



## Enter & View Visit Report

### Details of Visit

Service Name and Address	Ludlow Community Hospital, Gravel Hill, Ludlow, Shropshire, SY8 1QX
Service Provider	Shropshire Community Health NHS Trust
Date and Time	Tuesday 24 <sup>th</sup> November 2015 2.00 - 4.00 p.m.
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Helen Hill Suzanne Hutchinson Lynn Cawley (Shadow)

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### Purpose of the Visit

To explore the standards of care experienced by service users in this setting in terms of dignity and respect.

### Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

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## Context of Visit

In 2014 the Shropshire Clinical Commissioning Group visited the community hospitals in Bishop's Castle, Bridgnorth, Ludlow and Whitchurch. These visits focused on the quality of care being given in terms of dignity and respect. Following these visits the Shropshire Community Health NHS Trust, who run the community hospitals, produced a series of action plans.

In 2015 Healthwatch Shropshire agreed to visit all the community hospitals in Shropshire to follow up this piece of work.

This visit was announced.

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## What we were looking at

We looked at key topics affecting the quality of patient experience in the hospital:

- Do they feel comfortable and able to relax?
- Do they have confidence in the ability of the staff?
- Do they feel supported?
- Do they feel listened to and understood by the staff?
- Do they feel the staff communicate with them well?

We also spoke to staff asking:

- How do you ensure people's privacy?
- How do you keep patients informed about their care?
- Do you have a rotation onto night duty?
- Are you happy that you are able to deliver a quality service?
- Is there anything that prevents you from delivering a quality service?
- Do you feel listened to?

We looked at the environment:

- The cleanliness and accessibility of the toilets
- The cleanliness and tidiness of the wards
- The organisation of the ward

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## What we did

We were welcomed by the Ward Manager who explained the service offered by the Community Hospital. The Ward Manager told us about changes to services in the last 12 months, namely the creation of ICS (Integrated Care Service) and the closure of one ward. We were also told about staffing levels and the involvement of the League of Friends.

During our visit we spoke with 12 patients and 4 visitors asking them about their experiences.

We also spoke with 7 staff including an Occupational Therapist, Healthcare Assistants, Physiotherapist and Registered Nurses.

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## What we found out

### The Service

The hospital can provide in-patient care for up to 24 in-patients. Most patients are transferred from The Royal Shrewsbury Hospital, The Princess Royal Hospital or orthopaedic hospitals where they have received acute medical care. Ludlow Community Hospital continues their care by providing recuperation and rehabilitation before sending them home. The Community Hospital also provides palliative and end of life care. Some patients are also admitted from home if the nursing they require is less acute, for respite care, or for assessment. The Manager told us that she would like to provide more palliative care in the future. We heard that Ludlow Hospital is well regarded in the local community and receives fewer complaints than similar providers.

### The Ward

We were shown around the ward. It is on the ground floor and has space for 24 in-patients. The ward is split into 2 male and 2 female bays with 5 beds in each and en-suite facilities in each bay. There are also 4 single rooms, one of which has an en-suite. On the day of our visit we were told there were 22 in-patients.

We were also shown the Day Room, which has chairs arranged in groups, a television, a music centre and access to an outside seating area with chairs and umbrellas.

The Ward Manager told us that classes, for example on how to manage Diabetes, and activities were held in the Day Room. The room was light and bright but not particularly inviting. The Ward Manager told us there are plans to make it cosier and more dementia friendly. They are going to establish a working group and prepare a proposal for improvements. This will be given to the League of Friends.

There is a Family Room which has been recently refurbished by the League of Friends. It is a comfortable, bright, homely room with a sofa, television and microwave for use by relatives.

### **GP Involvement**

The local GPs visit the ward in the hospital daily and see patients at least once a week. All patients are seen by the Occupational Therapists and Physiotherapists when they are admitted. The therapy team manage each patient's rehabilitation and work with the Ward Co-ordinator to make sure a care package is in place before the patient is discharged home.

