

Hospital Carer Evaluation

Final Report: April 2017

Introduction:

Torbay Carers Service undertook an evaluation into Carer experience of inpatient services at Torbay Hospital and three Community Hospitals at Paignton, Brixham and Newton Abbot in 2015-16. The aim of the evaluation was to identify the extent to which Carers are incorporated into the overall care for people on the hospital wards and how they are welcomed and supported while they are there and post-discharge.

In total Torbay Carer Evaluators undertook 181 evaluations, with 91 on the acute wards at Torbay Hospital and a further 90 at Paignton, Brixham and Newton Abbot Community Hospitals.

Summary findings:

The Hospital Carer Evaluation reports an encouraging picture of the way that Carers are involved and valued in the treatment of the people they care for. Where comparisons can be drawn from previous evaluations we have seen an improvement, with an increase in the percentage of Carers who feel their views are respected, and how they feel an equal partner in the patient's care.

The evaluation sought to establish how many patients were suffering from dementia as well as the physical condition for which they were staying on the ward and to see if they were receiving specialist support for the condition. The majority of those who had a diagnosis of dementia had access to appropriate support, but many responses referred to a level of confusion that had not been diagnosed as dementia or an uncertainty around whether the person they care for was suffering from it. These people had not met with a specialist dementia worker.

Key points:

1. Carers tend to feel welcome on the hospital wards, usually feel their views are respected and tend to be involved as much as they want to be in the patient's care.
2. Staff value the role of Carers to a greater extent in the acute hospital setting than the community hospitals.
3. More Carers of people in acute wards felt treated as an equal partner in the patient's care than in a previous evaluation in 2014.
4. Carers would like to see a clearer handover of information when patients move between wards.
5. While the majority of people with a diagnosis of dementia were receiving specialist support for the condition, many carers were uncertain about whether the person they care for had dementia and in these cases none had accessed specialist support.
6. Few Carers were aware of follow-up calls from the wards: Only two Carers knew the patient received a follow-up call post-discharge from acute services and eight were aware of a call from community services.

Background:

Carer Evaluators are employed by Torbay and South Devon NHS Foundation Trust as evaluators with experience of being a carer to evaluate services through a Carer's lens. The Hospital Carer Evaluation evaluated the experience of Carers for people receiving inpatient services within the acute and community hospitals in Torbay and South Devon.

Dementia services requested that the evaluation incorporated some understanding of the experience of Carers for people with dementia.

The evaluation also included an emphasis on how Carers were informed about the medication prescribed to people on the wards and sought to understand what Carers' views were on hospital discharge.

Methodology:

A questionnaire was devised to evaluate Carer experience in hospital services in Torbay and South Devon. This pulled together questions from previous evaluations into hospital-based Carers services in Torbay Hospital in 2012 and Enhanced Recovery in Medicine in 2014 and was approved by the Carers Lead, Dementia Steering Group and Carer Evaluators.

Carer Evaluators evaluated the acute services between autumn 2015 and Spring 2016, moving to evaluate the Community Hospitals in late Spring 2016. The evaluation finished in October 2016. In total the following number of evaluations were carried out on each ward:

Simpson Ward (Acute)	46
Cheetham Hill Ward (Acute)	33
EAU4 (Acute)	3
George Earle Ward (Acute)	9
Paignton Hospital (Community)	34
Brixham Hospital (Community)	18
Teign Ward (Community Stroke Unit)	18
Templar Ward (Community)	20

Carer Evaluators were asked to resolve issues while undertaking the evaluation by the Dementia Steering Group rather than just recording them. It was agreed that there was more value to resolving issues and catching them early than recording an issue and remaining impartial. The success of how the issues were resolved was also recorded as part of the evaluation¹.

Results:

A full data set along with graphical representations of the findings appears in Appendix 1 of this report. The following provides a summary of results.

The evaluation was asked in two distinct time frames, the first while the person being cared for was in hospital and the second after they had been discharged.

¹ Detailed responses are available in Appendix 1 on page 7 of this report.

Questions while in Hospital

The evaluation asked if Carers were caring for someone with a learning disability, dementia or mental health issues.

