



# Enter and View Report

Younger Disabled Unit, Leicester General  
Hospital (YDU) also now called Specialist  
Neurological Rehabilitation Unit (SNRU)

23 March, 2016



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# 1 Introduction

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## 1.1 Details of visit

| Details of visit:          |  |
|----------------------------|--|
| Service Address            | Younger Disabled Unit, Leicester General Hospital        |
| Service Provider           | Leicester General Hospital NHS Trust                     |
| Date and Time              | 23 March, 2016. 1030 – 1330 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, 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.

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# 2 What is Enter and View?

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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 on 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.

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## 3 Purpose of Visit

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### 3.1 Background to Visit

The background to this visit stems from a C.Q.C. report dated March 2014, which indicated structural problems at Wakerley Lodge, Leicester General Hospital (LGH), which housed the Younger Disabled Unit (YDU).

On 05 June 2014 a joint Leicester/Rutland Healthwatch team made an informal visit to the YDU at the request of the Chief Executive of the UHL to assess the physical environment. Their report showed that they found the facilities ‘outdated, depressing, 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 Rutland/Leicester Healthwatch Enter and View 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, LGH in July 2015, whilst upgrading was to be carried out at Wakerley. It was understood that the YDU would return to Wakerley at the end of 2015 and it was tentatively planned that an Enter and View visit would be made there in February/March 2016.

A start was made to the upgrade but the work soon ceased. It is understood that this was due to budgetary constraints. The YDU is still housed in Ward 2; it is not definitely known when or if the YDU will return to Wakerley. At the time of the visit no upgrade work was being carried out at Wakerley.



## 3.2 Methodology

Two weeks before the Enter and View visit, the Enter and View team leader met with the Ward Sister of the YDU, Sister Helen Gambardella. At that meeting agreement was reached about both the timing and scope of the Enter and View visit. Thereafter documentation was displayed in the ward to inform both staff and patients of the forthcoming visit and explain the purpose of Enter and View.

A joint Rutland/Leicester Healthwatch team visited the ward for three hours commencing at 1030hrs on Wednesday 23 March 2016, observed relevant facilities, activities and equipment available and spoke to patients and staff. No visitors were present during the visit. **Note.** One team member is a wheelchair user.

## 3.3 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 are described as 'temporary' seek patient and staff views on their suitability.
- To provide a 'layman's view' on the service provided.

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# 4 Observations

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- **External Approach.**  
No signage for YDU seen on approach roads.  
No convenient dedicated Disabled Parking.  
Ground surfaces rough for wheelchairs.  
Ramps at kerbs insufficient and in places, not available.  
Several staff members within the hospital/hospital grounds, who were asked for whereabouts of YDU, did not know.
- **Impressions on Entering Main Building.**  
Outer reception. Unmanned. Clean. Notice board and gel dispenser in foyer reception area. Too high for easy use by wheel chair patients.

Upslope to Ward 2 entrance.

Reception area on entering Ward 2 clean, has a gel dispenser and noticeboard with various documents. However, the ward has a dark and





oppressive appearance. This will probably be relieved when it is painted, which, we were advised, is due to happen within the next few weeks. There is insufficient storage space for equipment which has to be left in view, exacerbating the oppressive appearance.

We were warmly welcomed by Matron Sue Eversfield and Ward Sister Helen Gambardella and all other nursing and support staff we encountered. Staff and patients had been advised of our visit and what Healthwatch is.

- **Ward Structure.**

The ward is not custom designed for disabled persons and consequently many of the facilities are incorrectly designed and/or positioned. There is a standard ward layout with five bays, one each for male and female, a central nurses station, side wards, offices, showers and toilets off the main passage. One of the bays is used as the 'day room and eating area' for patients, although it still has the curtain rails and wall fittings for oxygen etc. Another bay is used as a physio area and contains a small range of apparatus. There is insufficient space for a full range of physio activities. Other physio amenities are available elsewhere in the hospital but involve movement of patients.

Toilet stalls are too small for easy handling of wheelchairs or for staff to render assistance if required. Taps and other fittings are too high.

Bathroom/shower fittings - basins, taps etc are not at the right height for wheel chair users.

