



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

HYWEL DDA

Llandovery Hospital

**Visit report
August 2019**

About Hywel Dda Community Health Council (CHC)

We represent independently and without bias the interests of patients and the public in the way that National Health Services (NHS) are planned and provided across the counties of Carmarthenshire, Ceredigion and Pembrokeshire.

Our volunteer members who live in the communities we serve are supported by a small team of staff who work together to:

- Carry out regular visits to health services talking to the people using the service and the people providing the care to influence the changes that can make a big difference;
- Get involved with health service managers when they are planning service developments and larger scale service change to emphasise the patient view right from the start;
- Provide free and confidential support through complaints advocacy if things go wrong and if the health service complaints process isn't working;
- Reach out more widely to patients and their families across communities to provide information, and to gather views and experiences so that we can represent your interests to health service managers and to policy makers.

Contents

	Page no
Introduction	3
What we did	4
What people told us	5
Other things we found	11
Summing up	14
Contact us	17

Introduction

Llandovery Hospital is located in the small town of Llandovery in the north east of the county of Carmarthenshire. It is an older hospital and historically in the mid to late 19th century, it was part of the old workhouse and infirmary. It would have been called a 'cottage hospital' in the past although it is now more accurately referred to as a community hospital. It is run by Hywel Dda University Health Board ("the Health Board")

This report sets out the findings from our unannounced visit to the hospital, which took place in August 2019.

Our visits

As part of its day-to-day activities, the CHC undertakes visits to NHS premises to talk to patients, carers and their families about their experiences of NHS care. These visits are usually part of a planned series of CHC activities that help us to understand what is happening across the Hywel Dda area. Our aim in these visits is to find out what people's experiences are when they receive any kind of NHS care.

Occasionally, the CHC will do unannounced visits to NHS settings. These visits are not part of our pre-planned work schedule but are put together in response to comments we receive from members of the public. In these visits, we may use specific questions or themes to help us better understand what people have already told us.

When we visited Llandovery, we spoke to people who were happy to speak to us about their time in the hospital. This gave us a "snapshot" of what it is like to be a patient in this setting.

Patients in Llandovery are often in the hospital for several weeks and their comments are based on their overall time in hospital. Other people who may have been in Llandovery at other times may have different views.

What we did

We visited the hospital on the afternoon of Monday 12th August 2019. We decided to go to the hospital during the usual visiting times so that we could speak to patients as well as families and carers. Sometimes patients and their families have different views on care and it can be useful to explore and understand these different viewpoints.

We used some broad, general questions because we wanted to have open and relaxed conversations with people about what mattered to them. We asked people to tell us what they thought and that it was important for us to hear about the positives and the negatives.

In particular, based on comments we had already received from people, we wanted to know:

- How long people were in hospital in Llandovery and where they had been before coming into hospital
- If they felt safe and well cared for
- What the food was like in hospital, particularly if they needed to be in hospital for some time
- If patients had the help they needed with everyday activities in hospital
- If they understood what was happening with their care, what was going to be arranged for discharge etc.

Who we spoke to

Llandovery Hospital is a very small hospital. There are only 16 beds when fully occupied. Most patients coming to the hospital are usually elderly.

Often people going into Llandovery Hospital need a period of rehabilitation after they have been in a larger acute hospital such as Glangwili.

Other people are taken into Llandovery at the request of their local GP. This may be because they need care for a short time period but do not need to be in a busy or large hospital far from their home. Some patients may be in Llandovery when they need some medical and nursing support for end-of-life care.

Not all beds were occupied when we visited. One patient was very poorly with an infection in a side ward and we chose not to disturb the patient and family. We only spoke to six patients when we were there but this represented almost half of the hospital population.

We also spoke to a wide range of staff in the hospital and we were shown around the hospital in its entirety so that we could see the wide range of services available in a relatively small hospital setting.

What people told us

Length of time in hospital

We heard that there was a lot of variation in the time that people had been in hospital. Most patients had been in Llandovery for a number of weeks. Patients or their relatives told us:

"I have been here 2 days, before that I was at home."