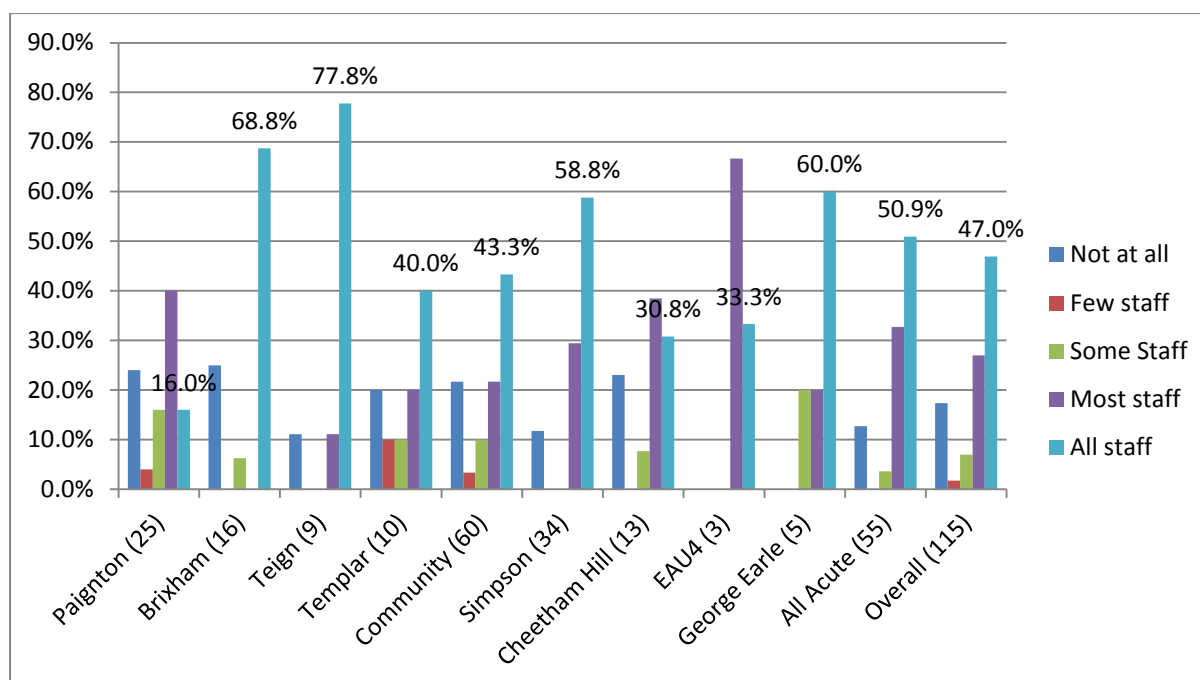
- 17% of patients had dementia
- 3% had a mental health diagnosis
- 1% had a learning disability

A further 9 people (5%) were uncertain about whether the person they care for has dementia due to the impact of having a stroke or being forgetful without the diagnosis of dementia.

99% of Carers stated they either always feel welcome on the wards (77%), or most of the time (22%). Two respondents (1%) stated they felt welcome half the time and there were no responses that indicated they rarely or occasionally felt welcome.

When asked who identified them as a Carer, respondents referred to the interviewer in the majority (69%) of cases. While this is how it was perceived, staff told Carer Evaluators who the Carers were before they interviewed them, so the ward staff were previously aware they were a Carer. Staff on the wards were credited with identifying 11%. 35% were registered with their G.P. as such.

Almost half (47%) of respondents said all staff give the impression their role as a Carer was important, but 17% replied by saying 'not at all'. Community Hospitals recorded different results than the Acute Hospital, with 51% of Carers for people in the Acute Hospital stating that all staff gave the impression their role is important against 43% of Community Hospital staff. 22% of Community Hospital Carers stated that staff did not give the impression their role as a Carer was important at all compared to 13% of Acute Hospital Carers who felt this way². A graph showing the responses of all wards appears below:



² Teign Ward (78%) and Brixham Hospital (69%) were the most successful community hospitals at showing Carers their role is important with George Earle (60%) and Simpson (59%) as the highest scoring acute wards.

Both Paignton and Cheetham Hill saw more than 20% of respondents saying their role as a Carer was not at all important, which stood out against several of the other wards.

Carers were asked how they are included in discussions about the person they care for and the greatest number of responses were that:

- They were able to speak to staff when they were there (76%)
- Staff listen to what I have to say (75%)
- They were able to speak to a Doctor or another clinician when they were there (64%)
- They were able to ring staff (61%)
- Staff ring them with changes (56%)
- They were invited to a meeting with a Doctor or clinician (29%)

When asked if they are involved as much as they want to be in the patient's care 88% responded by saying this was 'just right'. Five people stated that they were involved much less than wanted, and seven were involved a lot more than wanted. Of those who were involved much more than they wanted two were Carers for someone with a diagnosis of dementia (one more with 'confusion') and one a mental health condition.

Respondents were asked if they feel treated as an equal partner in the patient's care and in response 40% answered 'completely', and 28% responded 'quite a lot'. The average score was measured on this occasion to provide a comparison to a previous evaluation into Enhanced Recovery in Medicine (ERM). The score showed an increase to 3.9 out of 5 in the acute unit (previously 3.7 in ERM wards and 3.1 in non-ERM wards in 2014). The overall average score was 3.83 (closer to 'quite a lot' as an average score than 'moderately').

Carers felt their views are respected completely in 43% of responses, quite a lot in 33% and moderately in 15%. In terms of the negative responses, 5% replied by saying 'not at all' to the question. In comparison to the findings from the Torbay Hospital Evaluation in 2012 there was a marked improvement.

