



**Healthwatch Liverpool Enter and View Report**  
**Acute Frailty Unit**  
**Aintree University Hospital NHS Foundation Trust**  
**Longmoor Lane**  
**Liverpool**  
**L9 7AL**

**July 2015**

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## Section 1: Introduction

Healthwatch Liverpool recently started a project about hospital discharge, and as part of this work we are carrying out Enter and View visits at local NHS Hospital Trusts.

We want to speak with patients and staff about the discharge arrangements that are in place at the local hospitals. We also want to find out about how local hospitals ensure they are achieving ‘timely’ discharge, as soon as the patient is clinically stable and fit enough to leave hospital. This can mean the patient is transferred home, or to another appropriate level of care. It is vital that patients are not in hospital for longer than necessary, which is known as ‘delayed discharge’.

We also want to know how social and practical factors, such as having somewhere safe to live, are taken into consideration to prevent rapid and unsafe discharges occurring, known as ‘premature discharge’.

Healthwatch Liverpool visited the Acute Frailty Unit at Aintree Hospital to see what we could learn about their approach to hospital discharge. The Enter and View visit was not in response to any concerns identified relating to the quality of this service.

The Healthwatch Liverpool Enter and View observed an Acute Frailty Unit that seems to be operating in an environment well suited to its purpose. Patients who Healthwatch observed and spoke with were relaxed and appreciative of the care they are receiving at the unit. The staff we spoke to seemed experienced, compassionate, and passionate about their work and the aims of the unit. The unit’s approach to hospital discharge seems to emphasize care for the patient, while also valuing innovation, multi-disciplinary working, coordination and forward-planning. The approach works to limit the time a patient has to stay in hospital, and facilitates the patient to be discharged appropriately.

The information below sets out how Healthwatch Liverpool arrived at these conclusions, and will provide a useful contribution to the work that Healthwatch is doing related to hospital discharge.

## **Section 2: Basic Details about the Enter and View**

Name of the service visited:

**The Acute Frailty Unit**

**Address: Aintree University Hospital NHS Foundation Trust  
Longmoor Lane, Liverpool, L9 7AL**

**The Date of the Enter and View Visit: 30<sup>th</sup> June 2015  
The Time of the Enter and View Visit: 2:00pm to 4:00pm**

The names of the members of the Healthwatch Enter and View Team that undertook the visit were:

**Stanley Mayne - Healthwatch Volunteer  
Lucy Gettings - Healthwatch Project and Information Officer  
Andrew Lynch - Healthwatch Project and Information Officer**

## **Section 3: General profile of the service that was entered and viewed**

The Acute Frailty Unit opened in January 2014 and is a 17-bed rapid assessment and discharge unit. It provides multidisciplinary care for frail patients with complex needs, generally aged over 65, who don't need an acute bed and are likely to be medically fit for discharge within 72 hours. The Acute Frailty Unit is dedicated to treating the increasing number of frail and elderly patients that Aintree hospital is seeing.

The Acute Frailty Unit is staffed by a dedicated team of doctors, nurses and therapists and is intended to reduce the number of unnecessary admissions by quickly assessing patients, treating them and getting them back into their own homes as soon as possible.

By working with GPs, social workers, community-based services

from various sectors and patients' families, this unit provides the urgent care that is needed while avoiding any unnecessary hospital stays for patients.

## **Section 4: The reason for the Enter and View Visit and how Healthwatch Liverpool conducted the Enter and View**

As mentioned above, Healthwatch Liverpool has started work on a project about hospital discharge, and as part of this we are carrying out some Enter and View visits to speak with patients and staff about the discharge arrangements in place at Liverpool NHS hospital trusts. Healthwatch Liverpool visited the Acute Frailty unit at Aintree last year, which was very positive and left us wanting to know a little more about how hospitals go about ensuring that they discharge their patients into the community at the appropriate time, and with the right accommodation and support. So, Healthwatch decided to carry out an Enter and View visit to speak to patients and staff, and to find out more about any good practice in place at the hospital regarding discharge.

The Enter and View visit was not in response to any identified concerns relating to the quality of this service, so Healthwatch Liverpool decided on this occasion to pre-arrange the Enter and View visit with the cooperation of Aintree hospital staff, to ensure we had time for some in-depth conversations.

## **Section 5: What Healthwatch Liverpool observed regarding the unit's environment and facilities**

During the Enter and View visit Healthwatch Liverpool observed nothing that gave us grounds for concern about the quality of the environment and facilities at the service.