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

- **Staffing.**

Matron Sue Eversfield visits regularly, but as well as the YDU she supervises several other facilities around Leicester. On-ward staff are:

2 Band 6 - Sisters (includes Ward Sister Helen Gambardella)

8 Band 5 - Staff Nurses

1 Band 4 - Discharge Nurse

10 Band 2 - Healthcare Assistants

2 Apprentices (who should become Health Care Assistants when trained)

A Registrar is currently on the ward full time.

Rehabilitation Consultant (Dr. Prasad) visits the ward regularly and can be called when needed.

Other specialized staff available on call to the ward are:

Physiotherapist, Occupational Therapist, Speech Therapist, Incontinence Nurse, M.S.Nurse and Falls Nurse.



Staff levels are below what they should be but are described as ‘not too bad when compared with levels on other wards’.

- **Patients.**

The ward has 16 beds of which 14 currently occupied by 8 male and 6 female patients. They have been in the ward for varying periods of time up to four months. One female was being discharged whilst we were there. Patients segregated by gender.

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 YDU. 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 the majority of the patients, all of whom spoke very highly of the staff and the way they were cared for. Patients said that staff/patient communications are 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.

Water jugs regularly replenished.

Response to the call-bell is good.

Patients’ details are recorded on the boards beside their beds.

- **Therapy.**

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

Space and facilities for therapy is limited on Ward 2 and it is necessary for some therapy to be administered in the main hospital therapies area. There is no specific area for OT on the ward. OT activities are carried out in the main hospital OT Centre about 100 yards away along a corridor with two





steep upslopes (difficult for wheelchair patients). The kitchens for OT activities have not been adapted for wheelchair patients use.

There is a 'Heavy Workshop' plus grip assessment/improvement some distance from the ward but wheelchair users require porter assistance to get there. If porters are delayed, OT sessions are cut short.

Some patients say that they would like to receive more therapy as they believe that this will speed up their return home.

Patients needing walking practice have to walk up and down the main aisle as there is no dedicated walking area.

Patients made positive comment about the Friday Planning/Review Meetings in which patients, nursing staff, therapists, the rehabilitation consultant and patients' family if they so wish, meet together; treatment and prognosis are discussed in detail.

- **Meals.**

Patients who are able to, are encouraged to take their meals in the 'Day Room'. Assistance is given to any who may require it.

There can be difficulty getting wheelchairs close enough to the tables.

Several patients said that whilst lunch is supposed to start at 1200hrs, they frequently have to wait until 1230 or even 1245 to receive their meal. This problem is exacerbated when there are staff absences.

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. Whilst we were there we observed lunch being heated and served. Although each meal was tested for temperature after microwaving, patients said that sometimes their food is not very hot when they receive it. Patient comment on the food quality and variety, ranged from very good to poor.

- **Discharge.**

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



Most patients still require some form of assistance when they are discharged and go home. Some more than others. The ward liaises with relevant Social Services (SS) to get this organized. There can be problems getting patients released to the appropriate care.

One patient stated that he was due for discharge to Rutland in two weeks, and that he had heard nothing from SS yet. He is not independent and his family circumstances are such that he is going to need considerable external care assistance when he gets home. He was naturally very concerned. This was followed up after the visit and we were advised that Rutland Social Services had been contacted.

We were advised of another Rutland patient, recently discharged before his carers in Rutland were aware.

The Ward Sister advise that they have to time their advice to SS carefully as the speed of reaction differs from area to area.

- **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. There is no doubt that the staff are dedicated to their work and that the quality of results achieved were due largely to the staff commitment.

All but one said that they would prefer to be back in Wakerley, which was a dedicated rehabilitation ward, designed for the purpose.

Staff had recently been told by their managers that Wakerley was going to be upgraded shortly and that they would return when it was complete. A plan of what work is proposed for Wakerley appears on the ward notice boards.

The team noted that this is the same as was said a year ago before the YDU was 'temporarily' moved to Ward 2. At that time the Healthwatch team leader was shown the plans of proposed work. The upgrading did not take place as planned.



