



Enter and View Report

Neurological Rehabilitation Unit, Leicester
General Hospital (NRU) 31 March, 2017



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Neurological Rehabilitation Unit (NRU), formerly known as Younger Disabled Unit (YDU) Leicester General Hospital
Service Provider	Leicester General Hospital NHS Trust
Date and Time	31 March, 2017. 1230 – 1430 hrs
Authorised Representatives	Barry Henson, Bart Hellyer, Jacqui Darlington, Sue Mason
Contact details	01572 720381

1.2 Acknowledgements

Healthwatch Rutland would like to thank the service provider, patients, family/ carers and staff for their contribution to the Enter and View programme.

1.3 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 experiences of all service users and staff, only an account of what was observed and contributed at the time.

2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these 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 local Healthwatch authorised representatives to observe service delivery and talk to



service users, their families and carers, in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

3 Purpose of Visit

The purpose of the visit was to re-visit the unit following the recommendations of the last Enter and View visit in 2016. In particular the visit was intended to see whether the planned move back to a newly upgraded Wakerley Lodge was still happening, and if not, how services were continuing in their temporary accommodation.

3.1 Strategic drivers

Healthwatch Rutland remain concerned about the time taking for the re-furbishment of bespoke accommodation for this unit. Therefore, it remains important to understand how services are continuing to be provided in temporary accommodation.

3.2 Background to Visit

The background to this visit stems from a CQC report dated March 2014, indicating structural problems at Wakerley Lodge, Leicester General Hospital, which housed the YDU.

On 05 June 2014, a joint Healthwatch Rutland and Healthwatch Leicester City team made an informal visit to the YDU at the request of the Chief Executive of University Hospitals Leicester (UHL) to assess the physical environment. Their report showed



that they found the facilities outdated, depressing, potentially unsafe, unfit for purpose and counter-productive to the intention of rehabilitating patients.

Note. Care at the Unit was not part of the remit of the visit but comment made on care and the carers was very positive.

A joint Healthwatch Rutland and Healthwatch Leicester City Enter and View visit was planned for May 2015 to comment on any progress which had been made. During the Pre-Visit, it was discovered that the YDU was to be moved to temporary quarters in Ward 2, Leicester General Hospital (LGH) in July 2015, whilst upgrading was carried out at Wakerley. It was understood that the YDU/NRU would return to Wakerley at the end of 2015 and an Enter and View visit was planned for Spring 2016.

A start was made to the upgrade work at Wakerley, but the work soon ceased. It was understood that this was due to budgetary constraints. The YDU/NRU remained in Ward 2 and an Enter and View visit was conducted there in April 2016. Although the premises were far from suitable, it was reported by patients that staff did the best they could in the environment.

3.3 Methodology

Two weeks before the Enter and View visit, the Enter and View team leader visited Ward 2 and met Matron Julia Preston and Ward Sister Helen Gambardella. At that meeting agreement was reached about both the timing and scope of the Enter and View visit. Documentation was handed over for display in the ward to inform staff, patients and visitors of the forthcoming visit and explain the purpose of Enter and View.

A joint Healthwatch Rutland and Healthwatch Leicester City team visited the ward for two hours commencing at 1230hrs on Friday 31 March 2017, observed relevant facilities, activities and equipment available and spoke with patients and staff. No visitors were present during the visit. **Note.** One team member is a wheelchair user.

As the Matron and Sister had been advised that the upgrade of Wakerley would commence on 1 April 2017, the team took the opportunity to visit Wakerley to see the scope of the work required.

3.4 Objectives

- To observe how the Unit operates and provides its services
- To collect views of patients, staff and any visitors on that service
- To identify Best Practice and any areas of concern
- As premises have been described as ‘temporary’ seek patient and staff views on their suitability
- To provide a layman’s view on the service provided



4 Observations

- **Overall Comment**

Much of what was seen and heard was very similar to what was recorded in the 2016 report. This will be reflected in similar comment in this report.

- **External Approach**

No 'NRU' signage seen on approach roads.

No convenient dedicated Disabled Parking located nearby.

Ground surfaces on the approach remain rough for wheelchairs.

Wheelchair ramps at curbs are insufficient and in places, not available.

- **Main Building Entrance**

Outer Lobby appeared clean. There was a hand wash basin and soap dispenser but no paper towels or dryer. Towels were replaced when this was reported to Sister.

A concrete shelf has a large chunk broken away, leaving a jagged edge.

It was noted that whilst the team was on the main corridor through Ward 3, two people asked for directions to other parts of the hospital.