### **Integrated Care Service (ICS)**

The Ward Co-ordinator liaises with ICS (Integrated Care Service), which is a multi-disciplinary team made up of physiotherapists, occupational therapists, social workers, carers and nurses who work together to make sure the care package allows the patient to be safe when discharged from hospital. We were told by the Ward Manager that although ICS was set up within the last 12 months there are still delays in discharge, often because there is a lack of care provision in the community. Healthcare staff told us there were currently 3 patients ready for discharge who were still in hospital due to delays in setting up care packages in the community.

### **Staffing**

The Ward Manager told us there are 20 Registered Nurses (RNs) and 15 Healthcare Assistants (HCAs) who work on the ward. During the day there are 3 RNs + 3 HCAs on duty, a ratio of 1 RN and 1 HCA to 8 patients. On the late shift there are 3 RNs and 2 HCAs, and on nights there are 2 RNs and 2 HCAs.

In the summer of 2015 the decision was made to close one of the two in-patient wards at the hospital. Before this the wards accommodated 12 in-patients each, with one ward catering for female patients and one for male patients. Now the one ward provides 24 beds so there has been no reduction in the number of beds, and separate bays with en suite bathrooms mean that it is possible for male and female patients to be cared for in a way that maintains their privacy and dignity. The Ward Manager told us that staffing levels have remained the same as before and the closure has meant safer staffing and safer care for patients.

The Ward Manager showed us a board on the wall of the ward which displays the intended and actual staffing levels for each shift as well as a notice displaying 4 big topics each month which focus on any learning points e.g. falls. These issues are discussed at staff briefings.

We were told by the Ward Manager that as a result of a staff exercise called “Breaking the Cycle”, which took place last year, all staff had been encouraged to bring forward suggestions for new ways of working. As a result a new position of Ward Co-ordinator was created to liaise with ICS and the families to make sure care packages are in place before patients are discharged. The staff we spoke to on the ward told us that the position of Ward Co-ordinator is part of a rota of duties for the Registered Nurses; they hold the position for 2 weeks at a time.

The Ward Manager said that the average stay for patients on the ward is approximately 2 weeks but we spoke to several patients who had been on the ward longer and most of the patients we spoke to were unaware of a discharge plan.

We spoke to patients and their visitors about their experiences of the ward. All the patients we spoke to were very positive about the hospital and the care they received, several saying that the staff were ‘brilliant’ and ‘kind and helpful’. Their visitors agreed with these views.

## **Environment**

One patient said they found it difficult to cope with the constant talk and activity on the ward during the day. All the patients we spoke to said that the ward was quiet at night and that the staff were thoughtful and work more quietly which means patients can get to sleep. A patient told us that a very distressed patient had been moved from a bay into a side room, and it was confirmed by staff that patients are moved to side rooms when necessary to reduce disturbance to other patients. The beds in the bays are well spaced so that should staff need to treat patients at night it can be done without disturbing other patients.

We observed that the space around each bed also means minimum disturbance by visitors during visiting hours.

Each bay has one television located in front of the window at the end of the bay. All the patients we spoke to said that they either couldn’t see or couldn’t hear the television and did not care which programme was on. One patient said that they were bored because they could not see or hear the television and had nothing else they could do. We did not see any other activities for patients during our visit. None of the beds had an individual television, headphones or access to a radio. None of the people we spoke to seemed to think of the Day Room as a place where they might watch television, or do any other activity. We did not see anyone being encouraged to go to the Day Room.

The ward has a telephone and we saw the staff bring the phone to patients for them to receive a call. All patients praised the cleanliness of the ward, saying the staff “are always cleaning the toilets - all day long”; “every day they sweep and clean the floors”; “they spend their lives cleaning”. All the bays and bathrooms were clean and tidy when we visited. Most equipment was stored in two rooms, but at the time of our visit one shower room was used to store chairs and trolleys. The Ward Manager said they would be removed during the day so that patients could use the shower.

