

**Enter and view report**  
**Paulton Memorial**  
**Hospital 21 November**  
**2017**

**Authorised Enter and View representatives**

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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Paulton Memorial Hospital Salisbury Road Paulton BS39 7BS	
Managed by Virgin Care	
21 November 2017	

## 1.2 Acknowledgements

Healthwatch Bath and North East Somerset authorised volunteer enter and view representatives wish to express their gratitude to the staff and patients, who participated in conversations with Healthwatch. The staff at Paulton Memorial Hospital were welcoming and helpful.

## 1.3 Purpose of the visit

The purpose of this enter and view visit was to observe services at the Minor Injuries Unit and visit the 28 bed John Stacey Ward. In addition to observation, representatives also wanted to gather feedback from patients and their families about their experiences of care at Paulton Memorial Hospital.

## 1.4 Planning

Paulton Memorial Hospital was chosen for an observation following the change of provider which took place in April 2017. The hospital is now managed by Virgin Care. The Care Quality Commission (CQC) has not inspected the hospital following the change of provider. Healthwatch noted that the CQC had given the hospital an overall rating of 'Good' during its last inspection, when the service was managed by the previous provider, Sirona care & health.

Healthwatch staff and volunteers met and agreed dates at an enter and view planning meeting on 5 September 2017, with the aim of visiting a range of service providers across Bath and North East Somerset (B&NES).



The CQC were approached to ensure that our visit would not clash with any activity that they were planning to undertake. Following this, the service provider was contacted in writing to confirm the visit and provided with posters to display and inform patients and relatives of the upcoming visit.

A team of three volunteers plus the Healthwatch Volunteer Support Officer and Development Officer visited the home on 21 November 2017 with the aim of observing the Minor Injuries Unit and John Stacey ward, to speak with staff, patients and family members and hear their experiences of care.

After the visit Healthwatch volunteers had a short debrief at the hospital to discuss what had been observed and heard, they then identified the recommendations for improvement that should be made.

## 1.5 How was practice observed?

Enter and view representatives visited the hospital and were welcomed by the receptionist who contacted the Minor Injuries Unit staff. Healthwatch had asked beforehand if we could have a table and place to set up a stand to identify the Healthwatch presence at the hospital. The Healthwatch Development Officer was offered a small side table for the Healthwatch leaflets and erected the Healthwatch banner to one side of the waiting room. It would have helped had we been told prior to the visit that there was no large table available for the display. There was no separate waiting room for the Minor Injuries Unit, the waiting room was signposted for all areas. Enter and view volunteers spoke with patients waiting for a variety of services, including the Minor Injuries Unit, and also visited the John Stacey ward.

## 1.6 How were findings recorded?

Comments and quotes were recorded by Healthwatch volunteers while engaging with patients and staff. Comments were recorded anonymously. Volunteers used conversation and observation record templates to make their notes, these were typed up and shared with the staff member who drafted the report. The report was compiled and written based on the feedback from the visiting team.

## 1.7 What happens with the feedback Healthwatch has gathered?

The draft report will be shared with Paulton Memorial Hospital and Virgin Care. Healthwatch will give Virgin Care 20 working days for them to comment on its

findings and recommendations, specifically to highlight any areas of factual inaccuracy. The final enter and view report and the service provider's response will then be shared with the CQC, Healthwatch England, the local authority, the Clinical Commissioning Group (CCG) and the service provider that was visited. The report and provider's response will also be uploaded onto the Healthwatch website for the public to read.

## 1.8 About the service

Paulton Memorial Hospital is a community care hospital, run and managed by Virgin Care. There are also facilities for maternity and midwifery, run by the Royal United Hospitals Bath NHS Foundation Trust. These were not part of the Healthwatch visit on 21 November. Volunteers noted that at the separate entrance to the Maternity unit there was no hand gel on the wall, although there may be hand gel once the Maternity Unit is entered. The hospital also cares for children 0 - 18 years and adults at the Minor Injuries Unit and Outpatients departments. The John Stacey ward has 28 rehabilitation beds for patients aged 18 years and over, although most of the patients are aged 65 years old and above.

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# 2 Findings

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## 2.1 First impressions

"The waiting room is light and clean with comfortable seating, pictures on the wall and lots of health leaflets"

"It was good to observe patients being called to either Outpatients or to the Minor Injuries unit personally by staff, as this gives a friendly approach"

## 2.2 Signage

Getting to Paulton Memorial Hospital was easy, it is off of a main road (B3355) and is well signposted from the road and at the entrance.