- **Ward 2 - NRU**

Reception area on entering Ward 2 appeared clean, had a gel dispenser and noticeboard with various documents. The Receptionist was welcoming and friendly as were all staff members. The team were warmly welcomed by Ward Sister Helen Gambardella and all other nursing and support staff we encountered.

Equipment was observed in open view, left wherever there was space rather than being stored away.

Notices had been posted advising of our visit and what Healthwatch is.

There were no signs on doors to indicate that this is the NRU. Ward doors do not lock, enabling people to enter and leave at will. It was reported that one patient had just walked out and left.

The Reception counter is situated within sight of the ward's entry doors but has no means of entry/exit control. The counter height is not conducive to



ease of conversation with wheelchair users. Close by is a small room with two microwave ovens which are used to heat the meals when they arrive.

The ward has three x 4 bed bays, two for male and one for female patients and four single-bed side wards, two each for male and female patients. There is also a 'Day Room' and a 'Gym/Therapy Room' both of which are converted from six-bed bays. Ablution facilities, staff offices and the nurses' station are located off the main passage.

The ward is not custom designed for persons with a disability and it was reported that there is very little storage space. This results in wheelchairs and other rehabilitation equipment having to be left standing in wards and communal areas. It was reported that, in addition to these being trip hazards, they would obstruct free passage in the event of fire.

The team were told that there is insufficient space for a full range of physiotherapy activities on the ward. Other physiotherapy amenities are available elsewhere in the hospital but involve movement of patients.

Since the Enter and View a year ago the ablution facilities have been adapted to be more 'wheelchair friendly'. It was reported that some shower/toilet areas have flooded due to poor drainage.

Some notice boards are fitted too high for easy reading by patients in wheelchairs. Waste bins are 'no touch' pedal operated. This is for hygiene reasons, but can create a potential problem for some wheelchair users.

There are numerous hand gel dispensers with signs encouraging people to use them. Some are positioned a bit high for wheelchair users.

Three holes were noted where pieces of ceiling board had broken away. These could allow dust to fall onto patients from the roof cavity. Photographs were taken.

- **Staffing**

The team were told that there should be 16 Registered Nurses (RN). Currently on-ward staff are 8 RNs, including Ward Sister Helen Gambardella. One shift per day, usually the night shift, uses the bank to augment numbers.

Two Rehabilitation Consultants are currently on the ward full time. Other specialized staff available on call to the ward are:



Physiotherapist, Occupational Therapist, Speech Therapist, Incontinence Nurse, MS Nurse and Falls Nurse.

Until some months ago there was a Discharge Nurse who was engaged full time co-ordinating all activities relevant to patient discharge and after care. One of the nursing staff now has to fulfil this function.

It was suggested to the team that there is a need for a dedicated Activities Organiser to plan and conduct therapeutic social activities.

The team were told that there is a Whistleblowing Procedure available on line on all hospital computers and anonymously on an internal phone line.

Staff reported that morale is being adversely affected by the uncertainty created by the Wakerley Lodge upgrade.

- **Patients**

The ward has 16 beds, all of which were occupied at the time of the visit. Patients have been in the ward for varying periods of time up to four months, dependent on individual needs. The team were told that there is a waiting list and as soon as a bed becomes vacant, it is taken by a new patient. Patients are segregated by gender although they mix in the day room.

Patients are normally accepted only from Leicestershire, Leicester and Rutland.

Most patients were aware that Ward 2 is only supposed to be a temporary home for the NRU. They reported that they recognized its disadvantages and hoped that the unit would soon return to the custom-built Wakerley Lodge.

During the visit, the team spoke to several of the patients, all of whom spoke very highly of the staff and the way they were cared for. Staff/patient interaction and rapport was observed to be very good. Patients who are able are encouraged to use the Day Room as a common room. Games and books are available and patients were positive about it. Several commented on how pleasant the company was. Response to the call-bell was reported to be good.

Patients' details are recorded on the boards beside their beds. Individuals' details and requirements are consolidated on a central notice board but in coded fashion which is unintelligible to the patients and lay persons.



- **Therapy**

Patients may receive physiotherapy, occupational therapy (OT), speech therapy, hydrotherapy and other relevant treatments according to their needs. The team were told that most receive some therapy on most days. The hospital therapists are supplemented by Headway and other volunteers.

