Mary Seacole Ward Enter & View Report

Queen Mary's Hospital
Roehampton Lane, London SW15 5PN

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Introduction

An Enter & View Visit was conducted on the 20th of April 2016 by a team of Healthwatch Richmond & Wandsworth volunteers, four of whom had background experience in hospital and/or rehabilitation care. The aim of the Enter & View Visit was to capture the views of the patients on the care they had received on the ward, to observe the care and communication taking place on the ward and to observe the quality of the physical environment.

The overall view of the Healthwatch volunteers was that the care they observed on the ward was of a high standard. The ward was clean and well-kept and the patients looked well cared for. There appeared to be enough staff on the wards to respond to the patients' needs, although some patients commented on the need for more therapy staff. Healthwatch Richmond had no significant concerns about the care provided on the Mary Seacole Ward. Healthwatch Richmond agreed with the hospital that they would undertake a follow up visit, in approximately 6 months, to explore a number of areas of care in more detail. These were:

- The Care Planning process and patients participation in it
- The Discharge Policy and Procedures
- The Provision of Activities on the Ward

A full copy of this Enter & View Report can be read on the Healthwatch Richmond website at: Mary Seacole Ward Enter & View Visit June 2016 or a hard copy can be obtained from the Healthwatch Richmond office telephone, 020 8099 5335

Background Information.

Queen Mary's Hospital is part of St George's University Hospitals NHS Foundation Trust, Tooting and the Mary Seacole Ward is a specialist ward for elderly rehabilitation. It is part of the Inpatient Elderly Rehabilitation Service (IERS), a multidisciplinary rehabilitation service which aims to focus on maximising the functional and physical ability of the patient. The service also aims to provide medical interventions in order to diagnose, treat and prevent health problems on an individual patient basis alongside the rehabilitation process. On admission the patient undergoes a full and comprehensive medical and inter-professional assessment to identify their individual needs. The rehabilitation programme and treatment plan is then designed around that assessment. Patients are looked after by a multi-disciplinary team (MDT) of nurses, therapists and doctors, experienced in caring for patients with rehabilitation needs. The rehabilitation programme and treatment plans are reviewed at regular intervals by the MDT.

The Mary Seacole Ward has 42 beds comprising 36 beds in 6 single sex bays with shared en-suite toilet, shower and washbasin and 6 single, en-suite, rooms. There are 2 Day Rooms, one with a sensory element to help patients who have dementia and other cognitive

needs. The service takes referrals from all local acute trusts and GPs, the latter as part of the acute admission avoidance pathway. For further details see Appendix 1.

Since Healthwatch Richmond's Enter & View Visit in April 2016, the Care Quality Commission (CQC) had undertaken an inspection of the Community Inpatient Services at St George's NHS Foundation Trust of which the Mary Seacole Ward is part of. This inspection highlighted a number of areas for improvement and although most of these related to the Gwynne Holford Ward some also applied to the Mary Seacole Ward. The areas for improvement were: the use of bedrails; medical assessment of deteriorating patients; the implementation of evidence based care and the documentation processes. A summary of the CQC report is given in Appendix 2.

Aim of project

The aim of the project was to gain a better understanding of the current patient experiences on the Mary Seacole Ward at Queen Mary's Hospital and to follow on from the Enter & View Visit in April 2016. Healthwatch Richmond wished to explore in more depth: the care planning process, the discharge procedures and the provision of activities on the ward. The findings of the visit would be used to report back on the quality of care and make recommendations on the appropriateness of the care being offered on the ward.

What we did

Healthwatch Richmond reviewed the findings of the Enter & View Visit of April 2016 and then met again with the Nursing Management in July 2016 for an update on the running of the ward. We agreed a follow up Enter & View Visit approximately 6 months from the first visit, on the 23rd of November.

A Qualitative Interview Audit questionnaire for the visit was developed based on the one used for the previous Enter & View Visit and adapted to cover the specific areas of interest. It was decided that it was not necessary to undertake an Observational Audit during this visit as no areas of concern had arisen in the April 2016 visit that required further follow up.