The Healthwatch representatives were primarily interested to talk to people and find out how the Acute Frailty Unit functioned, however, we did observe the unit in action and found that it appeared to be very clean and tidy, well maintained and free from any obstructions. The unit is modern, light, and spacious. There were no offensive smells and the general environment was pleasant, spacious and cool, on what was a very warm day. We observed the 'quiet room' with sensory lighting. The room was also furnished in the retro-style that many older patients will be familiar and comfortable with. Healthwatch also observed that the unit has a craft room, a large lounge and therapy spaces including a gym and model kitchen for assessing the support need of patients. There is good clear signage in the unit and there are highly visible boards with yellow backgrounds that have picture symbols depicting what each room is used for. Jugs of water were available on all tables and we saw members of staff chatting with a number of patients in a relaxed and friendly way.

The Unit has a large outdoor space which is secure, quiet and appears well kept. There is a large, decked outdoor space where patients can sit in the sun or shade, and where horticultural therapy takes place. We saw one patient working with therapists in the garden and were told several others had been out earlier in the day.

There is a large board on display in the corridor detailing the number of days since there has been a fall or incidence of MRSA/ C-Difficile infections on the unit. There were a number of compliments from May 2015, including "It was a very good ward, the staff were helpful and always smiling" and "My mother was looked after with great care and consideration". Visiting hours are 9am to 9pm.

The members of the therapy team we spoke to described the unit as ideal for their purposes.

## **Section 6: What Healthwatch Liverpool learned about how the unit works**

During the Enter and View Healthwatch Liverpool observed nothing that gave us grounds for concern about how the unit works or the quality of its service.

### **Feedback from patients 6.1**

Healthwatch spoke with four patients, all female. We asked them what they thought of the unit and the way the hospital is working to get them discharged as soon as is appropriate. The patients that we spoke to were approving of this approach. Healthwatch also asked the patients what they thought about the unit, e.g. were they being treated with dignity and respect, were they informed about and involved in their treatment, did they feel safe, what did they think about the food etc. None of the patients had anything but positive comments about any aspects of their stay at the unit and one said “it’s excellent- I wouldn’t rather be anywhere else”.

### **Feedback from Staff 6.2**

Healthwatch Liverpool had an in-depth conversation with two senior members of staff from the unit. We were told some key things about how the unit works. Then we moved on to talk about the subject of hospital discharge in particular. Healthwatch learned that the unit is always very busy and unit staff operate an ‘inreach’ to A&E and AMU. The staff we spoke with talked about the Hospital having a notification policy; when patients are admitted to Aintree hospital they receive a leaflet which explains that they will stay in hospital until they are medically fit for discharge, and that then they will be discharged to a more suitable environment. This may be home, to a rehabilitation unit, or a nursing/ care home. One of the reasons for aiming to get patients discharged efficiently is to reduce the risks associated with a longer stay in hospital, such as hospital acquired infections.

Healthwatch was also told that the unit has its own therapy team and all patients receive immediate and ongoing assessments, working towards their discharge. Traditionally, assessments that affect long-term decisions about the level of support required for patients to live back in the community have been taking place in hospitals, which are an unfamiliar environment for patients. Where appropriate the unit arranges for Liverpool and Sefton patients to have these assessments at home, in a familiar environment, to give a more realistic impression of their capabilities and limitations. This has resulted in patients staying at home following assessments with support being provided and equipment being provided. The Trust uses a team of therapy staff called 'Aintree at Home' to support this.

On discharge from the unit, patients are given information packs with key phone numbers and information about what is available in their area (such as befriending services and meal delivery companies). Healthwatch Liverpool representatives were given copies of these packs, so that we can assess if there are any improvements that could be identified and suggested to the unit.

### 6.3

Healthwatch Liverpool asked about some of the factors that contribute to better hospital discharge and some of the difficulties that have to be managed. The following points emerged during the conversation with staff:

- Lots of nursing time is taken up in finding appropriate places to discharge patients to. The unit previously employed a social work liaison officer but this initiative faced problems with accessing social work records. This post is not currently active.
- There can be problems caused by the high demand for hospital beds. Attending hospital should be a last resort, but for a variety of reasons it is often not treated this way, increasing the pressure on acute services. Many people attend A&E who would be better suited to being treated by primary care services. Staff estimated that around 30 patients a day at Aintree don't need hospital treatment at all.