Year	Service measured	Average score
2014	ERM Wards (Acute hospital)	3.0
	Non-ERM wards (Acute hospital)	2.7
2016	Acute Wards	4.2 (+1.2 vs ERM and + 1.5 vs non-ERM in 2014)
	Community Wards	3.9

Carers were asked to make suggestions about what could be done to improve how their views are respected and highlighted there would be improvements³:

- if staff were less busy
- if Carers had more access to staff
- if communication was improved

Carers were asked if and when anyone had a conversation with them about the patient's medication and overall scores showed that 44% had not had this conversation. Of those who had (57% of the

³ For a full breakdown of responses please see the responses to Question 10 (a) in Appendix 1 of this report.

total), 44% had the conversation on admission, 10% on discharge and 3% at another time. Those who had a conversation about medication (74 respondents) were asked if they received a medication sheet and if it was helpful. 73% felt that it was really helpful and the remaining 27% said it was quite helpful.

The evaluation asked Carers if they had been offered any other information or support as a Carer and in response:

- 90% received free Hospital parking
- 76% received finance and benefits advice
- 71% accessed the GP Practice-based or Hospital-based Carer Support Worker
- 69% had a health and wellbeing check
- 68% had a Carers Information Card
- 68% joined the Carers Register
- 49% had a break from caring

When asked if they felt involved in planning for the patient's discharge the bulk of answers were positive. 38% answered 'completely' and 29% answered 'quite a lot'. Negatively, 16% answered 'not at all'⁴.

Carers were asked if they needed any support that had not yet been discussed and the following responses were noted:

- 32% needed support with equipment at home
- 19% needed support with planning transport for the patient to get home
- 15% needed additional support at home
- 14% needed help with personal care or shopping
- 12% needed support with medical devices / procedures after discharge

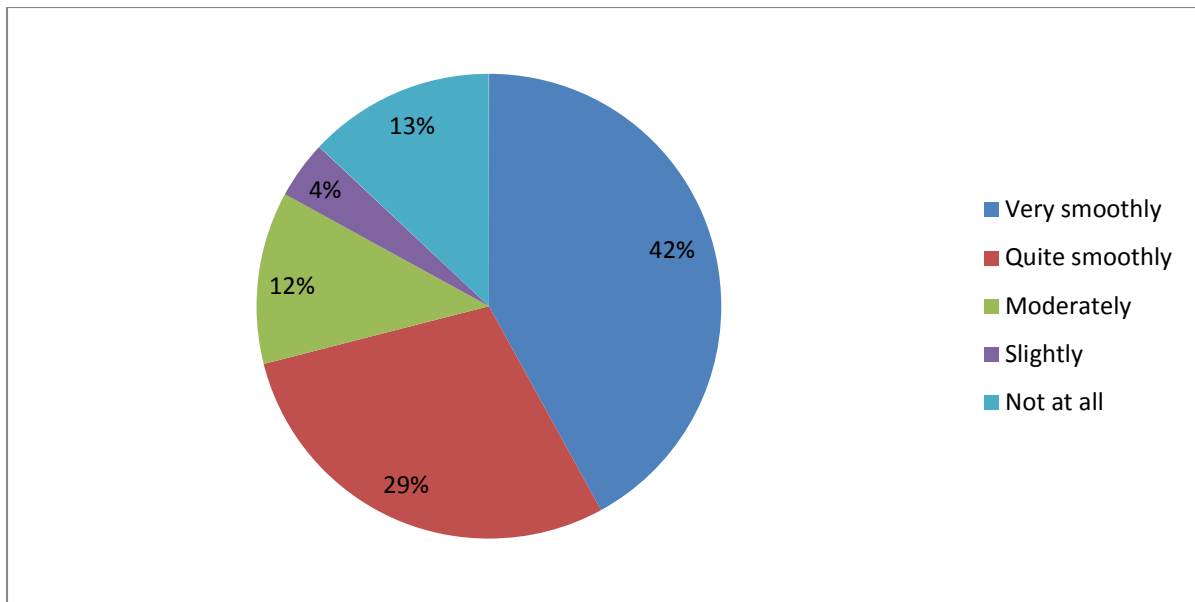
Carers were questioned on whether anything would have made their stay better and communication issues both between staff and the patient and Carer and between wards were raised as the greatest concern⁵. A full breakdown of the responses by ward appears in Appendix 1 (Question 15).

Post-Discharge Questions

The Carers were asked how smoothly they felt the discharge from hospital went, and the following responses were recorded:

⁴ Carers were asked to comment on this and responses in full (attached to each ward) appear in Appendix 1 (Question 13).

⁵ The full set of responses appears in Appendix 1 (Question 2 of the Post-Discharge questions).



When asked what could have improved the discharge home Carers referred to:

- communication issues (Carers were sometimes unaware that the person they care for was coming home)
- transport delays with getting patients home
- medication delays or other issues associated with medication.

When asked whether Carers are clear about all medication / medical procedures 90% answered yes, leaving 10% who were not. Only one respondent from Community Hospital wards was not clear, and six Carers from the Acute Hospital wards were unclear about the medication or procedures for the person they care for.