The Enter & View Visit was promoted on the ward for a few weeks before the visit through posters and information leaflets provided by Healthwatch Richmond. It was observed during the visit that they were on display.

Methods

On the day of the visit we were welcomed by the Senior Nurse Manager and a range of staff from the rehabilitation service on the Mary Seacole Ward. The management team briefed the Healthwatch Richmond volunteers on patient admissions, patient care planning and discharge procedures and the activities available on the wards. They also discussed the findings of the recent CQC Report.

Following a brief orientation of the ward the Healthwatch Richmond volunteers conducted the patient interviews and stayed on the ward until lunchtime. After lunchtime patient

interviews continued and the volunteers also observed the other activities taking place with the patients.

All the patients interviewed were given a full explanation of why we were there and all gave verbal consent to the interview. The response from the patients to participating in the survey was very good. Most patients were interested to talk to the volunteers and were able to discuss the themes of the questionnaire to a greater or lesser extent.

A de-briefing meeting was held with the nursing and therapy team after our visit to the ward to discuss our initial views on what we had observed and to ask the team for more information on the service as necessary.

Limitations

The Enter & View Visit was not designed and nor does it claim to provide a representative view of patients' experience at Queen Mary's Hospital, but to give a picture of the care we observed on the day of the visit to the Mary Seacole Ward through:

- Conducting broad semi-structured conversations with patients
- Collecting a range of patient experiences
- Identifying and reporting where patients have concerns
- Identifying from these experiences areas for future consideration if necessary

The Enter & View Visit gathered data from patients on the Mary Seacole Ward. Individual experiences will inevitably be different, based on their needs and expectations of care at the hospital.

The patients were all elderly and some had dementia which made completing some of the interviews challenging. In addition, the patient-led nature of the methodology allowed patients to focus on the issues that were more important to them and not respond to questions that were less important. The patient led methodology in conjunction with the nature of the patients meant that not all themes could be discussed with all patients.

Analysis

The qualitative data analysis of the patient interviews was carried out with an approach based on:

- Reviewing the individual volunteer reports from the patient interviews by theme
- Summarising the data from all the volunteer interview reports under the different themes
- Analysing the data according to the themes
- Assigning the overall sentiment of comments (positive, neutral, negative, no data)
- Preparing a descriptive summary for the themes
- Reviewing the results

During the analysis, data was considered in terms of frequency, specificity, emotion and extensiveness under each question. Responses were grouped by the main themes and questions.

While every attempt has been made to provide a sense of scale to the issues raised by patients throughout this report, the qualitative nature of the feedback does not allow for these to be robustly quantified. The findings presented identify positive and negative aspects of the patient experience and raise awareness of issues that may need to be considered for further examination.

A total of 27 patients and 3 relatives were interviewed and discussions were held with a range of staff on the ward. Two of the volunteers observed a Falls Group being run by members of the Physiotherapy Team.

On the day of the visit the patients from one of the bays were in the Day Room as their bay was being deep cleaned.

Patient Background Information

Admission Routes

The patients on the Mary Seacole Ward arrive via a number of routes, either via their GPs' referral or from an acute hospital setting (this is the main route and the majority come from St George's & Kingston Hospitals). The ward was full on the day of our visit but patients do not usually have to wait very long to be admitted to the ward. We were told however that recently there has been some pressure to take acute admissions from St George's Hospital and this is usually managed by a consultant to consultant route. Whereas this used to be an occasional request, the number is steadily rising and becoming a more routine request. These patients often require more medical care and intervention than the ward's normal admissions and it was suggested that if this continues they may need more staff with different skills to enable the ward to function as it is commissioned for.