" Three and a half months, I was home before this and became ill following antibiotics."

" Nearly 4 months, I fell in my care home and now I waiting to go and see another place."

" Was in Glangwili for 4 days and been here 14 weeks, meeting with social worker end of the month, needs one to one care."

" About a month, I came here went back to Glangwili and now back here again and am waiting to go home."

" Over a month but going home on Wednesday, I have been here before."

Overall care

We asked people if they were happy with their care, what they thought was good and if there was anything that could be improved.

"Very happy with care, all fairly good. Let home for 2 days but fell and went to Glangwili. Physio comes every week but no OT assessment."

"Very happy with care but patient needs an assessment ...were the same as previous assessment. Staff have time to give individualised attention and are all very caring and show compassion to the family also."

"Very happy, couldn't wish for better, friendly nurses kind and helpful, nothing could be any better."

Food

We wanted to know what people thought about the food in hospital. Food is important in helping people recover after illness and older people and those who have been unwell can sometimes have poor appetites.

For patients who are in hospital for some time, mealtimes can be something to look forward to because the day can seem very long. Mealtimes can be a useful social time and a distraction from other hospital routines.

When people are in hospital they rely on others to prepare and serve their food, this can mean that there are limited choices. It may also mean that patients have meals which are quite different from the ones that they would normally have in their own homes if they could prepare their meals themselves.

" Food not very good, only limited choices and the list is on the wall. Lunch is poor and there is lots of leftover food on plates."

"Excellent."

"Very good."

"Not to everybody's taste, too much gravy, all a bit overcooked but it is what happens with catering for a number."

"Typical hospital food, always plenty of water, regular tea trolley visits but no magazine/newspaper trolley."

Staff assistance

We talked to people about the amount of help that they had from the staff in the hospital with everyday activities such as washing and getting dressed. It is important that people feel that there is support available to do some of the things that they might struggle with. People feel cared for if they can access help as and when it is needed.

"Yes..."

"On the whole, some good and some bad, give me help with dressing and help with washing every day, they answer the nurse call bell fairly quickly."

"One has phoned my social worker up several times – I am hoping that they can get things moving."

"Excellent, very caring and dedicated."

"Wonderful, cannot fault then, speedy in response, no one waits for a buzzer response, they anticipate your needs."

"I don't have anyone to do my washing"

"Staff excellent, ask for something and they try to provide it, if I need help someone will come."

" The right balance for rehab and support....sometimes people need to be allowed to do things independently."

What is happening next

When people are well enough, they want to go home. This is not always straightforward after a long stay in hospital because people may need to have some help. Often this may be called a 'care package' which may involve carers calling into their home a few times a day or it may mean some other kind of support.

The CHC often hears that people have to stay in hospital for longer than they need because it is not always easy to get help for them at home. Before they leave the hospital, people usually need to be assessed first to see what kind of help they need. Getting the assessment sometimes takes time.

As part of the assessment process, there often have to be meetings between social workers, doctors, nurses, occupational therapists and other support workers to identify what help or equipment is needed. Even when everyone has worked out what the person needs to go home, sometimes the right kind of support is not available in the community and it may simply not be safe for a person to go home without it.

Occasionally, people cannot go back to their own home after being in hospital. This may be because they need a lot of care each day. They may have to think about going into a residential care home or sometimes a nursing home. Again this is not always easy to find. It can take a number of weeks to find a suitable place for a patient to go to because that place may become their home for the rest of their lives and this means it is a very big decision.

"Physio today, going home on Wednesday."

"I am waiting for carers, social services come occasionally to keep me updated but no carers are available I am desperate to go home."

"A place is being discussed in a home, this needs to be chased as there is slow progress, the social worker doesn't work Mondays."

"A meeting is being planned for the end of this month if everyone can be there."

"I have seen physio 2-3 times, I am doing my exercises, I already have a stairlift and wheelchair, have already adapted home."