Carers were asked if they had received a call from anyone (other than the Evaluator) to see how discharge went, and overall only 13% had received a follow-up call. There were some notable differences between wards, but even the better performing ward at Paignton only had follow-up calls to 29% of respondents⁶.

The Carer Evaluators asked if there were any issues that needed to be raised with staff on the wards. 31 people raised an issue, and of these 55% were resolved completely to their satisfaction, but 13% were 'not at all' satisfied with the resolution.

Carers were asked if they had contact with dementia services where appropriate and three had contact with the Dementia Advisors at the Chadwell Centre.

Finally, Carers were asked if they had anything else they would like to add. A full breakdown of responses by ward appears at the end of Appendix 1 (Question 8 of the Post-Discharge questions), but the key themes were as follows:

- There were general positive responses from 14 Carers
- Delays in medication / oxygen in three cases

⁶ The breakdown of calls per ward appears in Appendix 1 (Question 4 of the Post-Discharge questions).

- Delays in OT arrival or equipment in three cases
- Communication failures between wards in two cases
- One instance of each of the following: a transport delay, information not being passed on to the GP, lack of information about patient's new medication and a delay in the arrival of the Physio.

Recommendations:

- 1) Staff to ensure carers are aware that discharge paperwork includes a medication sheet and explain what information it contains.
- 2) Carers should be involved in discharge planning for the person they care for.
- 3) Staff should ensure Carers are routinely updated on the condition of the person they care for and given the necessary information when there are changes in medication.
- 4) Staff should ensure Carers receive sufficient training in how to administer medication and use equipment if they are required to do so in support of the person they care for.
- 5) Every attempt should be made to ensure medication is ready for patients in time for their discharge and that they are given realistic timescales when they arrange transport home.

Conclusion:

The evaluation has shown marked improvements where comparisons can be made to previous evaluations, with responses to "Do you feel treated as an equal partner in the patient's care?" and "Do you feel your views are respected?" There appears to have been positive developments in the Acute Hospital over this time in terms of how Carers are involved in treatment of the person they care for person's condition while on the ward.

Communication issues between ward staff and Carers and also information transfers between wards appears to be an area that Carers have identified as of great concern. While most Carers feel involved in the patient's treatment where concerns are raised they tend to be as a result of a failure to inform Carers or provide them with adequate information about changes in medication or discharge arrangements, in particular concerning discharge delays due to waits for medication or transport home.

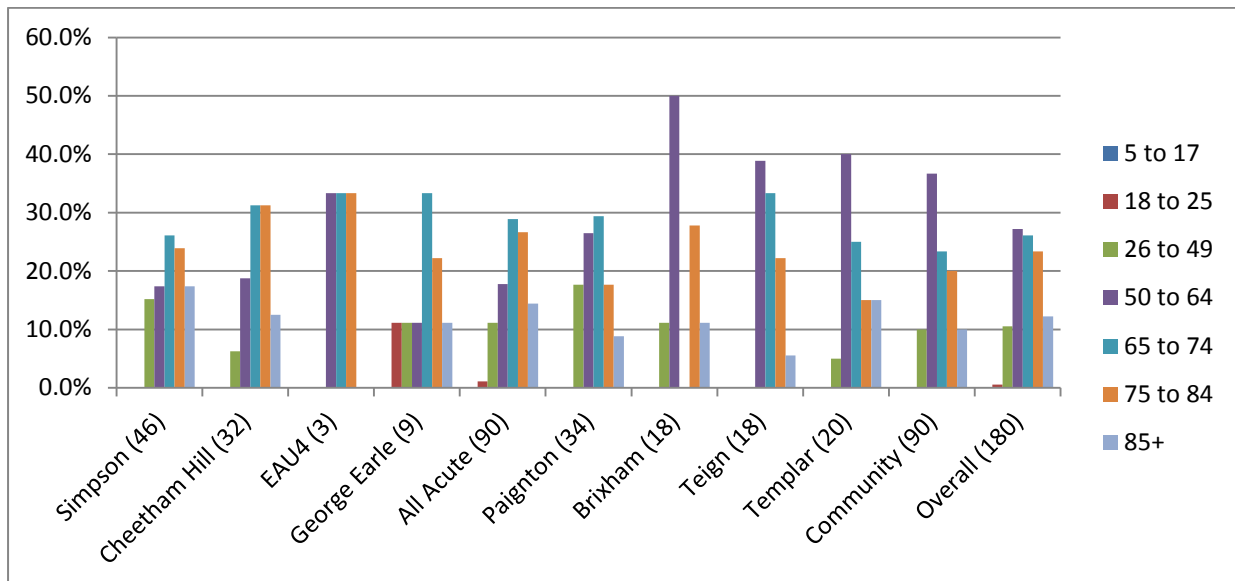
There were a notable number of positive comments from Carers and the bulk of responses to all questions took a positive stance. Carers feel welcome, involved, valued and respected in their role in the care that the person they care for is receiving in most cases, but the negative responses show there is still work to be carried out to ensure every Carer feels this way.

