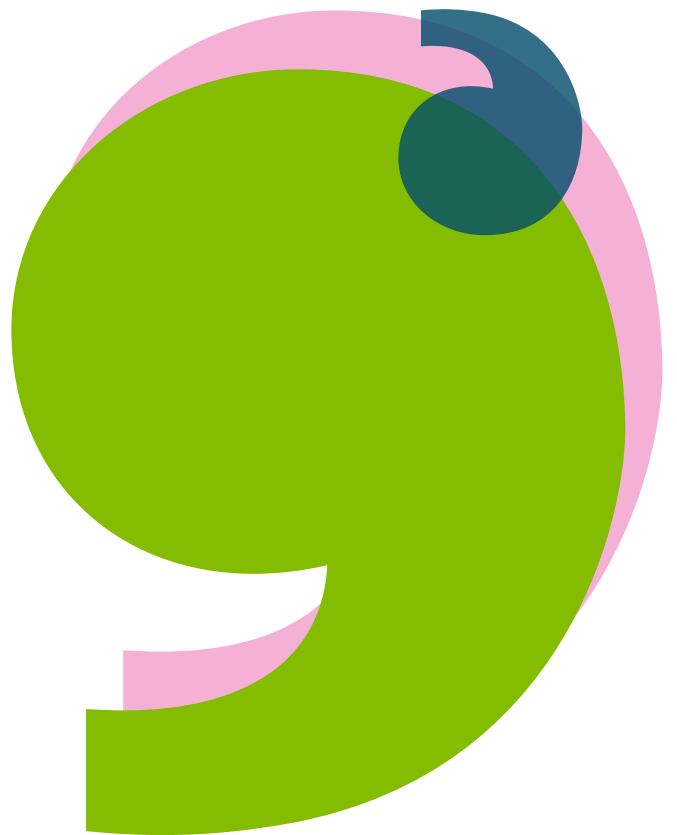




Review:

Windsor Intermediate Care Unit

January 2019



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1 The Review

As part of all of our Enter and View, we plan a review of the actions taken against our recommendations. The way this review is carried out varies depending on the type of project that was undertaken, and the type of recommendations that were made.

In this instance, we received an invitation from Central North West London's (CNWL) Home 1st Service Manager, and the Windsor Intermediate Care Unit Team Manager, to come and see the progress they had made against our recommendations.

We were pleased to note that all of our recommendations were completed or in progress, with the individual whiteboards being hung during our visit. This had been planned for the previous week but due to local policies on works, they had had to wait for the preferred handyman to become available.

It was mentioned that the unpleasant call bell alarms would perhaps be a thing of the past, as the system allowed for different tones to be used. The team were looking into how these changes could be implemented.

We continue to be impressed at the level of commitment to good patient experience and outcomes displayed by the management and all staff on the Unit. It is worth noting that during our original visit, patients took care to tell us how much they enjoyed their interaction with staff including the Kitchen and Domestic staff. Good Patient Experience is a team effort at WICU.

2 We said - They did:

- The staff chart with photos and names of WICU staff could be moved from the entrance to the reception area so that it is more visible to patients and carers.

The staff chart has been moved from the long corridor and is now beside reception and is much more visible to visitors. The old board is going to be used for displaying something more welcoming as you enter the premises.

- All staff, including agency and relief, should be able to communicate clearly with patients, with a recognition that those with hearing impairments may find it difficult to easily understand strong accents.

WICU have developed close relationships with bank and agency staff local to Milton Keynes and are now able to, where necessary, use staff who have worked at WICU to provide a more consistent group of staff on the Unit.

- Agency staff should be given an induction to the Unit that includes the importance of introducing themselves, a full briefing of individual patient needs (especially around mobility and sensory impairments) and the culture and ethos of the Unit in regard to dignity and patient centred care

A full induction to the unit is provided to all new starters by either the shift coordinator or the Nurse in charge.

There is a new starter induction booklet which details processes including introducing self to patients, culture and ethos of the unit, shift patterns and an example of a typical shift, patient centred care and patient dignity.



- Patients should be given an induction on admission that outlines the likely 'shape of their day' to include mealtimes, treatment, physio, activities etc. and to be asked about their personal preferences. These should be recorded.

The nursing and therapy team have developed a patient booklet 'My Rehabilitation Journey' which is given to the patient on admission to the unit. This is kept with the patient and contains useful information for the patient, family and or carers.

White boards in each room contain personal preferences, including what the patient prefers to be called, and an outline plan.

As part of the unit staffing review and skill mix are recruiting an activities coordinator who will be responsible for setting a weekly schedule of group activities. There are refurbishments awaiting commencement so that the therapy room is more available for social activities.

- Patients should have a clear treatment plan with goals and probable discharge date clearly explained and documented (example provided in Appendices)

As above, the 'My rehabilitation Journey' booklet covers: Culture and ethos of unit; What is the meaning of rehab; Admission date and planned date of discharge; Who is involved in the care; Goal setting date; Goals - what are they and when they should be achieved; Therapy plan - what they need to do to achieve these goals; Discharge process - generic to be started on admission - and will look at the home environment.

- Procedures created to flag up indications of loneliness in individuals and put plans in place to address this. Perhaps utilising volunteers or befriending services

WICU have approached the Social Prescribing group, LiveLife, with a view to having staff trained so that they can develop the 'Social Prescription' in readiness for a patient's discharge. They also have volunteers who visit to befriend and to run small craft activities.

- Ensure a more systematic process for staff introducing themselves

WICU staff have all been issued with dementia friendly name badges, and wear these at all times on the Unit. The permanent and agency staff are also being reminded of the 'Hello, My name is...' policy and the individual whiteboards are to be updated with the patient's nurse's name at each shift change.

- Weekly care plan and progress meetings should include patients and, where appropriate, carers.

WICU have a dedicated GP and more consultant Geriatrician hours, while it is difficult to ensure that each patient has an individual Multi-Disciplinary Team meeting each week, families and patients are being advised of when these staff are on site so they can have input if they wish.

- Develop a programme of activities, informed by eliciting suggestions from patients and carers and ensure that a timetable of activities is made available to patients

Recruitment for the Activities Coordinator is underway but, in the meantime, the therapy provision has been increased and there is more patient and family involvement in deciding the activities.

- Staff may need some training in what specialist services are available and at what point referrals to these services should be made. For example, Continence Services, Mental Health support, Adult Social Care Teams.

Rolling training programme has been developed, as have pathways for referring to continence and tissue viability services. The training covers wound care, continence and mental health. The Rehabilitation Journey booklet includes information on advanced care planning and how to have these conversations. The processes for referring to Adult Social Care have been reinforced and the Adult Social Care team remain a strong presence on the Unit.