"Saw an OT a week ago, trying to get a care package when I get home."

Communication

We found that everybody we spoke to felt that they had been well communicated with in a language that they understood whilst they were in hospital. Most people were English speaking although one patient was bilingual and was able to speak both languages with staff.

We also wanted to know if patients and families felt that they had been told about future plans. It is important that people and their families know what is going on with their care and have a chance to ask questions or discuss any worries that they may have.

Some patients did not have any family within the area. This meant that they did not always have anyone they knew, readily available to speak up for them. We wanted to know if information was being shared with patients and their families when it was appropriate.

" Have spoken to my son and daughter, I want to go home."

"They contact my nephew in England occasionally, I would like to know more about what's going on."

"My nephew has financial control but I do not see him often, my nearest relative is several hours away."

"We need a place with nursing and EMI care, have seen 6 places all OK and could be suitable."

"Nearest relative the other side of England, my husband is looking forward to me going home."

"If I have a question or any family member it is always answered by a doctor or nurse"

Other things we identified during our visit

- The hospital is an old building and the layout is not always easy to understand. It was difficult to find our way into the building. Some pathways were crowded with overhanging bushes. The signs outside the building weren't always easy to understand. ***It would be helpful if the Health Board could review this to make access easier.*** The outside of the building as well as some of the ward and corridor areas could benefit from some freshening up. ***The Health Board needs to consider some redecoration or improvements to patient areas could make the premises more presentable.***
- The hospital provides a lot of different services for the local community. Eye screening, leg ulcer clinics, podiatry, physiotherapy, blood tests and catheter care all take place there. The midwife, mental health team and district nurses also have a base in the hospital. There is also a minor injuries unit which is supported by local GPs and a limited x-ray service. This all supports a rural community and means that people do not always have to access large, acute hospitals to have appropriate clinical input. ***The Health Board could promote this more to let people know that a relatively small hospital can provide a range of services and take pressure off bigger, busier hospitals.***
- We heard that the Hospital League of Friends was very supportive in raising funds and undertaking practical work in the hospital. Resources had been provided for the day room and a garden area was being developed. The lack of a trolley service or visiting shop was commented on by patients and ***it is possible that this gap might be***

something that the local community might be able to address in some way.

- Mention was made of limited Occupational Therapy (OT) input being available and there was concern that potentially this had a negative impact when arranging for assessments and discharge home. A number of patients appear to be in the hospital for relatively long time periods. ***It would be helpful if the Health Board could review the level of OT input available and identify whether limits to OT input are contributing to delayed arrangements for going home.***
- There appeared to be limited storage space within the hospital and this is perhaps understandable because of the age of the building. ***The physiotherapy room in particular was not welcoming and it would be beneficial if this could be reviewed by the Health Board to identify if any changes could be made to make it more welcoming.***
- There was a day room with books and some other activities such as games but it was not being used by patients when we visited. Televisions are available although the open ward environment may make it difficult if different people wanted to watch different programmes. ***The Health Board could canvas patients to identify if this is a concern from their perspective.***
- A number of people we spoke to had no nearby relatives and this meant that they had few visitors. This meant people had no one to bring them in things such as magazines or toiletries. Neither was there anyone available for clothes laundering and this was a concern. For long term patients, ***staff may wish to actively***

discuss these aspects to see what can be done to make their hospital stay more comfortable.

- The hospital's visiting times have been extended to allow longer visiting times most days. Whilst this can enable relatives and friends to come to the hospital more easily, for people with no one to visit them, this can make them feel more isolated. In addition, having more extended visiting times potentially means that there was less opportunity to have some communal activities such as craft sessions, movie afternoons or other events. Trying to cater for the needs of all patients can be challenging but ***use of modern technology such as internet access, tablets and skype facilities could allow people to stay in touch with their families more easily. This could also assist with individualised TV choices and other stimulating activities.***
- Although we did see information leaflets on a rack, in the corridor, this was somewhat untidy and not inviting. Some of the information leaflets appeared to be dated and it did not appear to have been checked for some time. ***This could be used more effectively as an information resource for patients and their families if it was better maintained.***
- Staff gave us a sense that they were proud of their hospital and that there was a positive culture. The ward appeared to be a calm and friendly environment.

