

## South Bristol Community Hospital – Healthwatch visit October 2016

Item No.	Healthwatch Comments	SBCH Response or Action
1.	<p>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.</p>	<p>Providing quality care is our number one priority both from a clinical and non-clinical perspective. In response to this recommendation we will review our approach to the non-clinical care we offer patients in the hospital with a particular emphasis on social interaction and “entertainment”. This review will take place in Q1 2017/18 and we will invite Healthwatch representatives to participate.</p> <p>By way of context, the cohorts of patients we see at SBCH require some form of rehabilitation following stroke or surgery. Depending upon their admission to our hospital, this can look very different at different times of the day or, for each period of stay. A patient may arrive confused and weak but after a period of rehabilitation is able to wash and dress independently and move freely around the ward unaided.</p> <p>Currently, all of our 4-bedded wards have a radio. Previously there was a radio per bed, however, patients found the variations in volume level/ channel selection difficult to manage. Staff also reported difficulties in making themselves heard by patients and relatives so it was decided that</p>

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		<p>we reduced to a single radio. There are radios available for patients in single side rooms.</p> <p>There are no bed head services in the ward bays. This means we are not able to provide individual television sets.</p> <p>However, each of the ward day rooms has a large television and patients are encouraged, as part of their rehabilitation at the hospital, to leave their beds/ward (as they would do at home) and use this facility. Where appropriate patients can be accompanied to do so. Our volunteers have a selection of DVD's that can be loaned to patients should they wish to watch favourite programme or film.</p> <p>Free access to Wi-Fi is available for all patients within the hospital during their stay. Some patients chose to bring in their own portable devices.</p> <p>There are a large selection of puzzles and magazines freely available in the day room for patients to use if they wish. In addition, chaplaincy volunteers run weekly activities for patients wishing to be involved. Unfortunately, our patients are generally frail and elderly and often prefer to remain in or at their bedside.</p>
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		<p>The hospital has a dementia therapy lead who supports patients who have dementia on an individual basis. These patients often require close supervision with activities, such as the recently introduced ‘twiddle muffs’ a single use seated activity for patients with dementia. This is proving popular. Activity boxes are available and used on the wards either through 1:1 or bay tagging with staff using the activity boxes to engage patients in activities. Bay tagging is where a nurse is allocated 24/7 to monitor patients. The nurse must remain in the bay (4 beds) at all times to ensure patient safety.</p> <p>On 5<sup>th</sup> January 2017, we are introducing a Dementia Support Café at the hospital. This will be held in the ward day rooms. The Dementia Support Café will be a place where everyone is welcome to come along, meet, share experiences, get more information and sign posting to organisations who can offer additional help and support.</p>
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.	A small team of volunteers purchase stock and operationally manage a twice weekly trolley service for patients. We have previously discussed with them the possibility of increasing the service.

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		<p>Their experience shows that patients have limited funds whilst in hospital and are often only able to purchase limited amounts of goods. The volunteers often give items to these patients free of charge.</p> <p>Snacks and drinks are available to purchase from the Costa coffee shop on the ground floor of the building. There is now 24hr access to vending machines when the coffee shop is closed. Due to space restrictions at the hospital we are unable to include a permanent shop. In the past we have tried holding a small range of goods at the reception for patients to purchase, but this was not well utilised. We are happy to re-consider how we could re-introduce this service and will arrange a meeting to discuss this with the volunteers and ward managers in the new year. The wards offer complimentary toiletries for patients with no access to funding and staff will also purchase items specifically requested by patients.</p> <p>The volunteers continuously respond to patient demands and staff requests and adapt the service accordingly. There are no plans for a formal review of the service offered to patients.</p>
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		<p>Staff regularly bring a supply of The Metro in for patients and we have contacted The Metro to investigate the option of a regular delivery to the hospital. Previously we had an arrangement with a local newsagent to deliver and sell newspapers. Due to low demand from patients this service was withdrawn.</p>
<p>3.</p>	<p>a) Buy emergency signage for ward 200's day room</p> <p>b) correct bedroom signage by ward 200's reception desk</p>	<p>a) We have checked with the Trust fire safety department and our building landlords and are pleased to advise that the current signage displayed meets the requirements of fire arrangements within building. Fire evacuation procedures in the hospital are robust. In the event of a fire, a fire warden would evacuate the area and direct people towards the correct evacuation route. The fire warden in each area is fully trained and will ensure that all patients, visitors and staff are evacuated to a safe area.</p> <p>b) The signage in this area refers to the way the building was numbered by the landlords. We have made attempts to ensure that the bed numbers we use are more prominent.</p>

