healthwatch Bristol

Enter and view report BRI discharge lounge 11-21April 2016

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Bristol Royal Infirmary (BRI) Upper Maudlin St, Bristol, BS2 8HW
Service Provider	University Hospitals Bristol
Date and Time	11, 19, 21 April 2016

1.2 Acknowledgements

Healthwatch Bristol would like to sincerely thank all the staff and the patients at the discharge lounge for their hospitality and welcoming nature. We would particularly like to thank the manager of the discharge lounge for the time she took to talk to us and make us feel welcome.

1.3 Purpose of the visit

The purpose of this enter and view was to gather feedback and comments from patients, their families and staff of their experiences of using and working at the discharge lounge. We also wanted to observe interaction between staff and patients.

2 Methodology

2.1 Planning

A planning meeting was held between the enter and view lead, volunteers and staff to agree an observation checklist and prompt questions to use for all care home visits.

2.2 How was practice observed?

Enter and view representatives visited the BRI discharge lounge and spent time observing social interaction between staff and patients and talking with staff, patients and relatives.

The enter and view representatives visited the discharge lounge on three separate dates throughout April 2016, over a different time period on each visit, in order that a more 'holistic' impression of the lounge could be obtained.

2.3 How were findings recorded?

Comments are recorded by volunteers while engaging with patients, relatives or staff. Comments are recorded anonymously. Record templates are handed to the lead at the end of the visit or typed up by the volunteer. The enter and view lead compiles the report based on the records from the team and shared the report in draft form for all who participated in the visit to contribute.

2.4 About the service

The discharge lounge is located on Level 5 of the Bristol Royal Infirmary. The lounge is equipped with comfortable seating for 20 patients including eight reclining chairs.

The discharge lounge is open:

- 8:30am to 8pm from Monday to Friday

3 Findings

3.1 Patients

Of the 16 patients we spoke to in the lounge over the course of the three visits, the vast majority offered positive comments and feedback on the lounge. Nearly all of the patients we spoke to commented that they were happy with the quality of care received from staff in the lounge, with some patients also commenting that the lounge is well lit, a 'nice setting' with 'good quality staff'. One patient remarked that they have 'no complaints'. One patient did feedback that he was greeted by a volunteer and led to a seat but not asked for his name, which caused him to worry about whether the lounge staff knew he was there.

Nearly all the patients spoken to fed back that they were offered refreshments immediately upon arrival. We observed that patients were offered a choice of drinks and there is a tea and coffee machine situated in the lounge which patients and relatives can help themselves to. One patient we spoke to did feedback that he had not been offered any refreshments since his arrival at the lounge.

Another finding which became evident when speaking with patients was the correlation between the waiting times for medication which we were informed of by the lounge manager and patients' understanding of the approximate waiting times. This was encouraging because it suggests that accurate and truthful information is being consistently relayed to patients.

The lack of a mobile signal caused great difficulty for patients who were being collected by friends or family. Parking difficulties and the difficult traffic made the adherence to waiting times for medication extremely important. Some patients we spoke to had waited over the two hours estimated.

Several patients we spoke to also said that they did know who to contact at the lounge if they were unhappy, although a minority of patients we surveyed did say they did not know who to contact in these circumstances.

The vast majority of patients commented that they were afforded the opportunity to wash and dress before they left the ward to come to the lounge. One patient was observed wearing his pyjamas but commented that he elected to wear these

and that he was warm enough. Another patient wearing pyjamas informed us that he did not have any day clothes with him.

3.2 Patients' relatives and friends

We spoke to one relative, who commented that he has noticed an improvement in the lounge compared to previous experiences. He commented that it is 'all good'.

3.3 Staff

We had a detailed conversation with the Sister, who informed us that the lounge is for the entire hospital and the average waiting time in the lounge for patients to leave is two hours, primarily due to awaiting medication from the pharmacy. We saw that this information was confirmed by written notices displayed in the lounge. Patients' feedback also corroborated this. The Sister informed us that the lounge's admission policy has been revised, so that now the lounge accepts all patients, including those with dementia. We were informed that the care of patients with dementia was coordinated with the ward to ensure the least distress to the patient during discharge. A dementia trained nurse is available when required.

We were shown a revised generic 'checklist' which the Sister has created, the purpose of which is to ensure that essential information is obtained and recorded so that the discharge process can be as smooth as possible. We were also informed that the lounge is supported by volunteers from 9am – 2pm. A volunteer told us how she regularly promoted the Friends and Family comment cards while patients were waiting.

Another staff member commented that they 'enjoy working in the lounge' and that there is a regular staff team in the lounge. A staff member did comment that it was not nice seeing patients becoming stressed waiting for their medication. A comment was made that the lounge is 'running very smoothly now' and that the comment cards are 'very well used'.

3.4 Observations

The discharge lounge appeared clean and well-lit on each visit, with refreshments available, although we did note that the drinks machine did seem rather out dated and potentially difficult to operate. We observed that the atmosphere within the lounge was relaxed and comfortable, although there is a lot of background noise.

There is a private bay separated by a curtain if a patient needs to have a private conversation. We noticed that there is a comments box positioned within clear sight where patients and relatives can leave their feedback or comments anonymously. We observed that the staffing ratio seemed appropriate. For example, on one of our visits there were two staff, a volunteer and a ward clerk.

We observed that the Healthwatch poster and the enter and view visit times were clearly displayed in the lounge and the staff we spoke to were expecting our visits.

The lounge has a pleasant odour and is nicely decorated, with a tree montage on one of the walls and a 'blue sky' window on the ceiling. We noted that there was a 'non-clinical' feel and it was very clean. There are hand-wash dispensers and taps in the lounge. We observed polite, respectful interaction between staff and patients and a patient being offered a choice of drinks and another patient being offered a choice of food. We noted that a nurse sat down next to a patient whilst taking to him (we did not hear what was said though.) The food preparation area appeared clean. The lounge also has an accessible toilet. There is a date and time clock clearly visible.

The lounge has several recliner chairs which all appeared in good condition. We did note that the lounge did not have many books or magazines. We noted that there was one board game available. There is a TV in the lounge with subtitles. The TV was only on during one visit. We noted there were no newspapers in the lounge. We observed that the lounge staff seemed cheerful and patient.

One patient we spoke to was feeling extremely hot and was showing some distress. Volunteers felt the room was comfortable, though warm and suspect it may have been due to medication. We felt the provision of a mobile fan might help in similar situations.

Even when busy the staff were observed to always take time to sit or kneel by patients while holding a conversation and not to rush but take the time needed.

4 Conclusion

We observed dignified care from staff in the lounge and a pleasant, calm atmosphere conducive to facilitating a smooth and professional discharge.

5 Recommendations

1. Patients could benefit from there being more books and newspapers/magazines available to read.

2. The drinks machine may need replacing.

3. Another table may be needed so more patients can eat their meals at a table – there is currently only one table in the lounge.

4. Reduce the waiting time for patients who are waiting for medication by the discharge lounge liaising with the hospital pharmacy to allocate more time for the preparation of medication or by sub-contracting the work to an external pharmacy.

5. Provision of a mobile fan for the comfort of individual patients.

Disclaimer

- This report relates only to specific visit times.
- This report is not representative of all service users (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[1]:

- 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.

[1] 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[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.

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.

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 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 is aimed at outlining

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[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).

what they saw and making any 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)

· 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.