The patients interviewed that told us their route of admission (18 of 27) confirmed that they came from:

- St George's Hospital - 11
- Kingston Hospital - 4
- Community/GP Services - 2
- Gwynne Holford Ward - 1

Length of Stay

The majority of patients stay on the Mary Seacole Ward for 2 to 3 weeks with some staying longer because of lack of suitable care providers or availability of nursing or residential care homes in the community. We were informed that there was one serious outlier, who had been there for 262 days, a Richmond resident.

Of the 27 patients we spoke to 20 confirmed their length of stay as:

- 1 to 2 weeks – 8 patients
- 2 to 5 weeks – 9 patients
- 6 to 9 weeks – 2 patients
- Over 4 months – 1 patient

Patients' Borough of Residence

The majority of patients on the ward were from the London Borough of Wandsworth followed by Richmond, with smaller numbers from Kingston and Merton. Those that confirmed their borough of residence were from:

- Wandsworth - 12
- Richmond - 4
- Kingston - 2
- Merton - 1

General Observations

The majority of patients spoken to were pleased with the care they were receiving and several said they were "very happy". The few relatives spoken to also said that the staff were "helpful, kind and caring".

Other comments from patients included:

- "The care is very good"
- "I have had good care and would be happy to stay"
- "The staff are as good as gold. I wouldn't be able to get this care better if I was paying for it"
- One person referred to the staff as "A nice crowd"
- Two patients said, "The staff are lovely here"
- "The ward is nice and calm and they have given me good medical care"
- "I chose to come here from Gwynne Holford Ward to get fully well, a good decision, I am being looked after. Doctors are very good and truthful"
- Another said the "Clinical team were helping them gain independence, they were kind and helpful, always a laugh and a joke"

One person however said the care was "sporadic" and another that it was "Not too bad" and a relative told us that "some nurses are better than others but they all work as a team".

Healthwatch Richmond Volunteers observed that the ward staff introduced themselves appropriately and clearly to the patients. They were courteous, approachable and informative. The ward was generally very busy but there was a sense of calm and the ward appeared to be well run.

Provision of Activities on the Ward

There is a range of regular activities provided on the ward in addition to physiotherapy and occupational therapy and these groups are running most days. Patients are free to choose if they want to do an activity and Therapy Assistants are used to help engage the patients. Staff were observed to be actively encouraging patients to join in the activities.

The activities and group sessions include: Sparkle (a daily paper with related activities), use of the Sensory Room, Music Groups, a falls prevention group called 'Keeping Steady', a Management Group, Reminiscence Groups and the use of the Garden & Pagoda. The activities are displayed on the ward noticeboards for patients.

Are there any activities on the ward for you to do?

The majority that responded to this question (15) appeared to know there were activities they could participate in on the ward. Of the others 1 said they didn't know if there were activities and the remainder either did not respond to the question or were less clear about the provision of activities.

Amongst the activities identified by the patients as being provided the majority responding to the question (13) mentioned the music groups, singing club and the pianist as well as the singing and guitar playing by the Physiotherapy Assistant in the ward bays. One patient mentioned that it was "really useful to have the papers delivered to the ward and the man who brings them round is very helpful"

The 'Daily Sparkle' newspaper and associated activities were mentioned by 4 patients very positively. This is funded by the Friends of Queen Mary's Hospital. Other patients mentioned the Day Room and sitting with other patients to watch TV.

One patient commented that the activities were "really helping me to get well and get home".

A few patients were less positive about the activities and told the volunteers that they didn't participate much in the activities, either because they were too unwell or not really aware of what was available.

One relative told us that:

"There are no physiotherapists at weekends so you can't have consistency of treatment and there are no doctors at night or at weekends. They are so low key at weekends".

The Ward confirmed to us that there are doctors on duty at the weekend; one works each day from 9 am to 5 pm, but no therapists work at the weekend.

In one of the bays, 3 of the 4 patients spoken to, who lacked mobility, were observed by the Healthwatch volunteers to have been left on their own for a reasonable amount of time during the visit and seemed rather bored and dispirited and in need of more stimulus. These particular patients did not appear to get involved with any activities and whilst they

said they were happy with the care they were receiving they might have benefited from more stimulation.