Learning from what we were told

Going home

People sometimes had to spend a number of weeks in Llandovery hospital and were usually looking forward to going home from hospital.

For many people, going home meant waiting for arrangements to be made by others and this was a bit unsettling as it was something that they had no control over.

For some people, getting out of hospital means going to live somewhere new and they did not know what this was going to be like.

The idea of going home from hospital covers a wide range of possibilities and whilst this often can be something positive and a happy event, it doesn't mean the same thing for all patients.

The Health Board needs to identify what actions can be taken to make 'going home' an area which is managed more pro-actively and positively for patients.

This may reduce people's worries and the feeling that they were subject to delays.

Food in hospital

There were varied comments on the hospital food. Some felt it was excellent but others recognised that it would not always be to everyone's taste because it was mass-produced.

The Health Board needs to consider ways of letting long-stay patients give feedback on this aspect of their hospital stay and making changes based on what people have said.

Staff assistance

Most people felt that they got the right amount of help when they needed it and that they were supported with everyday activities. ***The Health Board may need to check with people what their preferences are about the help they get. Sometimes people feel that they can be more independent where it is appropriate.***

Communication

People were positive about communication in hospital. Some people had few relatives to discuss things with or had relatives some distance away. This meant that discussions did not always involve patients directly and patients did not always feel that they knew what was going on.

The Health Board needs to make sure that wherever possible, patients are involved in all discussions about their care. Whilst distance can mean that face to face meetings are not always possible, modern communications technology might help patients feel that they can be more involved rather than being talked about.

Finally

We would like to thank everyone who spoke to us when we visited Llandovery Hospital. We rely on the willingness of people to give us their views and we appreciate this isn't always an easy thing to do when people are in hospital and when they may not be sure how long they have to be there.

We are also grateful to the Health Board and their staff who made us feel welcome on the day of our visit.

As with any visit it is important to remember that the CHC was only there for part of one day. This means that the visit gave us a “snapshot” of patient experiences and people in Llandovery at other times may have had different experiences.

Hywel Dda Community Health Council August 2019

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**Llandovery Hospital
Community Health Council Report
ACTION PLAN**

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 1					
It would be helpful if the Health Board could review the outside of the building to make access easier.	To lay and widen the exterior evacuation concrete paths and existing side exit at the rear of the ward	Exterior evacuation concrete paths have been laid plus widening of the existing side exit at the rear of the ward.	Head of Fire safety Management	31/08/19	Completed
Recommendation 2					
The Health Board needs to consider some redecoration or improvements to patient areas could make the premises more presentable.	To work with Estates to agree a redecoration programme	Correspondence with Estates Team requesting that the estates department covering the hospitals include the hospital in the redecoration programme.	Estates Manager Co-ordination with ward sister	31/12/19 for Physiotherapy location 31/03/20 for main ward	Decoration programme agreed with Estates, based upon access to ward and occupancy Physio therapy redecoration to commence on 30/11/19. Redecoration of main patient ward to be co-ordinated between estates team and ward sister
Recommendation 3					
The Health Board could promote the hospital more to let people know that a relatively small hospital can provide a range of services and	To provide advice on potential patients who could be admitted to Llandovery Hospital to the weekly patient flow meetings at	The operational service specification is being reviewed and will inform the eligibility criteria for admissions and transfers to the	Head of Nursing	31/01/20	