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	<p>c) Introduce signage to show patients the day and date on both wards.</p> <p>d) Create posters to promote comments box and complaints information.</p>	<p>We recognise the importance of clear signage for visitors. We have contacted the signage company and sent off a list of the changes we require. The quote has now been received and we are seeking funding in order to implement this work to take place in the first quarter of 2017.</p> <p>Visitors are always directed to the correct bay or room when they arrive as all visitors report to the main reception desk on entering the ward.</p> <p>c) Notice boards on Ward 100 have recently been reviewed adding the day, date and weather.</p> <p>d) An A1 ‘Tell us about your care poster’ is on display in the entrance areas of both wards. These posters provide information on how to give feedback about the care we provide. In addition, this information is available in the Trust adult in-patient Welcome Guide which is provided to patients and family members. We will explore how we can make the comments box and complaints procedure more</p>
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		<p>visible to patients and visitors and make any changes by end March 2017.</p>
<p>4.</p>	<p>Introduce a new volunteer role to increase social interaction and entertainment for patients on extended stays due to delayed discharge.</p>	<p>The Trust Division of Medicine recently launched an initiative in the Bristol Royal Infirmary whereby they employ a member of staff to work with patients who have a dementia. Caroline Bannister, the deputy General Manager at SBCH, has contacted the Trust volunteer service to discuss what options are available to develop a similar role at SBCH in conjunction with our existing volunteer support. This is in the early 'ideas' stage and no formal plan has been implemented with the nursing or therapy teams.</p> <p>Our chaplaincy team offer a wide variety of activities to patients with a mixed level of success due to the varied needs of patients at SBCH. The Chaplain also arranges a very popular Christmas Carol Concert at South Bristol Community Hospital each year which is well attended by current and past patients and their families.</p> <p>There are a number of mealtime volunteers who sit with patients and assist them with eating. We are also recruiting befriending volunteers whose role is to make regular visits and engage the patients in activities either as a 1:1 or in a group</p>

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		setting.
5.	<p>a) 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.</p>	<p>a) As tenants in the building we are unable to make changes to the fabric of the building without approval by the landlords. We have asked the landlords who have commented:-</p> <p><i>‘We will investigate a change of colour for the walls at the next meeting. There may be an option to discuss this with the Facilities Management Contractor (FM) when lifecycle work (planned maintenance) is being undertaken. However, there would need to be a formal agreement made along with lifecycle review going forward. If a no cost exercise is the wish the FM contract would need to consider if this is a possibility.’</i></p> <p>The hospital is currently being repainted by the Landlords. The ward corridors have not yet been painted and we raised this as an opportunity at the Senior Review Meeting in December 2016. It was noted that the rails are not grab rails rather they are designed as wall buffers to ensure that the walls are not damaged by</p>



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	<p>b) Introduce hearing loops and easy read patient information.</p>	<p>trolleys and other equipment being manoeuvred along the corridors.</p> <p>The use of these rails as grab rails is actively discouraged by the therapy team for use as part of a patient’s mobility rehabilitation, since patients do not have similar rails at home and therefore this does not simulate a home environment.</p> <p>In-patients with visual impairment or dementia are escorted along the corridors.</p> <p>b) Portable hearing loops are available on the wards. The clinical nurse stations have hearing loops built-in. We have a number of staff trained as hearing link nurses within the hospital. By end March 2017 We will undertake to offer staff a refresh in the availability and use of hearing loops.</p>
<p>6.</p>	<p>Liaise with Costa café to ensure layout of tables is more wheelchair friendly.</p>	<p>The Costa café facility is run by a commercial organisation. They tell us that they are reviewing the layout and fixtures in the café and that, due to the overall design and space constraints; they are unable to remove tables and chairs to increase</p>