There were good large signs that showed patients where to go from the car park to the main entrance and reception. The reception staff were welcoming and were observed explaining to patients where they should go. The main waiting room sign said it was the waiting area for all departments. During our visit we observed one gentleman who, having sat down in the main waiting area, was told he was in the wrong area for an X-ray. The X-ray department was situated to the right of the



corridor through to the main waiting room. The X-ray department had a small sign and some chairs in a line opposite the door. It was not clear to the gentleman or to Healthwatch that he was expected to sit on the chairs opposite the X-ray department door. The signage here could be clearer.

### **2.3 Main waiting area**

Healthwatch volunteers had intended to speak with patients waiting for the Minor Injuries Unit, but as the main waiting area was for all departments including Outpatients, Physiotherapy, Podiatry and the Minor Injuries Unit, volunteers ended up speaking with patients waiting for a variety of services. The main waiting area was light and clean with good seating. There were a range of health and public health leaflets available and a notice board with information. There was one small table and two chairs for children, but no other activities or toys available. There were no magazines for patients to read, but in the corridor there was a low table with a range of books available. In this corridor there were two vending machines for coffee and snacks. A Christmas tree had been decorated and was stood at one end of the waiting area.

### **2.4 Conversations with patients**

Healthwatch volunteers spoke with a variety of patients and their families in the waiting room. Patients were waiting for a variety of services including X-ray, podiatry, dietetics, physiotherapy and the Minor Injuries Unit. The patients that we spoke with had had a bad experience of parking that morning, as did the Healthwatch volunteers. This appears to be something that resonated across all patients' visits, with one gentleman explaining that parking is bad all the time and he always arrives early in the hope of getting a space in the car park. Healthwatch volunteers observed some bad parking, for example where one car had taken up two spaces. One patient with a disability badge had been unable to park in one of the four disabled parking bays. One patient explained that he had to park at the pharmacy although there is a sign asking for patrons only to park. Another patient told us he had complained to the hospital about people using the parking spaces when they were not hospital patients and suggested a ticketing system with allotted time for parking. When we spoke to the ward manager, she explained that the League of Friends have tried to purchase land to extend the car park but this had been unsuccessful.

When asked 'What is good about your care here at Paulton Memorial Hospital?' patients were positive about services stating that staff could not be nicer and reception staff are really friendly. When asked 'What could be improved at Paulton Memorial Hospital?', some of the families we spoke to that were waiting in the

waiting room while their relative was being seen, had said that they would like to see a café rather than the vending machines. One patient thought that having WiFi access would be useful in the waiting room, and another suggested a sign with expected waiting times as seen in other NHS services.

Patients and their families were asked if they were aware of the Accessible Information Standard and whether they had been asked on arrival if they had any communication needs or would require information in a particular format. Of the patients Healthwatch talked with during the visit none were aware of the Accessible Information Standard, nor had they been asked about their communication needs either before the visit or on arrival.

## **2.5 John Stacey Ward**

Healthwatch volunteers entered the corridor leading to the John Stacey ward and noted (and used) the hand gel available. The corridor had a large notice board displaying information from Virgin Care about 'how we are doing'. This information was very out of date, relating to June and July 2017. Healthwatch volunteers were pleased to see the Healthwatch poster displayed on the wall and Healthwatch leaflets displayed at the ward reception. There was some clutter in the corridor with stacks of chairs and wheeled bidet chairs lined up, it appeared that there was little storage on the ward. At the time of our visit, several metal crates containing a delivery of clean bedding were observed in the family day room. There were no patients in the day room. The day room was laid out in several sections with easy chairs to one end and a small table and chairs in the middle of the room. There was a sideboard and corner unit that had some games and books and there was a large photo screen up against one wall, although Healthwatch volunteers were unsure what this screening was used for. Healthwatch volunteers observed two wall mounted TVs and a piano accordion, and there was a clock with a date section on the wall, although the time was correct the day and date were wrong. The room itself was clean and bright, but there could be more done to make the room an inviting space for patients and their families. The Healthwatch volunteers felt that that, at present, the day room appears a little tired and ad-hoc. They felt that it needed to be given a 'face lift' in order to make the room feel more appealing for patients and their families to use. It did not appear that any of the patients would be having their lunch in the day room on the day we visited.