We were informed that the patients' therapy plans were in their notes and staff are aware of what patients are able to do in terms of mobility.

What other activities would you like?

When the patients were asked what other activities they might like to do 2 commented that they would like to be able to watch some specific TV programmes at the weekend. Three patients informed us that there is a lot to do if you want to join in, but one said, "It isn't my sort of thing". Another patient said their hobby was reading, so they preferred to sit and read. One patient commented that they loved the group chat and looking at photos about the war and what they did during the war. In general most of the patients interviewed said they were happy with the amount of activity and interaction provided on the ward.

The Healthwatch volunteers considered that their conversations with patients and staff showed that a lot of thought has been given to the activities on offer. They also thought that it would be helpful if there was easier access to the radio or the television for some of the patients not engaging in the activities and at the weekends. This would help to give these patients some stimulus in hospital when the days seem very long.

Are the activities helping you?

Of 16 patients who responded to this question all stated that they felt the activities helped them and several of them specifically referred to their physiotherapy sessions as also helping them. The individual comments included:

- "It stops me from feeling bored".
- One patient stated that she had a big fear of falling again and that she lacked confidence but went on to say, "The nurses and physiotherapists are helping me a lot getting back on my feet".
- Another patient said that the activities "were helping her very much and made her sit up more"

The Sensory Room

The ward has developed a Sensory Room off the main day room to provide a range of sensory stimulus opportunities for patients with cognitive impairment issues. The Sensory Room has a screen projecting restful moving pictures onto the wall, with coloured lighting and music, which works especially well for dementia patients. There are also three tactile features on the wall which have moving parts and different textures. We did not observe anyone using the room during the visit but the staff told us it had been a great success in calming patients who tended to become anxious.

Patients can use the Sensory Room on their own and with their families, although some of the interactive equipment would need to be set up by a therapist, it does not need constant supervision.

The Chaplaincy

The Chaplain told a Healthwatch Richmond volunteer that she spends half the week at Queen Mary's Hospital and the other half at St. George's Hospital and that she has five volunteers who visit patients who have requested a visit. There is a multi-faith room, The Sanctuary, which is open 24 hours a day. A Remembrance Day service was held in the Reception Area for as many patients as could attend and at Christmas time they planned further services. We were told that patients from the Mary Seacole Ward attended the Remembrance service.

The Falls Prevention Group – Keeping Steady

Healthwatch Richmond Volunteers observed a 'Keeping Steady' group which is run in a room off the main gym and organised by an Occupational Therapist and a physiotherapy assistant with an OT student in attendance. 3 elderly female patients, who were soon to be discharged, participated in the session. The patients were encouraged to share their experiences of falling and the staff talked to them about the hazards in their homes that had led to them falling. They also discussed medication, other risk factors and the importance of being reviewed regularly by their doctor. Foot care, eyesight, and diabetes, drinking sufficient fluids and staying hydrated, fear of falling, how to get up safely and pendant alarms were all covered.

The Healthwatch Richmond volunteers were impressed by the way the session was organised and how each participant was encouraged individually to explain what had happened to them.

Care Planning Process

Do you think the Clinical Teams have worked well together caring for you?

The majority of patients responding to this question (13 out of 15) thought the clinical teams worked well together. Only one person was less positive and said they were "so, so".

Have you been involved in your Care Plan?

21 patients replied specifically to this question and the majority, 17, felt fully involved and informed about what was happening with their care. Not all patients felt the need to ask about what was happening and some were not familiar with the term 'care plan' however when other wording was used to describe care plans they were able to respond. The comments from patients about their involvement in their care plans included:

- They were a bit confused about what was happening and said "I don't know if I am coming or going"
- They had been 'more or less' involved
- One patient thought there was a special meeting available and if you asked the staff, they will arrange it, although they had not used this service. However, they said that: "Today week I have 9 days left before I go home. I don't know about my care plan".

This patient also said that their son had arranged a home visit with the physiotherapist.