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		<p>wheelchair/pushchair accessibility. We are assured that they always make every effort to accommodate wheelchair and buggy users.</p> <p>Seating has been installed in the main atrium for visitors to use and the ward day rooms are a large wheelchair friendly resource which all patients can enjoy with their visitors.</p> <p>There is a large café located in the Hengrove Leisure Centre next door which offers an alternative café option and has excellent wheelchair access. We are able to offer patients with walking difficulties free access to a large number of wheelchairs to use if they wish to access this alternative. Our peaceful patient garden, located at the side of the building is popular with patients on warmer days.</p>
7.	<p>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.</p>	<p>The needs of the patients at SBCH are varied and can, on occasion, be challenging with increasing numbers of one to one patient care required.</p> <p>The ward sister role (or Senior Staff Nurse in their absence) reviews staff rotas in conjunction with the dependency scores for patients. Measured daily, it is then matched with staffing levels on the wards and when dependency rises both day and night, staffing levels are increased to match.</p>

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		<p>We have a floating member of staff available on each night shift, as part of the established team, who attends the ward with the greatest need.</p>
8.	<p>Create better links with local authorities to allow patients who are well enough to be discharged sooner.</p>	<p>The hospital has an Integrated Discharge Hub based at South Bristol which is made up of staff from Bristol City Council Social Workers, Bristol Community Health and a discharge nurse. This multi-disciplinary team work hard to ensure that care packages and onward arrangements for patients are properly and fully managed.</p> <p>Patient choice is taken into account and modifications to a patients home takes place before they are discharged from hospital, so their home is as safe as possible. In some circumstances, patients who are returning home may require high level care packages. These can be complex to arrange and may result in a patient remaining in hospital for longer than anticipated.</p> <p>Patients are very much in the centre of decision making. Patient’s choice and concerns are listened to and acted upon in this process, along with support from carers and families.</p> <p>Social care support in the form of help at home with personal care, ongoing rehabilitation and</p>

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		<p>adaptations to the home are also considered. We cannot afford delays but sadly some patients do need to go to another care facility rather than returning home. This can take time to make the necessary arrangements in the best interest of the patients.</p> <p>We note that the concerns Healthwatch expressed concerning the role of adult social care in the discharge process of patients medically fit to leave SBCH are to be addressed separately with Bristol City Council.</p>
9	Other comments	<p>SBCH opened in March 2012 and provides people in South Bristol with diagnostic tests and therapy services closer to their homes. It also houses an Urgent Care Centre for minor illnesses and injuries (managed by Bristol Community Health), Day Surgery, a dental school and a rehabilitation service where people are able to stay as inpatients. During the visit, staff were keen to demonstrate how the services in the hospital have developed over a five year period and in particular the acute care afforded to patients on our wards – something we are particularly proud of.</p> <p>By way of context, patients who access SBCH for</p>

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		<p>general rehabilitation have been assessed by a health care professional who recommends SBCH as a place for a person to have their rehabilitation. As there are other facilities across Bristol for bedded rehabilitation, the type of patient who comes to SBCH will generally have significant nursing and medical needs in addition to their rehabilitation needs. This means that many SBCH patients require access to daily medical support and registered nurses.</p> <p>The treatment, which often happens alongside the rehabilitation, involves continuously reviewing medication and monitoring the patients' health status. SBCH rehabilitation involves the most complicated patients, where careful consideration has to be taken by a Consultant and the wider multidisciplinary team to ensure that the patient's medical fitness is maintained during the process. This often means that some patients are not medically fit and are unlikely to engage in activities more commonly associated with those of a nursing home.</p>
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