The patients were all appropriately dressed and most were comfortable with the temperature in the ward. One patient said they felt cold, and another commented that a heater by the bed had been switched on that morning when they complained about feeling cold. Patients praised the food, saying it was “lovely” and that they had a good choice with a menu card each day. Food appeared to be eaten at the bedside.

### **Privacy**

The patients told us that the staff maintained their dignity and privacy, drawing curtains around them when appropriate, including getting in and out of bed. We observed this to be the case during our visit. There were lockers by the beds for personal belongings.

The Family Room provides a quiet place for relatives. The room was not used during our visit. While we were there a relative asked for an update on a patient’s progress and was taken aside for a private chat, which they were very pleased about.

### **Confidence in staff ability**

All the patients praised the staff for their caring approach, quick response to caring for their needs and the cleanliness of the ward. Visitors also praised the care their relative received saying “the care is excellent, they are doing a really good job”. Patients said that they were helped with washing and personal care if needed, and were happy with the way this was done.

Two patients said that they deliberately did not ask the staff for help as they wanted to continue to look after themselves as far as possible.

One patient whose treatment included regular showering was asked by a visitor whether they had showered that day. The patient said they had not felt like showering “so early”. The visitor was concerned that not showering would be making the discomfort worse.

### **Do they feel supported?**

One patient told us that they saw the physiotherapist twice a week and said that the doctors were very good. One patient praised the care at Ludlow Hospital compared with that at the Royal Shrewsbury Hospital. Another felt that the GP had not given them enough time to discuss their treatment, instead referring them to a member of staff.

It was difficult to find out how much involvement there was by patients and family in care plans as most patients we spoke to seemed uncertain. One patient knew exactly what the situation was, and how the right time for discharge would be decided.

Several patients said that they had been in hospital a long time, some having been in several hospitals before coming to Ludlow.

We saw one member of healthcare staff providing 1 to 1 support for a patient with profound needs. This was being provided in a thoughtful and calm manner.

All call-bells were answered promptly.

During our visit we saw that there were good relationships between patients and the staff, with friendly chat and some banter. However, many of the patients we observed were elderly and frail and we did not see them talking with staff or between themselves. We did not see any staff members stopping and talking with patients who did not have visitors and some staff stayed by the nurses' station for most of our visit.

We saw 2 volunteers bringing the hospital trolley around selling items to the patients. We saw them look at the information above the bed relating to dietary needs.

### **Communication with staff**

In general the patients we spoke to were happy with the way staff listened and responded. One person said, "The majority of staff listen well. One or two younger ones are a bit too quick - they want to get on. You have a feeling you might be boring them." Another patient said that the staff were good at telling them what was about to happen.

We saw a physiotherapist and an occupational therapist working on the ward. The staff introduced themselves to the patient and called them by their first name.

We saw some butterfly symbols stuck on the wall behind the nurse's station. These can be used to show if a patient has symptoms of dementia but we did not see any displayed above the beds of patients. One member of staff said all the staff are aware which patients have difficulties and the signs were not needed.

### What the staff told us

We asked about rotation onto night duty and we were told by staff that day staff are rotated onto night duty but night staff are not rotated onto day shifts.

The staff we spoke to said that they felt that having patients with dementia on the same ward as everyone else meant they did not receive all the time and attention they needed, and also that it was unfair on the other patients. They said there had been no training on dementia awareness, and that the ward was not very dementia friendly.

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### Additional Findings

- The top floor of the hospital is no longer used as the ward was closed in the summer of 2015 but there has been no reduction in bed numbers.
- We spoke to patients who lived in a wide geographical area including Bishops Castle and Dorrington as well as Ludlow.
- During our visit members of staff spoke to us about the discharge of patients, staffing on the ward and management. These discussions were outside the purpose of the Enter and View visit; Healthwatch Shropshire will share this information directly with the trust and local authority.