- A relative informed us that there had been a home visit in preparation for their parent to return home.
- Another relative appeared to know about his mother's care plan.
- One patient said that the Wandsworth community team had been to see her and she thought this was "very good"

Discharge Policy and Procedures

Background Information

The Discharge Nurse and the Matron explained the procedures for patient management and preparing patients for discharge from the ward to home or an agreed alternative. It was clear that there was good communication and teamwork between the relevant parties to help make this process successful i.e. patients, families, social services, transport services and community health teams. However the unpredictable number of discharges at any one time can be challenging and as patients normally stay only 2 to 3 weeks this does put pressure on the system. The current Discharge Nurse will be retiring soon and we would welcome confirmation that a new person is appointed to the post and we would be interested to hear how they are settling into their role.

There appeared to be a good, secure patient file system in place which could be accessed by the relevant staff. The methods of communication and liaison between the various professions involved in the patients' rehabilitation appeared to be working well. Healthwatch Richmond volunteers were impressed by the mobile, accessible and secure arrangements for keeping patients notes on the ward.

Discharges normally occur in the day time and evening ones usually only took place when relatives requested this. Healthwatch Richmond volunteers suggested that these discharges should be logged and reported as 'requests'.

We were informed that whilst the patients were on the ward they are encouraged to be independent, but they are not rushed to be discharged and are regularly reviewed by the consultant. As part of the preparation for discharge the Occupational Therapists do home visits and link with the community health and social care teams to ensure a smooth discharge and we were told by staff that this process was working well. There are Wandsworth Social Workers based at Queen Mary's Hospital as well as a team at St George's Hospital who can help all patients and their families with organising private care.

Patients' Knowledge and Views on Discharge Procedures

Are there any plans for you to go home/do you know when you are going home?

5 of the 10 patients and 1 relative responding to this question said that they were aware of plans for them to go home. 2 patients said there were no plans for them to go home, another didn't know and a relative thought it was too early for the patient to go home.

One patient told us that: "I do not know of any plans yet, but they value my opinion.

They have been to check my home and they came back and told me about it".

Do you feel ready to go home?

5 of the 10 patients responding to this question said they felt ready to go home, the other 5 said they were not ready yet although one of these commented that they were doing well.
The responses to this question were generally positive and included:

- "I have a good home team who have been to talk to me"
- "There are lots of people involved in my care so I feel happy"
- "I feel better, ready to go home, I don't want to become hospitalised. There will be a meeting next week to discuss going home"
- One patient said that there were "Plans to go home on the 1st December, they were doing well every day, doing stairs and going to the gym"
- Another said that they were "not ready to go home" but that staff were visiting their home

However some patients had concerns about going home, they told us that:

- They felt "they weren't going to improve"
- They were "very concerned about the impact this has made on how they were no longer able to care for themselves"
- "Hopefully" they were ready to go home, however "when you have had everything done for you it makes it harder to think about going home"

Staff

The staff were courteous, approachable, very informative and generally extremely helpful and they clearly appeared to be working as a team. They gave the impression that there was a good feeling of co-operation amongst themselves.

Staff Recruitment

There are a number of Healthcare Assistant (HCA) vacancies currently but we were informed that 7 new HCAs have been recruited to start after Christmas. The Nurse Manager informed us that there is a lot of training on offer for HCAs to access.

We were told that there is a lack of specific staff at weekends e.g. physiotherapists, which does limit the range of activities that can be provided to the patients. This is however not unique to their service.

Staff Comments

The staff spoken to were generally very positive about their work and working on the Mary Seacole Ward. A small number of staff however told Healthwatch Richmond Volunteers that they felt the Health Care Assistants (HCAs) were not fully valued for their work and are not always treated with respect. The Trust have informed Healthwatch Richmond that HCAs are to be included in weekly ward rounds with Consultants and if they wish attend

any discharge planning and family meetings that their patients may have. If so the Senior Sisters will action this.