The team were told that space and facility for therapy is limited on Ward 2 and it is necessary for some therapy to be administered in the other hospital therapy areas. Patients who are able, can walk to these venues. Others who cannot walk are taken, either by the therapists or by porters. Sometimes when porters are used, the therapy sessions have to be cut short if the porters arrive late. There is no specific area for OT on the ward. OT activities are carried out in the Ward 3 OT area about 100 yards away along a corridor with two upslopes, which can be taxing for wheelchair users. There is also a therapy 'gym' and 'Heavy Workshop' plus grip assessment/improvement in Ward 3.

- **Meals**

A varied menu is available and patients select their meals in the morning, using the menu. Patients who are able to, are encouraged to take their meals in the Day Room. Assistance is given to any who may require it. Twelve patients were taking lunch together when we arrived.

Cooked meals are brought to the ward cold and on plates. They are heated in two microwave ovens in a bay close to the reception. After heating meals are delivered by tray and/or trolley to be eaten in the day-room or ward. With only two microwaves to heat the food, preparation and service to sixteen people takes a long time and some are still waiting for food when others are almost finished. Whilst we were there we observed lunch being heated and served. Patient comment on the food quality and variety was generally positive.

The patients were observed enjoying the social interaction during lunch in the Day Room and some commented on this.

- **Discharge**

Staff reported that the ward aims to get patients fit to go back home before their progress has peaked, in order that they can perceive improvement after they arrive home.

The team were told that there are regular multi-disciplinary meetings and patients confirmed that they are kept up to date on their progress. They made positive comment about these meetings in which patients, nursing



staff, therapists, the rehabilitation consultant and patients' family (if they wish) meet together and discuss treatment and prognosis and any after-discharge requirements. Patients said they understood what a Care Plan is.

Most patients still require some form of assistance when they are discharged and go home or to other care. The amount and level of assistance required varies. The ward liaises with relevant Social Services to get this organized. Coordinating all aspects of discharge and particularly arrangements for after-care with outside agencies is an important role. The team were told that there is an urgent need for another Discharge Nurse to replace the one who left some months ago.

- **Staff Views**

We spoke with several members of the nursing staff who stated that whilst this is not designed as a rehabilitation ward they did their best to make it work. It was noted that the staff are extremely dedicated to their work and patients believe that the quality of results achieved were due largely to the staff commitment.

Staff had again been told by UHL management that Wakerley was going to be upgraded commencing 1 April and that they would return when it was complete. A plan of the scope of work proposed for Wakerley is available.

The team noted that this is the same as was said 2 years ago before the YDU/NRU was temporarily moved to Ward 2. At that time, the Healthwatch team leader was shown the plans of proposed work. The upgrade did not take place as planned. The same was repeated a year ago when the Enter and View team visited the ward.

- **Wakerley Lodge**

As staff had again been advised that upgrading of Wakerley would commence on 1 April, the team took advantage of the visit to look inside that building. It is deteriorating fairly rapidly and the team were told that there had been some break-ins and malicious damage.

Staff said that they believe that they would be better able to perform their duties in Wakerley Lodge.



5 Recommendations

5.1 Healthwatch Recommendations

The work on Wakerley Lodge had not commenced at the date of the visit (31st March 2017). Enquiries on the 20th of April 2017 confirmed that work still had not started.

1. The opinion of staff and patients is that the unit needs to be moved back into Wakerley Lodge once the upgrade is completed. Confirmation is required from UHL management on the current plans and timescales for this work to be undertaken. This information needs to be communicated to staff and patients as well as Local Healthwatch.
2. The hospital road signage and internal signs should clearly indicate the location of the Neurological Rehabilitation Unit. More general signage would also be advantageous.
3. The broken concrete slab in the outer lobby should be repaired.
4. Increased security of the main door to Ward 2 should be considered.
5. The broken ceiling boards should be replaced.
6. Drainage problems in the showers should be rectified.
7. Consideration should be made to increasing the number of microwaves to ensure a more speedy meal service to enable diners to eat their meals together.
8. The issue of late porter assistance, meaning shortened therapy sessions, should be addressed.
9. Priority should be given to recruiting another Discharge Nurse.
10. Consideration should be given to recruiting an Activities Co-ordinator Volunteer.
11. The issue of equipment storage in Ward 2 needs addressing.



5.2 Service Provider Response

University Hospitals Leicester chose to respond to the recommendations as they appeared in the body of this report, rather than in the order they were listed in section 5.1. Their responses and comments are in red and a different font below:

The Trust would like to thank Healthwatch Rutland for their continued interest in the experience of patients in our Neurological Rehabilitation Unit. We thank them too for the observations and recommendations detailed in this report which we found helpful and constructive. We were particularly encouraged to see that the feedback from our patients was positive. We have provided comments below on some of the specific points raised during the visit. Naturally, we would be happy to elaborate on any of these and would encourage Healthwatch representatives to continue this dialogue with us. Our responses below are written in red.

