

healthwatch

Cheshire East



Enter and View Report Focussing on Discharge to Assess Beds

Station House Care home

14th February 2024

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Report Details

Address	Station House Victoria Avenue Crewe CW2 7SF
Service Provider	Care UK
Date of Visit	14 February 2024
Type of Visit	Announced visit with 'Prior Notice'
Representatives	Jodie Hamilton
Date of previous visits by Healthwatch Cheshire West/East	No previous Discharge to Assess report

This report relates to findings gathered during a visit to the premises on the specific date as set out above. The report relates specifically to those people who are Discharge to Assess occupants. This report is a supplementary report to the Enter and View Report relating to the Station House Care home.

Purpose of this Report

- This report looks solely at the Discharge to Assess Beds at Station House Care Home and should be read in conjunction with the overall Enter and View report of the same date available at:

<https://healthwatchcheshireeast.org.uk/what-we-do/enter-and-view/>

- To engage with residents, of the named services and understand their experiences
- To capture these experiences and any ideas they may have for change to the Discharge to Assess system
- To observe residents, interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from people

What is Discharge to Assess?

NHS England's definition of Discharge to Assess is:

"Put simply, discharge to assess (D2A) is about funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. They can then be assessed for their longer-term needs in the right place."

Further information on the Discharge to Assess process can be found by using the following link:

<https://www.nhs.uk/nhsengland/keogh-review/documents/quick-guides/quick-guide-discharge-to-access.pdf>

Background

This short report deals exclusively with the Discharge to Assess beds located in Station House Care Home that are funded by Cheshire East Council. For a comprehensive report on Station House Care Home dated 14 February 2024 please visit:

<https://healthwatchcheshireeast.org.uk/what-we-do/enter-and-view/>

Findings

Station House has ten Discharge to Assess beds, two Community Integration Beds, and two Spot Purchase Beds.

Community Integration Beds aims to prevent unnecessary hospital admissions and premature admissions to long term care, and to support timely discharge from hospital.

Spot Beds are beds are not contracted and are available for immediate requirement, made on the spot.

These are all on one floor split over two units. Both units are accessible via reception. At the time of our visit, nine of the Discharge to Assess Beds were occupied and one Community Integration Bed was occupied. Each bed is in one of the rooms that Station House offers.

Healthwatch was able to speak to three out of the nine occupants of the Discharge to Assess beds. Seven other occupants were asleep or indisposed at the time of the visit.

The Manager told Healthwatch that the hospital does not always give the correct information to patients and families before they arrive at Station House. Misleading information had been given to a family member recently where they were told that they would get intensive rehab at Station House and receive much more than Station House D2A team can offer. They were led to believe they would receive rehab treatment to the extent Elmhurst Intermediate Care Centre would offer.

Station House have since put together a leaflet to give to patients and families when they arrive to help create a better understanding of what will be happening during their stay and what to expect.

Hospital Transfer

All the people we spoke to stated that they were transferred by hospital ambulance. The care home is in a residential area of Crewe so transfer is only a short time from the hospital. Patients told us that they were not given much notice that they were being transferred, their medication was transferred with them and the home was expecting them.

The care home requires patients who need continence aids to have two to three weeks' supply from the hospital as the care home has to order continence aids and the continence team only sends three tester pads to see which is suitable before sending a full supply. Note that it is the home's policy not to accept a hospital discharge unless the person has a two-week supply of any medication that they may require. Healthwatch checked with each person and in every case, it was confirmed that they had their medication with them when they were transferred. The hospital does not always inform the family of patients that the patient is being transferred to Station House so the care home makes sure that they update the family when the patient arrives at the care home.

Everyone, where appropriate, had been seen by a GP within a few days of their transfer from the hospital. There is a GP available in the care home for D2A patients four days a week.

All those asked felt that they were part of the home and treated the same as the other residents. There are four Activities Coordinators in the home that welcome all patients to participate in the day-to-day activities. A patient told us that they have been made to feel very welcome.

All patients had visits from the Occupational Therapist (OT) and a Physio. Goal and targets were already in place or planned. This shows that

communication appears to work well across the teams and with the people concerned.

All the patients were happy with Station House care home, the staff, and their environment.

Individual Responses

Person A had been at the home for longer than usual due to no longer having an address to return home to. The patient told us that they feel very safe and well looked after by the staff. They had been in the hospital for a month before arriving at Station House and were not given much notice about the transfer from the hospital. Since arriving at Station House, the patient has seen the GP, Occupational Therapy Team, Physio, and Speech and Language Therapist. The patient said they have been made to feel very welcome and staff will often invite them to the dining area to eat their meals but they like to eat in their room most of the time. The patient has discussed with the OTT (Occupational Therapy Team) what will be happening next and feels they have good communication with the team. This patient does not have a social worker.

Person B had been at the care home for over two months. They had been visited by the GP, Orthopaedics, District Nurse and Occupational Therapist. Before arriving at Station House, the patient's spouse had discussed with the hospital what would be happening next but the patient said that they did not know when they would be transferred to the care home. They were transferred by hospital transport and had two weeks' medication. They felt all the staff were very nice and very welcoming at Station House and that they have been well looked after and the food is very good. There had not been a discussion as to what would be happening next but they do have some goals to reach before they decide when they will be going home.

Person C could not remember exactly how long they had been in the care home, probably three weeks. They arrived by hospital transport with medication and were unsure if they were given much notice of the transfer as they weren't well. They confirmed they had seen a GP, Occupational

Therapist, and Physio. They told us that they feel very welcomed and will often join in the Bingo. They like to come out of their room and sit in the communal areas. The patient has a puree diet so doesn't enjoy the food as much but said other people's food looked nice. The patient feels very safe and they told us the care home is nice. The patient told us that they are unsure if they have had a conversation with anyone about what will be happening next and they were not sure if they had a social worker.

Recommendations

- The Discharge to Assess system seems to be working well at Station House. Healthwatch has no recommendations at this time. Station House has an excellent policy of refusing a discharge from the hospital unless they have two weeks' medication with them. It is recommended that other care homes adopt this policy.

What's working well?

- Transfers from hospital to the care home seem to run smoothly. It is an excellent policy to refuse a discharge from the hospital unless they have 2 weeks of medication with them
- Integration into the home and support from the care home staff.
- Patients are included in the day-to-day activities within the home.
- If Station House believes there is conflicting information on a Transfer they will go and assess the patient before a transfer takes place to ensure it is safe.

Service Provider Response

The Manager responded: "I have no issues with the report and happy for it to be published."