One other member of staff said that that they did not seem able to further their training and career. The Trust Ward has informed Healthwatch Richmond that they have improved staff access to information on training opportunities and the Practice Educator will be encouraging staff to book and attend training courses.

Outcomes

The aim of the Enter & view Visit was to capture the views of the patients and their relatives on the care they had received on the Mary Seacole Ward in relation to the provision of activities on the ward, care planning and discharge procedures.

The overall view of the Healthwatch Richmond volunteers was that:

1. The provision of ward based activities was very good and much effort was being made to provide a range of activities to appeal to a wide number of patients. However we observed that some patients either did not want to or could not participate in the activities on offer.
2. Patients and their relatives were being engaged in the care planning process during their stay to a greater or lesser extent. The level of engagement by the patients was to some extent governed by their capacity.
3. The majority of patients able to engage with us about discharge procedures appeared to be aware of the process involved in discharge and the need for home visits to facilitate this process.

Recommendations

We would welcome follow up information in six months' time on:

1. Patient referrals

- Whether there has continued to be an increasing number of patients being referred from St. George's Hospital who require a higher level of medical care and nursing intervention.
- If so what has been the impact of this on:
  a) The running of the ward as a rehabilitation ward?
  b) The waiting times for admission to the ward?

2. Ward Based Activities

- Have there been any new initiatives to promote more involvement by patients in the activities provided, especially those with impaired mobility?
- Has there been any action to help patients, particularly those less mobile, to access radio and television more easily?
- Has the recruitment of more Healthcare Assistants helped to increase the provision of activities at the weekends?

- Has the use of the Sensory Room increased?

3. Care Planning

- The Trust told us after the Enter & View visit of April 2016 that they were reviewing their care planning documentation and processes. They have informed Healthwatch Richmond that they are still under review, due for completion by the end of February 2017 and for implementation in March 2017. There is then due to be a feedback review from staff, patients and relatives.
- Once this has been completed and implemented has the new process made a positive impact on the involvement of patients and their relatives in their care planning?

4. Discharge Procedures

- Has the new Discharge Sister been recruited?
- Has there been any improvement or worsening of extended stays because of a lack of suitable community care provision?

5. Staffing

- Has the improved access to training opportunities for staff increased training uptake?
- Have Healthcare Assistants taken the opportunity to be involved in Consultant ward rounds and discharge and family meetings?

Acknowledgements

We would like to thank the staff at Queen Mary's Hospital, Roehampton, for their cooperation and assistance with our visit and the positive way in which they engaged with us and made us feel welcome. We would also like to thank the volunteers who have supported this project and undertaken the Enter & View Visit.

Appendices

Appendix 1: Background Information on the Mary Seacole Ward

Queen Mary's Hospital is part of St George's University Hospitals NHS Foundation Trust, Tooting and the Mary Seacole Ward is a specialist ward for elderly rehabilitation. It is part of the Inpatient Elderly Rehabilitation Service (IERS) and provides a multidisciplinary in-patient rehabilitation service which aims to focus on maximising the functional/physical ability of the patient. The IERS also aims to provide medical interventions in order to diagnose, treat and prevent health problems on an individual patient basis alongside the rehabilitation process.

The patient undergoes a full and comprehensive medical and inter-professional assessment on admission which identifies the individual needs of that patient. The rehabilitation programme and treatment plan are then designed around that assessment. The rehabilitation programme and treatment plan are reviewed at regular intervals by the MDT.

The Mary Seacole Ward has 42 beds (36 beds in 6 single sex bays with shared en-suite toilet, shower and washbasin, 6 single beds and a Day Room). The service takes referrals from all local acute trusts and via GPs as part of the acute admission avoidance pathway.

The latest Care Quality Commission (CQC) Inspection was undertaken in June 2016 and a summary of the report is given in Appendix 2.