RD April 2017

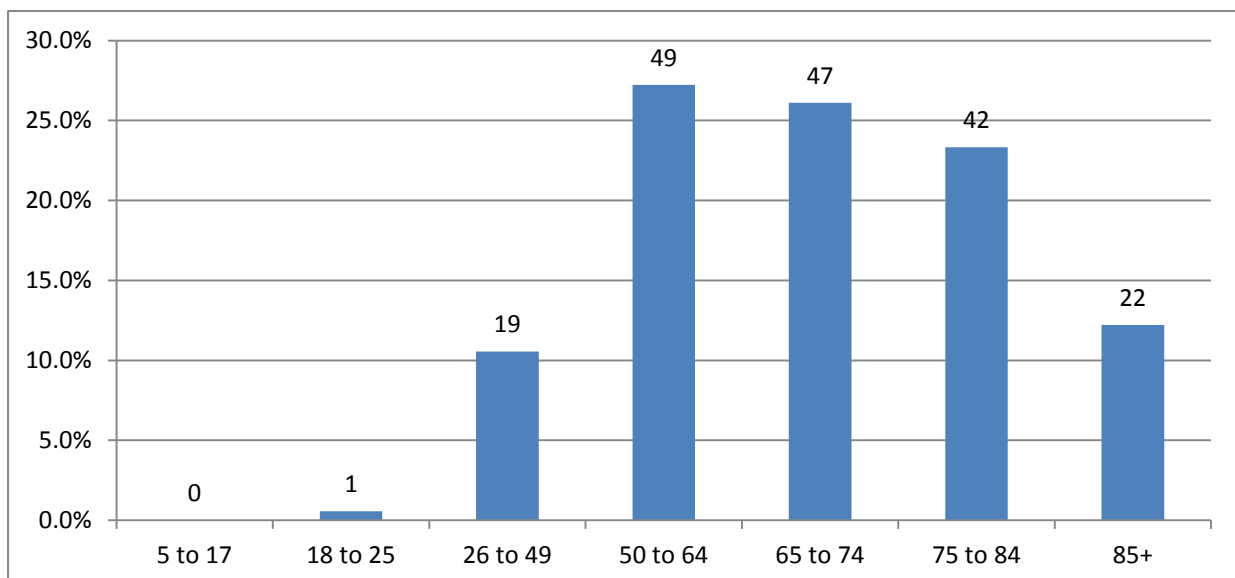
With thanks to Carers and staff who contributed to this evaluation.

Appendix 1: Analysis of data

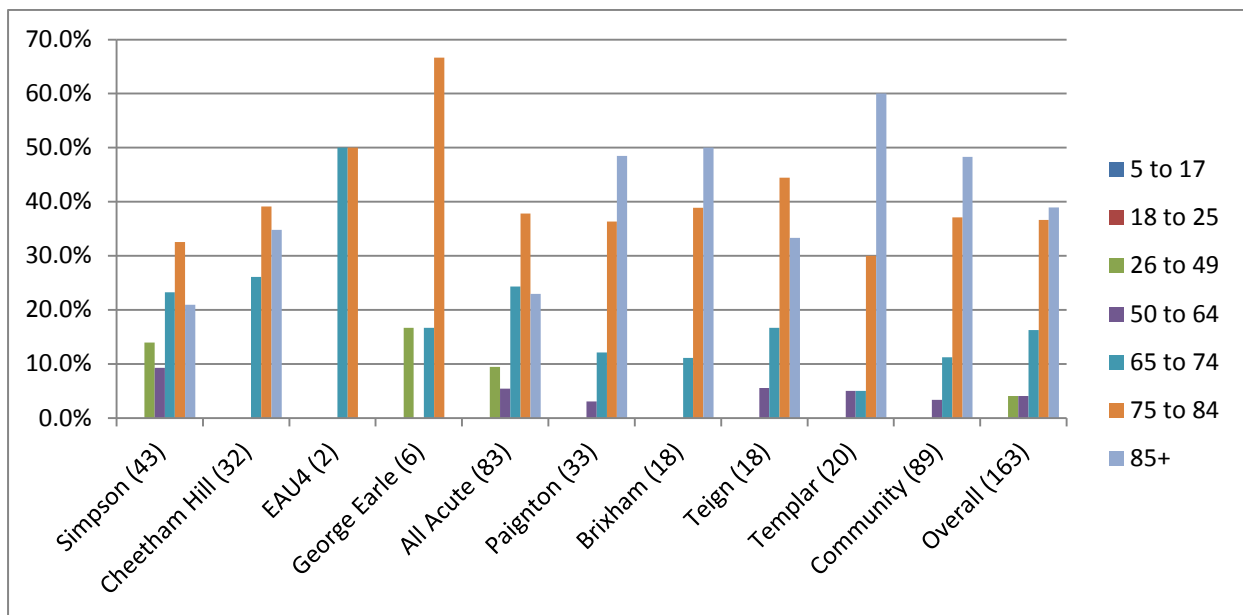
Q1: Age of Carers:



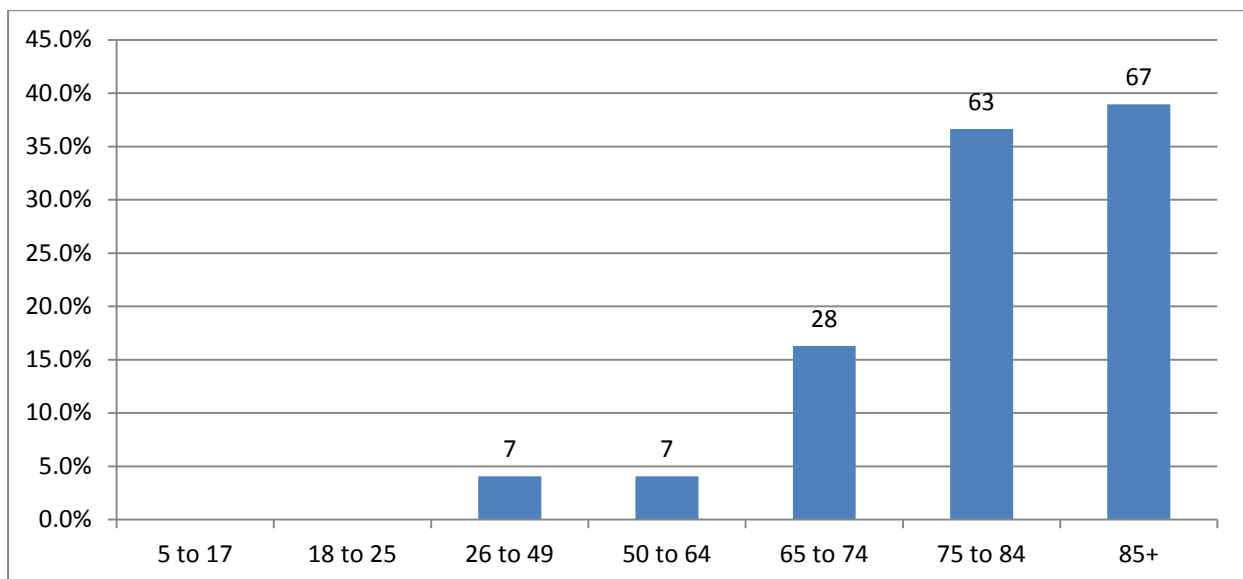
Age of Carers across Acute and Community Services



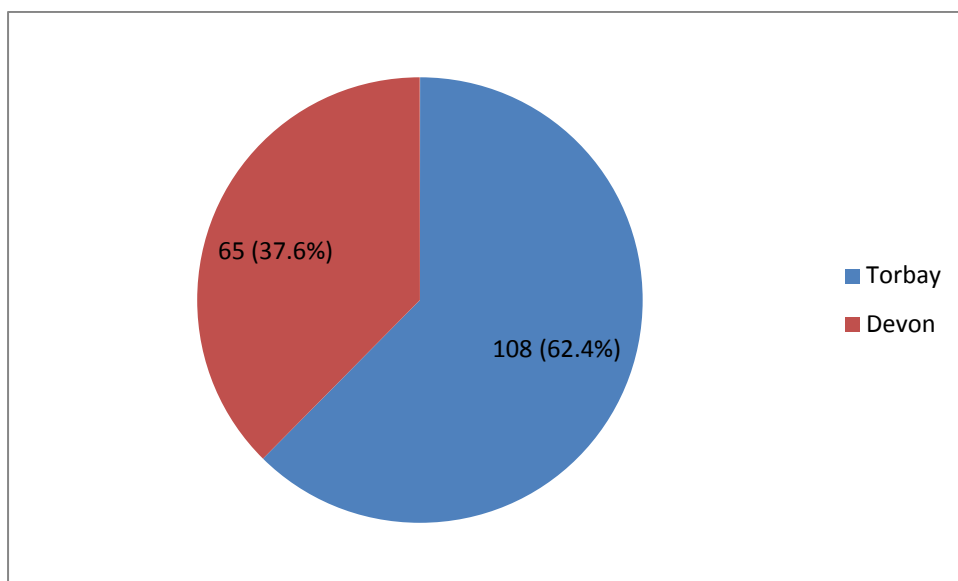
Age of cared for people:



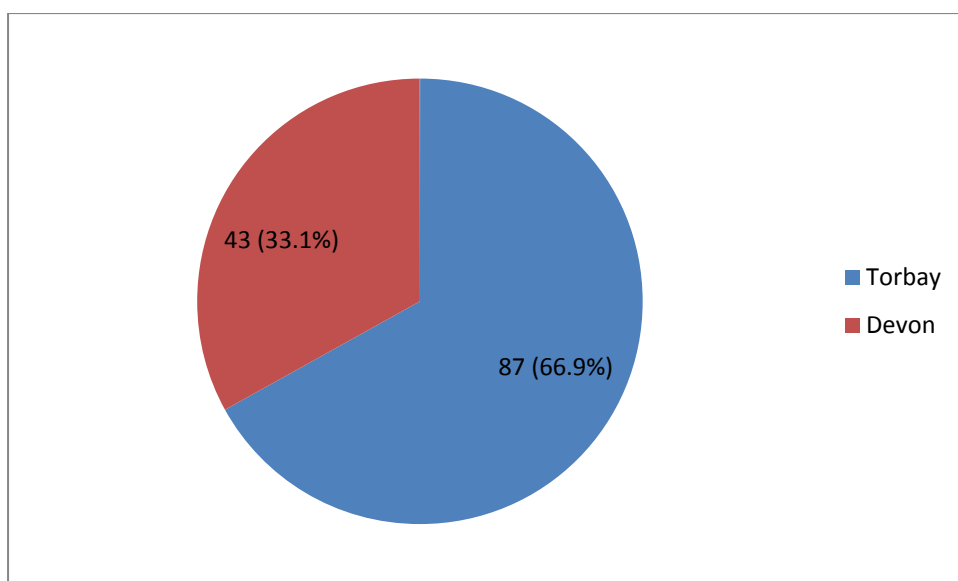
Age of cared for people across Acute and Community Services



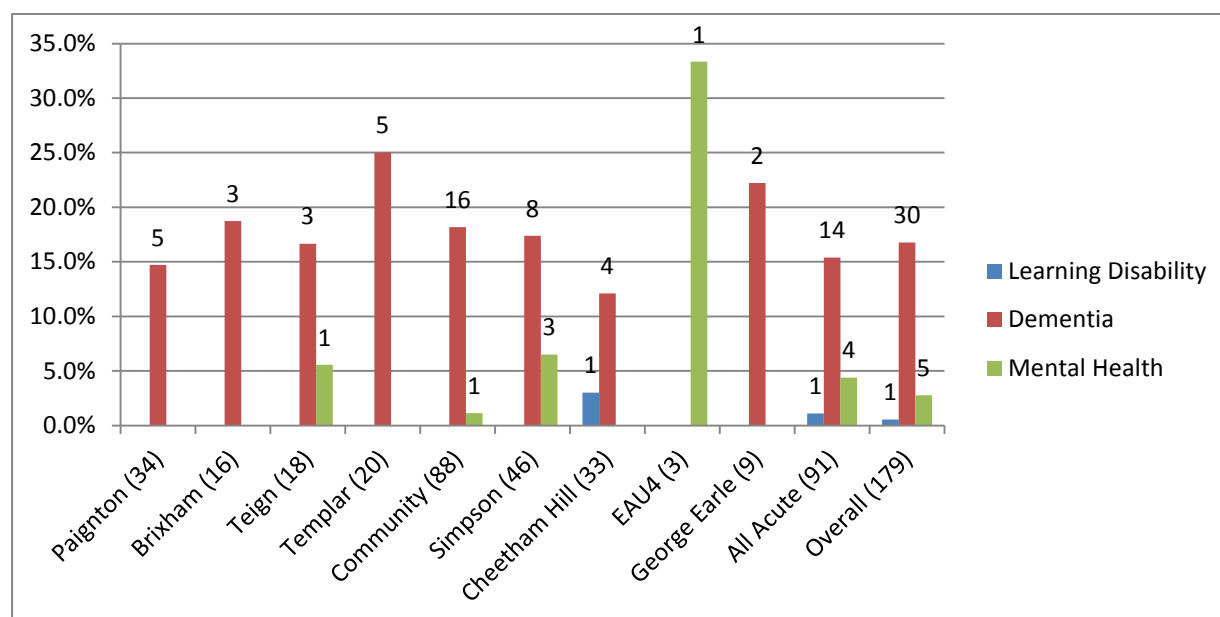
Q2: Do you (Carer) live in Torbay or Devon?



Does the person you care for live in Torbay or Devon?