## 5 Recommendations

1. The hospital road signs should clearly indicate the location of the Younger Disabled Unit, or Specialist Neurological Rehabilitation Unit (if the name has been officially changed.)
2. More dedicated Disabled Parking should be designated close to Ward 2.
3. Signs should be displayed within the building showing where the YDU is located. The only one seen was pointing towards Wakerley and away from Ward 2.
4. All of Ward 2 should be repainted to brighten it up and get rid of the oppressive feeling it emanates at the moment.
5. Toilet stalls should be enlarged to cater for wheelchair users and patients requiring assistance.
6. Fixtures, fittings and furniture should be adapted to cater for wheelchair patients.
7. Where patients require porter assistance to travel to other parts of the hospital for their therapy, porters should ensure that they arrive in time for patients to be given their full therapy sessions.
8. Kitchens used for OT should be adapted to cater for wheelchair patients.
9. There appears to be an urgent need for greater information sharing and cooperation between, hospital, social services and patient so that all are aware of the progress in the patient's condition and the preparation of the home and family environment to meet the patient's immediate needs and ongoing support requirements. Recommended that a round table discussion be set up to establish a process which will overcome current problems in the system.
10. In the opinion of patients and ward staff and the observations of the Healthwatch team, the return of the YDU to its original premises of Wakerley Lodge is essential for the best care and treatment of its patients. We are told that the upgrade of the building is to go ahead in



the near future. It is recommended that the upgrade of the premises be expedited to enable a speedy return.

11. It is recommended that a further joint Healthwatch Rutland and Healthwatch Leicester Enter and View visit be planned for Spring 2017.

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## 6 Comments from Providers

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The following comments on this report, and its recommendations were received. UHL (Director of Communications & External Relations) commented on each recommendation in this report:

1. Depending on the likely move back date to Wakerley lodge we will improve signposting
2. There are two parking spaces dedicated for dropping off and picking up outside the entrance near to ward 2. The disabled spaces for all services are in the main car parks. We were unclear what the rationale for having dedicated disabled parking for YDU was given that it is the patients who generally have the disabilities, not the visitors.
3. At the moment there are signs that say YDU is closed and reception are aware to send people to ward 2. Each patient on the ward is aware that the location is ward 2 and encouraged to tell their relatives this. Nonetheless we agree that improved signage is required.
4. Ward 2 entrance, corridors and side rooms has now been re-painted.
5. The Trust's occupational therapy team made the recommendations for the toilets prior to the move to ward 2 to ensure they were suitable for disabled users. They were deemed suitable and sufficient in number. That is not to say that they will not be improved once the YDU is back to its permanent home.
6. Some new furniture has been ordered ie. Bookcase, storage for wheelchair accessible patients etc. All fittings designed for the new Wakerley lodge will be appropriate for all patients with varying disabilities.
7. Normally patients are taken by the therapists themselves for any sessions. Occasionally porters may be used and staff have been reminded to ensure they request this in a timely manner as we do not want anyone to miss out on their therapy time. The ward sister will monitor this.





8. The new Wakerley Lodge will have a specially adapted kitchen for use. However until then there is the option to use the kitchen on ward 3 (the adjacent ward) if specifically needed for wheelchair patients. The OTs will be reminded of this.

9. Most patients have family meetings and Multidisciplinary team meetings in preparation for their discharge. These meetings include nursing, therapists, medical teams and social workers. All referrals to social services are logged via a computer system to ensure the external partners are aware from an early date of the estimated discharge dates, thus allowing them to get the necessary infrastructure in place for the patient. If Healthwatch colleagues have specific examples of occasions when this has not worked well we would appreciate some more detail so that we can follow up and use the 'live' example as a focus for such meetings.

10. We agree. The feedback from staff and patients is that whilst ward 2 is adequate in the short term it is not what we want for our patients in the long term. However, our plans have suffered a blow recently in terms of the amount of capital money we were expecting to receive this year. As a result there are a number of important schemes, including YDU that are currently unfunded. As we speak, we are looking at alternative sources of funding for our capital programme.

11. We look forward to any further visits and would like to take this opportunity to thank Healthwatch colleagues for their continued interest in this important service.

The following comments were received from Rutland County Council:

The Council welcomes this report and understands that it is not a representative portrayal of the experiences of all service users and staff at the Ward.

Referrals from YDU to Social Services are the responsibility of the unit, once an individual is fit for discharge. We act on this information as soon as it is received.

We are unaware of any arrangement by the Ward to 'time' discharge advice to Social Services and this is not a process that has been discussed with us at any point. There is no need to delay referrals. Rather, they should be progressed as quickly as possible for the benefit of all parties – particularly the patient. This is something we are happy to clarify with the Ward.