- **External Approach**

No 'NRU' signage seen on approach roads.

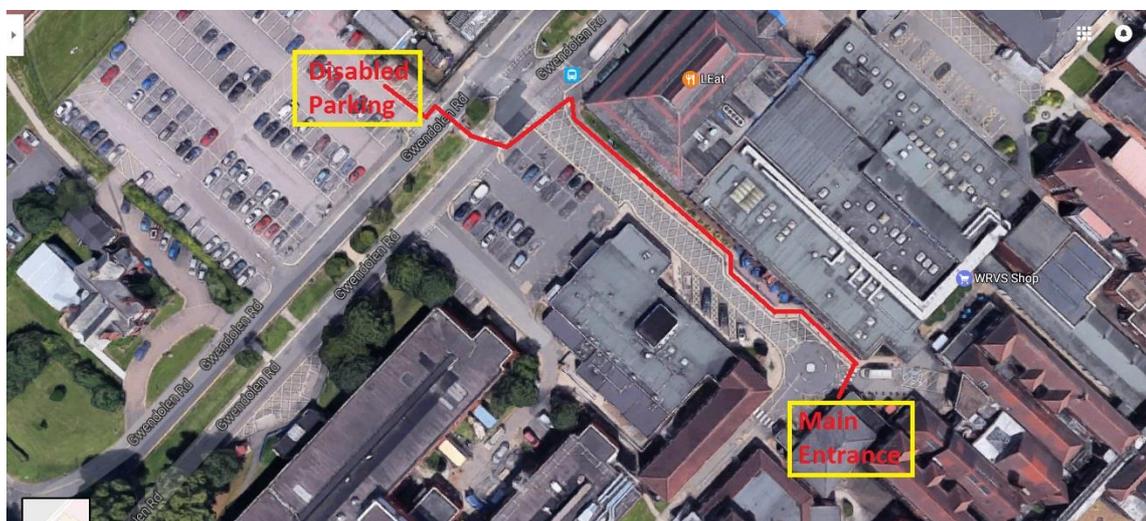
Thank you for this observation. We have been in touch with our estates team who will be addressing this issue.

No convenient dedicated Disabled Parking located nearby.

Ground surfaces on the approach remain rough for wheelchairs.

Wheelchair ramps at curbs are insufficient and in places, not available.

We do recognize that dedicated parking and pavement access for people with disabilities is limited. However, we have indicated the nearest disabled parking spaces on the attached site map below. There is also a patient "buggy" service operating around the Leicester General, including the public car parks, which is free to use and will carry people from the disabled spaces right up to the entrance of the building in which the unit is housed.



- **Main Building Entrance**

Outer Lobby appeared clean. There was a hand wash basin and soap dispenser but no paper towels or dryer. Towels were replaced when this was reported to Sister.

Thank you for pointing this out and we are pleased to learn that the towels were replaced once you had reported this. However, the longer term plan is to actually remove this particular hand wash basin as part of a general refurbishment of Entrance 2. It is not an infection prevention requirement. Instead, staff, relatives and patients will be encouraged to wash / sanitise their hands on immediate entry in to wards and clinical areas (as opposed to on entry to the building).

A concrete shelf has a large chunk broken away, leaving a jagged edge. This will be replaced by our estates team.

- **Ward 2 - NRU**

Equipment was observed in open view, left wherever there was space rather than being stored away.

The ward is not custom designed for persons with a disability and it was reported that there is very little storage space. This results in wheelchairs and other rehabilitation equipment having to be left standing in wards and communal areas. It was reported that, in addition to these being trip hazards, they would obstruct free passage in the event of fire.

The team was quite right to point this out. We do recognize the storage restrictions in the unit and have already reviewed our storage options. Following this, we plan to remove mattress racking in the large storeroom which is no longer required and to install more appropriate shelving. This will provide storage for wheelchairs and other equipment. Further storage space will be freed up through the conversion of a redundant shower room. Every effort is made to ensure that fire escape access is not impeded.

There were no signs on doors to indicate that this is the NRU. Ward doors do not lock, enabling people to enter and leave at will. It was reported that one patient had just walked out and left.

The Reception counter is situated within sight of the ward's entry doors but has no means of entry/exit control. The counter height is not conducive to ease of conversation with wheelchair users.

We will shortly be installing an access control system in to the unit, similar to those used in our Children's wards.