**Llandoverly Hospital
Community Health Council Report
ACTION PLAN**

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take pressure off bigger, busier hospitals.	<p>Glangwili General Hospital.</p> <p>A service review is being undertaken to determine the eligibility criteria for admission into the area.</p>	unit. This will support the flow within the acute sector and strive to maximise patient recovery.	CLN	31/01/20	
Recommendation 4					
The resource gap (lack of trolley service or visiting shop, etc.) might be something that the local community might be able to address in some way	<p>To request support from the League of Friends and HB Volunteer Manager with implementing a trolley service/shop services.</p> <p>And also to examine if we are able to operate a personal shopper programme for patients.</p>	<p>Next meeting with League of Friends arranged for mid-November –</p> <p>HB Volunteer manager - we continue to pursue the opportunity to identify potential volunteers to undertake the role of personal shoppers if we are unsuccessful in getting a trolley service.</p>	Head of Community Nursing	31/03/20	

**Llandoverly Hospital
Community Health Council Report
ACTION PLAN**

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 5					
It would be helpful if the Health Board could review the level of OT input available and identify whether limits to OT input are contributing to delayed arrangements for going home.	To arrange a meeting between the Head of Community Nursing and both the Head of Occupational Therapy and Clinical Director of Therapies to review the current provision to ensure that the current process does not contribute to the delays with discharge planning	Discussion to take place with the Clinical Director of Therapies to explore the potential to strengthen therapy in the hospital	Head of Community Nursing	29/02/20	Meeting scheduled for December 2019.
Recommendation 6					
The physiotherapy room in particular was not welcoming and it would be beneficial if this could be reviewed by the Health Board to identify if any changes could be made to make it more welcoming.	To arrange a meeting between the Head of Community Nursing and the Head of Physiotherapy and Estates Dept. to identify if any changes could be made to make it more welcoming. Also See recommendation 2	Meeting with Estates and Physiotherapy set for December 2019. To discuss how the environment can be further advanced	Head of Community Nursing Director of Therapies	29/02/20 29/02/20	Redecoration commencing 30/11/19. Meeting being arranged with Clinical Director of Therapies to explore options (this may include identifying storage of equipment).

**Llandoverly Hospital
Community Health Council Report
ACTION PLAN**

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 7					
The Health Board could canvas patients to identify if the television in the open ward environment is a concern from their perspective.	To continue with existing review process undertaken on a regular basis which ensures that staff actively discuss what can be done to make patients stay more comfortable	Options are being explored to identify the best way to achieve patient and family feedback to improve the service. The patient experience department will be approached to contribute to this, an example of this success is the patient requests for technology access and the service recently installed Wi-Fi.	Ward Sister	31/01/20	
Recommendation 8					
For long term patients staff may wish to actively discuss what can be done to make their hospital stay more comfortable.	See recommendation 7				

**Llandoverly Hospital
Community Health Council Report
ACTION PLAN**

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 9					
<p>Use of modern technology such as internet access, tablets and skype facilities could allow people to stay in touch with their families more easily. This could also assist with individualised TV choices and other stimulating activities.</p>	<p>See recommendation 7</p> <p>To approach the League of Friends to enquire if they will contribute to the RITA system which is an interactive computer system designed to support cognitive stimulation.</p> <p>The Company that sells the system are being approached to ask if we could trial a system as there have been a number of systems in operation throughout inpatient services in Carmarthenshire and have proven highly successful.</p>	<p>Commence November 2019, no input is required from IT Dept as there is no requirement for ongoing maintenance or installation, that is provided by the company</p>	<p>CLN</p>	<p>31/01/20</p>	<p>To explore options for trial of a suitable system.</p> <p>Contacted 'My Improvement Network' who are considering a trial and we await confirmation and subsequently a date for a trial to commence</p>

**Llandoverly Hospital
Community Health Council Report
ACTION PLAN**

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 10					
Information leaflets in the corridor could be used more effectively as an information resource for patients and their families if it was better maintained.	To review the current information leaflets displayed within the area to ensure that the available resource is appropriate for the services client group and their families in conjunction with the patient experience team	Commence November 2019	Ward Sister Patient Liaison officers	31/01/20	In discussion with Patient Liaison team, all literature will be reviewed and updated