## **2.6 Communication with staff**

The ward manager gave Healthwatch volunteers an explanation about the ward; there are 28 beds on the John Stacey ward for rehabilitation for people aged 18 years and over, although most patients are aged over 65. Some patients are

receiving palliative care, and some of the older patients have memory loss and dementia. It can take a while to settle patients who may be confused about their move onto the ward. Of the 28 beds, 27 beds were full when Healthwatch volunteers visited and the ward manager said the last bed would be full by the end of the day. The John Stacey ward takes patients from across the wider Bath and North East Somerset area, and does not have a geographical area for patient intake. A patient's maximum stay is 21 days, but many stay longer and often for six weeks, particularly when they need social care access and reablement is at full capacity. The ward has a relationship with Dorothy House Hospice Group, and the nurses come to the ward to provide palliative care outreach and give advice to staff over the phone. The aim of the ward is to get patient's home, or to plan for a transition into a care home.

At the time of the visit, the ward manager explained that two staff were off sick, which is an unusual situation for the ward. There are staff vacancies at present and recruitment is online via Virgin Care.

Staff shared their experiences of transition to Virgin Care. It was felt that this had not been seamless due to differences around systems and processes, although staff said things are improving and Virgin Care are listening to staff concerns. The ward manager mentioned that there had also been some management days which have helped to progress things. One concern expressed by clinical staff was that the online training provided by Virgin Care does not fit their training needs as well as face to face interaction. Again staff are seeing improvement with some training, such as basic life support and manual handling, now being available face to face at the training hub in Keynsham.

Healthwatch volunteers asked the ward manager about the Accessible Information Standard and she explained that each patient is assessed when they arrive and any access requirements they have for communication will be implemented. The ward manager gave examples of accessing the hard of hearing communicator from St Martin's Hospital to amplify and provide audio access. There have been patients with profound hearing loss for whom staff will provide communication cards and basic sign language. For patients with a learning disability, the ward taps into community links to communicate and use the patients' families as a backup. Planning the patient's care by involving the family members has worked for previous patients.

Healthwatch volunteers asked about food provided on the ward and the manager said the ward purchase 'Apetito' frozen food that is flash heated on the ward. Apetito can provide for specialist diets and for diabetics, although the staff have bought in food from a supermarket in order to accommodate patients' cultural diets.





Breakfast is porridge, cereals and toast. Lunch has a choice of hot options (jacket potato and salads can be transported from the kitchen at St Martin's Hospital - although there is talk of using *Apetito* across all the hospital wards in Bath and North East Somerset). There is also a choice of hot puddings.

Supper has hot options, although many patients like a lighter soup and sandwich meal followed by a hot pudding.

All meals are checked by the dieticians to ensure patients are receiving a healthy diet.

The ward manager explained that there is medical cover from 8am till 6pm, but out of hours and weekend cover can be poor. To pre-empt any issues that might be required, doctors check each patient's plan of care and leave instructions for their specific needs. During out of hours, some patients may be referred and transferred to the Royal United Hospital in Bath if the ward could not provide for their clinical needs.

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## 3 Recommendations

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Healthwatch Bath and North East Somerset volunteers observed good care for patients attending the hospital and using the waiting room, and would like to thank the ward manager for giving her time to discuss the John Stacey ward.

Recommendations would be to:

- Have clearer signage for patients on where to wait for an X-ray
- Review the parking arrangements for patients and staff and consider whether there could be better systems in place
- Have WiFi available in the main waiting room
- Have a sign that displays the expected waiting time for the Minor Injuries Unit
- Consider having a café on site
- Make sure all reception staff know about the Accessible Information Standard and the need to ask patients about their communication needs
- Update the 'How we are doing' displays which are out of date
- Remove clutter from corridors on the John Stacey ward
- Revamp the family room on the John Stacey ward to make it more welcoming

## 4 Recommendations summary

Recommendations	Comments from the service provider
<ul style="list-style-type: none"> <li>• Clearer signage for patients on where to wait for an X-ray</li> </ul>	
<ul style="list-style-type: none"> <li>• Review the parking arrangements for patients and staff and consider whether there could be systems in place for better parking</li> </ul>	
<ul style="list-style-type: none"> <li>• Have WiFi available in the main waiting room</li> </ul>	
<ul style="list-style-type: none"> <li>• Have a sign that displays the expected waiting time for the Minor Injuries Unit</li> </ul>	
<ul style="list-style-type: none"> <li>• Consider having a café on site</li> </ul>	
<ul style="list-style-type: none"> <li>• Make sure all reception staff know about the Accessible Information Standard and the need to ask patients about their communication needs</li> </ul>	
<ul style="list-style-type: none"> <li>• Update the 'How we are doing' displays which are out of date</li> </ul>	
<ul style="list-style-type: none"> <li>• Remove clutter from corridors on the John Stacey ward</li> </ul>	
<ul style="list-style-type: none"> <li>• Revamp the family room on the John Stacey ward to make it more welcoming</li> </ul>	

### 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 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

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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).

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.