- Staff indicated that one of the factors that contributes to better hospital discharge is, allowing ward staff ownership of the whole discharge process, and discharging patients to a safe and appropriate environment - their own home where possible.

#### 6.4

- Staff also told Healthwatch Liverpool that discharge may sometimes be delayed for a number of reasons:
  - Patient and family choice - differing aspirations and difficulty in choosing a nursing/care home to be discharged to. Liverpool patients are supported in this by a care brokerage service provided by CHS Healthcare.
  - Patients with capacity may make decisions that lead to delays in their discharge, despite the support of unit staff and social workers.
  - The time it takes for a social worker to come out and complete an assessment, especially if a mental capacity assessment is required.
  - The time it takes to complete NHS Continuing Health Care assessments.
  - The time it takes for care packages to be put in place. This gap may be bridged by 'Aintree at Home' which provides daily therapy in the patient's home, rather than continuing rehabilitation in hospital. The 'Aintree at Home' team now has two nurses who can administer medication to patients at home.
  - Occasionally, in times of pressure on beds, patients with more acute needs are sent to the unit, and they have to stay longer to become medically fit, or move to a bed elsewhere in the hospital.

## Section 7: Summary/Conclusions

### Summary 7.1

The Healthwatch Liverpool Enter and View observed an Acute Frailty Unit that seems to be operating in an environment well suited to its purpose. Patients that Healthwatch observed and spoke with were relaxed and appreciative of the care they are receiving at the unit. The staff we spoke to seemed experienced, compassionate, and passionate about their work and the aims of the unit. The unit's approach to hospital discharge seems to emphasize care for the patient, while also valuing innovation, multi-disciplinary working, coordination and forward-planning. The approach works to limit the time a patient has to stay in hospital and facilitates them to be discharged appropriately.

### Conclusions 7.2

- The work of the Acute Frailty Unit clearly demonstrated to Healthwatch Liverpool that hospitals rightly have a pivotal role in hospital discharge, but our conversations with staff also revealed the importance of support from and in the community setting. The view was expressed that in order to have the greatest positive impact going forward, more change needs to take place in the ability of community services, both in the public and voluntary sector, to prevent more people from needing to use acute services, and to increase the capacity of community services such as homecare, where funding is being squeezed.
- Healthwatch Liverpool will continue to liaise with the Acute Frailty Unit to explore the possibility of Healthwatch adding value to the work of the unit. We discussed the idea of creating a 'preferred provider' list for nursing/ care homes to help patients and their families decide on the best place to be discharged to at a difficult and stressful time, and to provide an incentive for care homes to reach higher standards and publicise this in order to get on the list.

We also discussed the possibility of Healthwatch Liverpool reviewing the unit's discharge information pack to see if we can suggest improvements.

- Healthwatch Liverpool intends to use the learning from this Enter and View visit to inform our planning for our wider project on the subject of hospital discharge. Healthwatch Liverpool would like to thank the patients and staff of the Acute Frailty Unit at Aintree hospital for welcoming us to the unit and giving us their time and their views.

## Section 8: Safeguarding

There were no safeguarding concerns identified during the enter and view visit

## Section 9: Healthwatch Liverpool Contact Details

### *Healthwatch Liverpool*

*151 Dale St*

*Liverpool*

*L2 2AH*

*Main Number: 0300 77 77 007*

*Fax: 0151 237 3998*

*Email [enquiries@healthwatchliverpool.co.uk](mailto:enquiries@healthwatchliverpool.co.uk)*

*Website [www.healthwatchliverpool.co.uk](http://www.healthwatchliverpool.co.uk)*



## Appendix:

### Healthwatch Liverpool - Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. Healthwatch Liverpool works to give local residents a stronger voice to influence and challenge how health and social care services are provided. Healthwatch Liverpool enables people to share their views and concerns about local health and social care services to help build a picture of where services are doing well, and where they can be improved. Healthwatch Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist Healthwatch Liverpool in carrying out its statutory functions under the Health and Social Care Act 2012. Healthwatch Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for Healthwatch Liverpool to get a better understanding of the service by seeing it in action and by talking to staff and service users.

Healthwatch Liverpool seeks to identify and share good practice wherever possible. However, if during a visit Healthwatch Liverpool identifies any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider. For more information about Healthwatch Liverpool please visit our website [www.healthwatchliverpool.co.uk](http://www.healthwatchliverpool.co.uk) or contact us using the details at the end of this report.