from a patient**

The ward trolley service that had been in existence on an ad hoc basis was ending due to the retirement of the team of volunteers providing it and now the management are developing the requirements for the new service and provider that will be more defined and accessible.



“Hospital transport is very good and the staff are very helpful” - Quote from patient

Healthwatch Bristol were informed that although South Bristol Community does not currently have a portable hearing loop, they do have a portable communication device for patients and visitors.

“The staff put in a tremendous effort with us during our stay” - Quote from patient and relative

The patients Healthwatch Bristol spoke to, spoke very highly about the staff and felt they were well cared for, the family members Healthwatch Bristol spoke to also agreed. They also told us that they had no problem getting to the hospital or with the visiting hours.

“As a relative is it very accessible for me to visit in the hours allowed” - Quote from a visitor

The Management are continuing to develop the use of the day rooms and aim to get them re decorated in a dementia friendly way, to source some less clinical looking chairs and obtain a large screen TV so the residents can enjoy watching sport and public events of interest like the recent royal weddings in a social atmosphere.

Healthwatch Bristol were pleased to be informed the number of falls from patients in the hospital has reduced.

When speaking to the management at South Bristol Community Hospital Healthwatch Bristol were pleased to hear that the hospital has a clear vision of what they wish to achieve and the will to explore multiple ways that the vision might be realised.

4 Recommendations

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. The recommendations made during our first visit have all had responses from the South Bristol Community Hospital and are updated below:

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.

Response: Working in partnership with the City of Bristol College, we have managed to source an additional 9 student volunteers (from the Health and Social Care course) for the Trust. The students will be volunteering for a year each and will be on 3-4 monthly rotations with the BRI. The students will be taking on a befriending role for our patients as well as supporting various ward based activities that we are working to introduce.

We have a therapy dog for inpatients at SBCH that visits every Friday.

Currently, a programme of activities is underdevelopment. This will entail dayroom based therapeutic lunches and other activities to support patients and reduce the overall inactivity on the wards.

Judith Reed is also working to see what other complimentary therapies we are able to introduce to patients. This may include hair dressing, reflexology and nail care.

We have also gained permission from the landlord to paint the dayrooms and are working with 'Above and Beyond' to source some new furnishings for each of the day rooms to make the space more enticing to patients.

The dementia café is still in operation and is really successful. We are working with the group to produce a leaflet that details further support available to patients and families.

We are also in the process of producing a welcome to SBCH booklet that will be given to all inpatients upon admission. This will include staffing details (clothes, positions etc.) as well as a diary section for any questions the patient/family may want to raise. It will hold information about ward activities, resources and any further support that is on offer to patients.

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.

Response: Unfortunately, we remain unable to have a patient shop onsite.

The trolley service has now finished - we are exploring ways of reinstating it. The Costa shop is open from 8-5pm with vending machines available 24/7.

Metro are providing 120 copies per day. (Monday to Friday)

Since your visit, we have also been added to distribution list for "Knowledge" a local community magazine!



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.

Response: No further action required. A PLACE assessment took place in May 2018 and there were no issues or concerns about signage on ward 200 or any other areas onsite.

We now have a "who's who" board. It's a generic one with pictures of staff in uniform, just not our staff!

4. Introduce a new volunteer role to increase social interaction and entertainment for patients on extended stays due to delayed discharge.

Response: We have had a successful round of recruitment. In addition to the student volunteers, Judith Reed has also managed to recruit an additional dedicated volunteer for SBCH.

All the volunteers are going to be taking on 'befriending' roles for patients and the main priority is to focus on and support the various ward based activities that will be introduced.

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.

Response: The Facilities Management Contractor has confirmed that the rails being referred to are protection buffers rather than "grab rails". Protection buffers are unable to be painted due to the material they are made from. No further action is possible in this respect. In-patients with visual impairment, dementia or other support needs are escorted along the corridors.

6. Liaise with Costa café to ensure layout of tables is more wheelchair friendly.

Response: The Costa Café is managed through the hospital Medirest contract. We are advised that, in line with their business model, the contractors are not able to

reduce the number of chairs in the café. We continue to receive assurances that café staff offer a responsive service and make every effort to accommodate wheelchair and buggy users. Café users are also able to use the atrium area for the consumption of items bought in the café.

During this visit Healthwatch Bristol noted less chairs in Costa which means better access for wheelchair users.

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.

Response: Staffing levels are a concern at present, there are quite a few vacancies in the nursing staff cohort. Recruitment is underway.

A leadership in flow meeting was introduced on the wards every day at 10am. Staffing requirements are reviewed in detail at this meeting for the day and also the next couple of days and plans are adjusted accordingly. We have now increased our night staff on wards from 5 to 6 members off staff

8. Create better links with local authorities to allow patients who are well enough to be discharged sooner.

Response: A 'what to expect in hospital at SBCH' letter is under development. This will detail patient discharge pathways in order to manage patient and family expectations.

The social care team are no longer going to be operating out of SBCH. They will be moving to offices based in the community and this may impact on timely discharges for our patients.

Julia Wynn (General Manager for SBCH) is also working on the ICB (Integrated Care Bureau) which will be transforming how patients are managed and discharged across multiple Trusts in and around Bristol.

Final Comments from South Bristol Community Hospital

South Bristol Community Hospital are working to improve the types of services on offer for patients at SBCH as well as the utilisation of all clinical areas on site:

The Outpatient Department is introducing new clinics (Biologics, Therapies, paediatrics and Dermatology to mention a few). Day Surgery and Endoscopy Unit is expanding on the type of procedures they are doing for patients.

Radiology will be getting an MRI scanner at the end of the year which further supports inpatients and other service users.

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).

5 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 include¹:

- 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

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



- 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 providers² 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.^{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.

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.

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).

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).

South Bristol Community Hospital Inpatient Wards - 15 November 2018

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.

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.