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### Summary of Findings

- The patients and visitors we spoke to all praised the staff for the care they received.
- The Ward was clean and tidy.
- There was a well-equipped Family Room on the ward.
- The Day Room was not being used at the time of our visit.
- The Ward Manager and staff told us about their concerns over delays in discharge which ICS seems not to be able to resolve. This was reinforced by the patients we spoke to and the conversations we witnessed.
- The position of Ward Co-ordinator is part of a rota of duties for the Registered Nurses; they hold the position for 2 weeks at a time.

- Each bay has one television. None of the beds had an individual television, headphones or access to a radio.
- The care we saw practised was excellent and we witnessed an example of 1 to 1 care being provided. However we did not see any staff members taking the time to stop and talk with those patients who did not have visitors during our visit.
- We did not see any activities taking place other than physiotherapy and occupational therapy on a 1 to 1 basis, but our visit was during visiting time.
- Despite caring for an increasing number of patients with dementia the staff we spoke to said they had not received dementia awareness training and felt the ward was not very dementia friendly.
- Staff shared information with the Authorised Representatives that was outside the purpose of the visit.

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## Recommendations

- The role of the Ward Co-ordinator could be reassessed to see if it requires a Registered Nurse to undertake the duties.
- Consideration could be given to working with the League of Friends to provide individual television and radio access for each patient.
- As the hospital is aiming to rehabilitate patients, they should be encouraged to move from their bedsides and more activities should be provided.
- Consideration could be given when refurbishing the Day Room to establishing a dining area as part of the room; again improving patient mobility and creating a more homely atmosphere.
- Consider placing dementia butterflies above the beds of all dementia patients and the butterfly outline for those with memory problems. This would help staff, patients, visitors and volunteers.
- All staff should receive routine training in dementia awareness.
- Consider ways to make the ward more dementia friendly.

- Healthwatch Shropshire to speak directly with the Chief Executive of Shropshire Community Health NHS Trust and the Director of Adult Social Care at Shropshire County Council about the discharge of patients, staffing and management.

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## Service Provider Response

Steve Gregory, Director of Nursing and Operations for Shropshire Community Health NHS Trust has told Healthwatch Shropshire that the report is being shared with hospital staff and will be discussed at the next ward meeting in January as well as daily in the safety briefing.

He has provided the following comments and updates:

- We have a lot of actions already in place since Healthwatch visited re: dementia. The link nurse has already put together memory boxes and has discussed the Butterfly Scheme at ward meetings
- Two of the heads of departments and their teams are already in the process of improving the day room and making this more homely. We are looking at different furnishings, making the dining area more appealing. With this, it is the hope that more patients will want to use the day room
- The physio assistants will be having exercise classes in place by end of February which will help with using the day room, but patients are having more activities away from their bed spaces.

**The trust has provided the following response to our recommendations:**

**The role of the Ward Co-ordinator could be reassessed to see if it requires a Registered Nurse to undertake the duties.**

This was discussed at the ward managers/ward sisters' away day with the Clinical Services Manager in November 2015. It needs to be registered nurses due to the complex nature of the discharges and liaising with patients and relatives. Changes will be made to band 5 job description to incorporate ward co-ordinator role. This will be fed back to the team in January 2016.

**Consideration could be given to working with the League of Friends to provide individual television and radio access for each patient.**

Radios have previously been bought by the League of Friends. They are not happy to approve further expenditure.

The Hotel Services Manager will speak to the Site Manager about the report. The Hotel Services Manager will source an alternative provider and gain costs to see if these can be funded through other avenues, e.g. Trust funds. This will be completed by 31<sup>st</sup> January 2016.