The reception counter does have a lower level section which is situated at the end towards the office. As such, it is technically compliant with equality requirements but the location of the lowered portion is not ideal. We will seek to address the issue should funds become available. In practice, however, most visitors to the ward do not approach the reception desk, but instead come straight in to the unit and speak with staff there.

Since the Enter and View a year ago the ablution facilities have been adapted to be more 'wheelchair friendly'. It was reported that some shower/toilet areas have flooded due to poor drainage.

The flooring in the shower rooms does slope to allow drainage. However, staff are encouraged to take further precautions to prevent excess water splashing out of the room, which can occur occasionally. We are hoping to identify funds to improve the washing facilities.

Some notice boards are fitted too high for easy reading by patients in wheelchairs.

Thank you for pointing this out. We plan to change these as part of the wider refurbishment plans.

There are numerous hand gel dispensers with signs encouraging people to use them. Some are positioned a bit high for wheelchair users.

Thank you. After the visit, we did review the location of hand gel dispensers. We found that the only dispenser that was too high for wheelchair users to use was actually designated specifically for staff use. We feel that there are sufficient dispensers sited at lower levels to enable free access for all patients.

Three holes were noted where pieces of ceiling board had broken away. These could allow dust to fall onto patients from the roof cavity.

Our estates team will be replacing these broken tiles.

- **Staffing**

The team were told that there should be 16 RNs. Currently on-ward staff are 8 RNs, including Ward Sister Helen Gambardella. One shift per day, usually the night shift, uses the bank to augment numbers.

We are keen to address the staffing issues that you have identified. Since the Healthwatch visit one Registered Nurse has already commenced in post and a further four are now in the recruitment process and will be joining us in due course.



Until some months ago there was a Discharge Nurse who was engaged full time coordinating all activities relevant to patient discharge and after care. One of the nursing staff now has to fulfill this function.

The post you refer to was actually a Band 4 Trainee Assistant Practitioner (TAPS). We do recognize the value of such a post and we are recruiting another individual to fulfill the role. We recently undertook the shortlisting process for this post and pending successful interviews we will soon be welcoming another post holder in to the team.

It was suggested to the team that there is a need for a dedicated Activities Organiser to plan and conduct therapeutic social activities.

Thank you, this is an interesting idea which we would like to explore further. In particular we will be talking to our Volunteer Services team to see how we might take this forward.

Staff reported that morale is being adversely affected by the uncertainty created by the Wakerley Lodge upgrade.

As I hope you will have experienced, we are a dedicated team with the patient's experience at the heart of what we do. We try to allay uncertainty by keeping staff informed and updated as much as we can on the progress of the upgrade. Our staff are also well aware of the financial limitations currently affecting such activity.

- **Therapy**

The team were told that space and facility for therapy is limited on Ward 2 and it is necessary for some therapy to be administered in the other hospital therapy areas. Patients who are able, can walk to these venues. Others who cannot walk are taken, either by the therapists or by porters. Sometimes when porters are used, the therapy sessions have to be cut short if the porters arrive late.

We recognise this issue. We do, however, see a therapeutic value for many patients who, in walking to other therapy areas, get a chance to exercise and to get out of the ward environment for a while. There is also access from the corridor to the enclosed garden, which many of our patients enjoy.

We make every effort to book Porter staff in advance and this gives us the best chance of timely pick-ups etc. However urgent and emergency requirements across the hospital may impact on this service from time to time.



- **Meals**

With only two microwaves to heat the food, preparation and service to sixteen people takes a long time and some are still waiting for food when others are almost finished.

Thank you. We do recognise this as an issue for patients and have requested additional microwaves to reduce the time patients wait for their meals.

- **Wakerley Lodge**

As staff had again been advised that upgrading of Wakerley would commence on 1 April, the team took advantage of the visit to look inside that building. It is deteriorating fairly rapidly and the team were told that there had been some breakings and malicious damage.

On the matter of malicious damage, we do have security patrols across the site and our security team is aware of this. Regarding refurbishment, we are sorry to report that at the current time we are not able to fund the refurbishment of Wakerley Lodge. This is due to the lack of central capital funding. This situation has meant that we are having to reprioritize the allocation of internally generated capital to address other key requirements such as safety, statutory compliance, medical equipment, and core clinical systems. It is hoped that we can secure a small pot of money to improve clinical environments. If this is the case we will invest circa £40k to improve the environment and wash facilities on ward 2. The long term location of YDU is under review as part of a revised site reconfiguration programme. This will inform any decisions regarding the extent and timing of any refurbishment to Wakerley lodge.