The 2014 CQC Inspection of St George's Hospital NHS Foundation Trust, which included Queen Mary's Hospital found that overall the services on the Queen Mary's Hospital site met the needs of most of the patients attending. The atmosphere was warm and friendly and staff appeared to enjoy working in this hospital. Services were safe, effective, responsive and caring and locally well-led. The staff on some units reported feeling distant from the main trust site. When they discussed this with the trust senior team, they were informed that the trust had wanted the hospital to have its own identity.

Appendix 2: St George's University Hospitals NHS Foundation Trust - Care Quality Commission Inspection June 2016

Community Health Inpatient Services – Queen Mary's Hospital

This service comprises of the Mary Seacole and Gwynne Holford Wards.

OVERALL RATING FOR THE SERVICE	**INADEQUATE**
Are the Services Safe?	REQUIRES IMPROVEMENT
Are the Services Effective?	GOOD
Are the Services Responsive?	REQUIRES IMPROVEMENT
Are the Services Well-led?	INADEQUATE

Overall Summary

The Care Quality Commission rated this service as inadequate because:

- Changes had been made to Gwynne Holford Ward since our last inspection without due regard for the impact on people's safety. The premises were not appropriate for the service provided and the layout had contributed to fragmented care. The care was not delivered in a way that focused on people's holistic needs.
- There were critical shortages of staff on Gwynne Holford Ward and not all of the staff on the ward had the right skills and knowledge to do their job. Staff told us that patients were being admitted with more complex needs and they found this challenging.
- Bedrails were used for many patients, without it being discussed and there being any clear indication for their use. There had been no consideration by staff that the use of bedrails was a form of restraint and was possibly depriving patients of their liberty.
- There was a lack of urgency by nursing staff to get the deteriorating patient medically assessed.
- Although they saw some good areas of practice, there was variable implementation of evidence-based care. Processes in documentation, administration of medicines, infection control and prevention and responding to the deteriorating patient were weak areas on Gwynne Holford Ward.
- Incidents were not consistently reported or acted upon on Gwynne Holford Ward and opportunities to learn from these and improve care were missed.

However:

- Staff felt valued by their peers, matrons and ward managers. Staff had a strong focus on providing compassionate care.
- There was excellent multidisciplinary team working and there were clear referral processes. Both wards aimed in their rehabilitation programmes to maximise the functional and physical ability of the patient.

See the report: St George's Hospital Community Inpatient Services, CQC Report June 2016

Appendix 3: Interview Audit

Queen Mary's Hospital, Roehampton, Mary Seacole Ward - Interview Audit

Inpatient Elderly Rehabilitation Services

PATIENT INTERVIEWS WARD BASED ENTER & VIEW VISIT

Volunteer's Name…… **Date Completed……..23/11/2016**

Patient No ……..

I am [*state your name*] from Richmond Healthwatch working in partnership with the Trust to speak with you about your experience of care and treatment during your stay here. Would it be OK if I ask you some questions about your experience of the hospital?

Please tick if patient agrees to this survey ☐

How would you describe your overall care and rehabilitation treatment on the ward?
How long have you been on the ward? Where were you before? Which Borough do you live in?
What were the positive aspects of your care and rehabilitation treatment and what do you think needs improving?
Are there activities for you to do on the Ward? (As well as rehabilitation activities.) How often do they happen?
What types of activities are there?
What activities do you like best?
What else would you like to do?
Do you think the activities are helping you?
Do you feel that the clinical teams e.g. doctors, nurses, physiotherapy etc. have worked well together in caring for you and helping you re-gain independence?

Have you been involved in your care plans? Do you know what is happening next?
Who else has been involved in the care plans? e.g. Family, friends, care home
Are there any plans for you to go home? Do you know when you are going home?
Do you feel ready to go home? Why do you think that?
What arrangements are being made for you to cope when you get home?
Have you had a visit home?
Have you been satisfied with the care you have received on the ward? Any why?
Is there anything worrying you? Do you know who to talk to about any concerns?

OTHER COMMENTS - Do you have any additional comments about your care? These comments are very helpful to us as we work to improve the quality of care we provide to patients.

Thank you for taking part in this survey.