**As the hospital is aiming to rehabilitate patients, they should be encouraged to move from their bedsides and more activities should be provided.**

Actions:

- The Physio Assistants are arranging to have exercise classes every week at around 11:00 in the day room
- All staff to encourage patients to use the day room and ensure that activities are available, i.e. puzzles, books, etc. One Healthcare Assistant to remain in the day room to support patients
- Rehab Team - Occupational Therapists and Physio Therapists to support patients and encourage them to use the day room and help mobilise them to the day room
- Staff to ensure that they tell patients about the day room on admission
- To explore the use of leisure coordinators during Break the Cycle week in early February and evaluate effectiveness

This will be completed by 30<sup>th</sup> January 2016.

**Update:** A meeting has been arranged for the 18<sup>th</sup> January to engage with volunteers regarding introducing patient activities on the ward. This will be trialled at Whitchurch with a view to it being rolled out to the other Community Hospitals. The Ward Manager at Whitchurch is liaising with a group to decide what activities/which patients are suitable. They will feedback to other ward managers at monthly meetings.

**Consideration could be given when refurbishing the Day Room to establishing a dining area as part of the room; again improving patient mobility and creating a more homely atmosphere.**

Actions:

- Ward clerks are in the process of making the day room more dementia friendly and more homely
- Physio Assistants to encourage patients to stay in the day room to have lunch
- All staff to encourage patients to use the dining area in the day room
- To source dining table cloths and make the dining area more appealing to patients
- To identify funding streams for additional resources

This will be completed by 29<sup>th</sup> February 2016.

**Update:** Following a meeting on 12<sup>th</sup> January the Trust is piloting dementia friendly colour schemes at Whitchurch Community Hospital. Feedback/outcomes are due back at the end of January 2016 with regard to effectiveness and good practice and this will be shared and rolled out to other Community Hospitals. Feedback will come from staff/patient/relative feedback.

**Consider placing dementia butterflies above the beds of all dementia patients and the butterfly outline for those with memory problems. This would help staff, patients, visitors and volunteers.**

Actions:

- There is a Link Nurse in place for Dementia
- Butterfly magnets have been sourced and are in use above beds
- Link Nurse to carry out training and updating staff at ward meetings

This will be completed by 29<sup>th</sup> February 2016

**All staff should receive routine training in dementia awareness.**

Actions:

- Link Nurse to carry out training and updating staff at ward meetings
- Nurses to access e-learning modules for dementia
- Local face-to-face training to be provided to the team
- To explore Dementia Awareness Training

- To work with other Clinical Services Managers/Ward Managers and staff to develop a business case for liaison role/Advanced Nurse Practitioner in Dementia

All staff to have e-learning by 31<sup>st</sup> March 2016.

**Update:** A meeting was held on the 12<sup>th</sup> January to discuss a liaison role and the potential benefits to both patients and staff. This will be discussed further with the Director of Nursing and Operations

**Consider ways to make the ward more dementia friendly.**

Actions:

- Dementia Link Nurse to work with Hotel Services Manager to look at improving the ward environment
- Hotel Services Manager to look at funding streams for expenditure if required

This will be completed by 31<sup>st</sup> March 2016.

**Update:** On the 1<sup>st</sup> January, during refurbishment of the ward, The Hotel Services Manager visited The Redwoods Centre and incorporated some ideas into the work taking place.

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## Healthwatch Shropshire Response

In December 2015 we met with Jan Ditheridge Chief Executive for the Trust and Stephen Chandler Director of Adult Social Care for Shropshire County Council to discuss issues around delayed discharge. Both of them were very aware of the issues. We also discussed staffing and management of the ward with Jan Ditheridge who told us she would take our findings back to the Trust.

Stephen Chandler told us that Shropshire County Council are changing the way they buy in domiciliary care and that should help to increase the services available to people who live in rural areas. This includes giving contracts to providers which cover particular geographical areas in order to address the problems around access to services for people living in rural areas, i.e. the distance carers have to travel between appointments. He explained that members of the public might not see evidence of these changes until February/March 2016.

## Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

## Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

## What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

## Get in Touch!

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