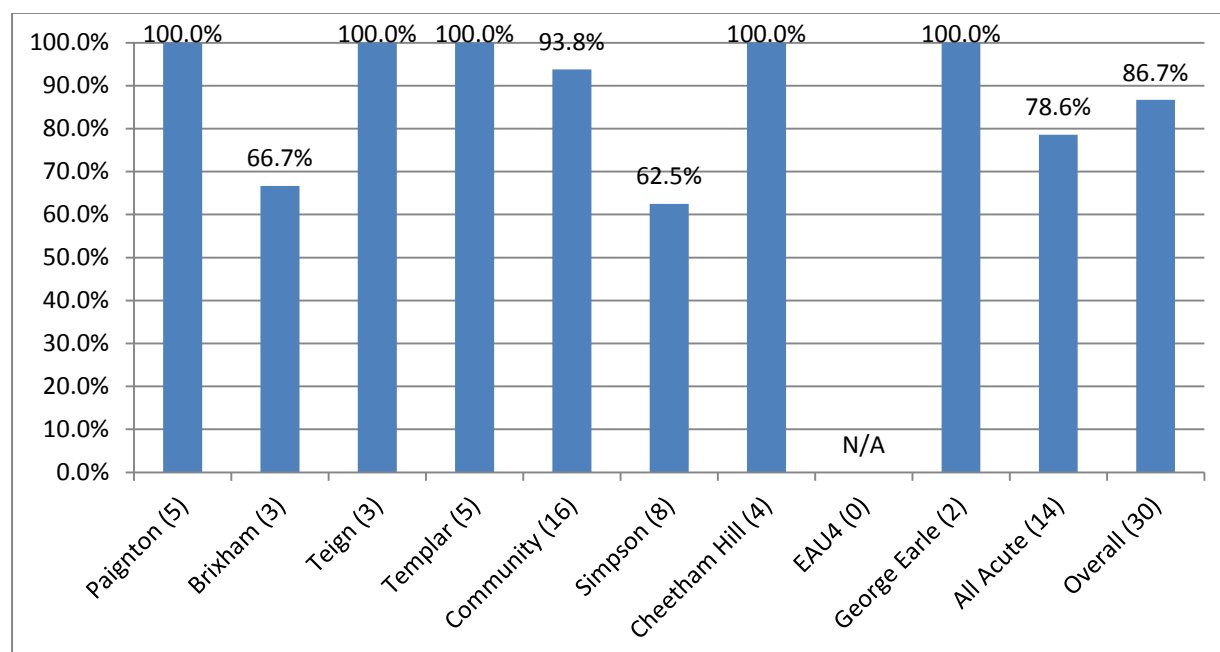


Q3: Has the person you care for got any learning disability/dementia/mental health issues?



Across the community and acute wards 16.8% of the cared for people had a diagnosed dementia (30 out of the 179 respondents to this question), with a further 5 people (2.8%) having a mental health diagnosis and one person with a learning disability, accounting for 0.6% of the total. There was a fairly even split between community wards (18.2% of patients) and acute wards with 15.4% of the total number.

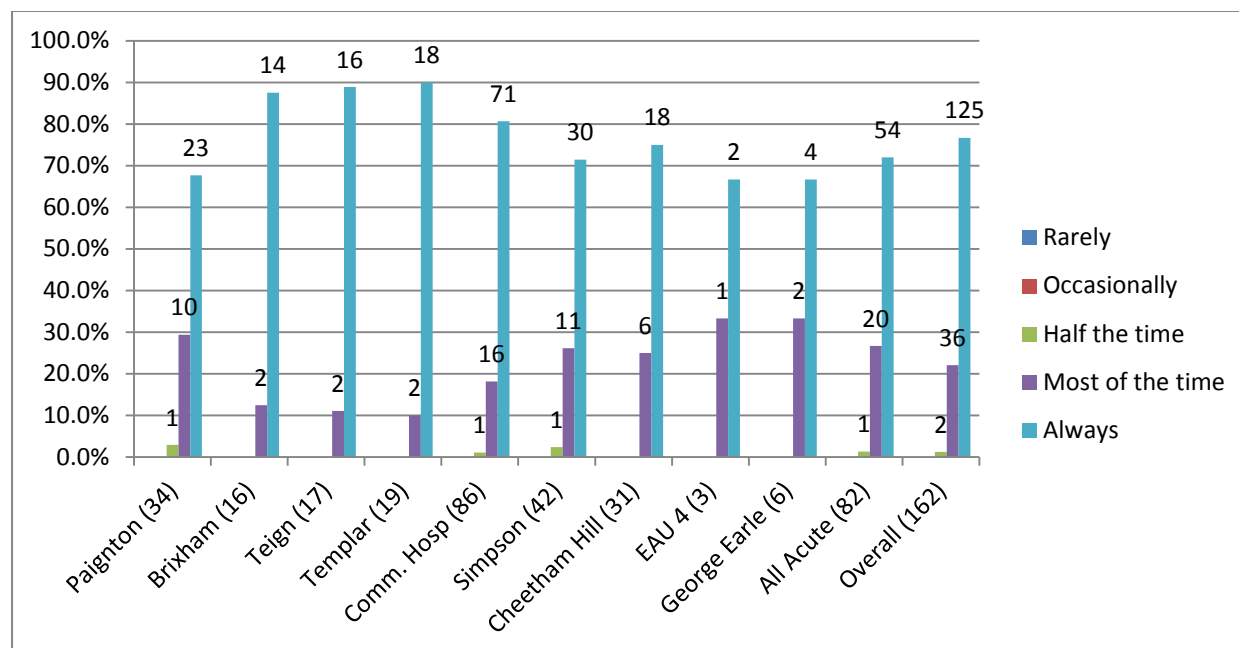
Q3 (a): If dementia, are you aware of the Dementia Advisor service in Torbay or the Dementia Support Worker service in Devon?



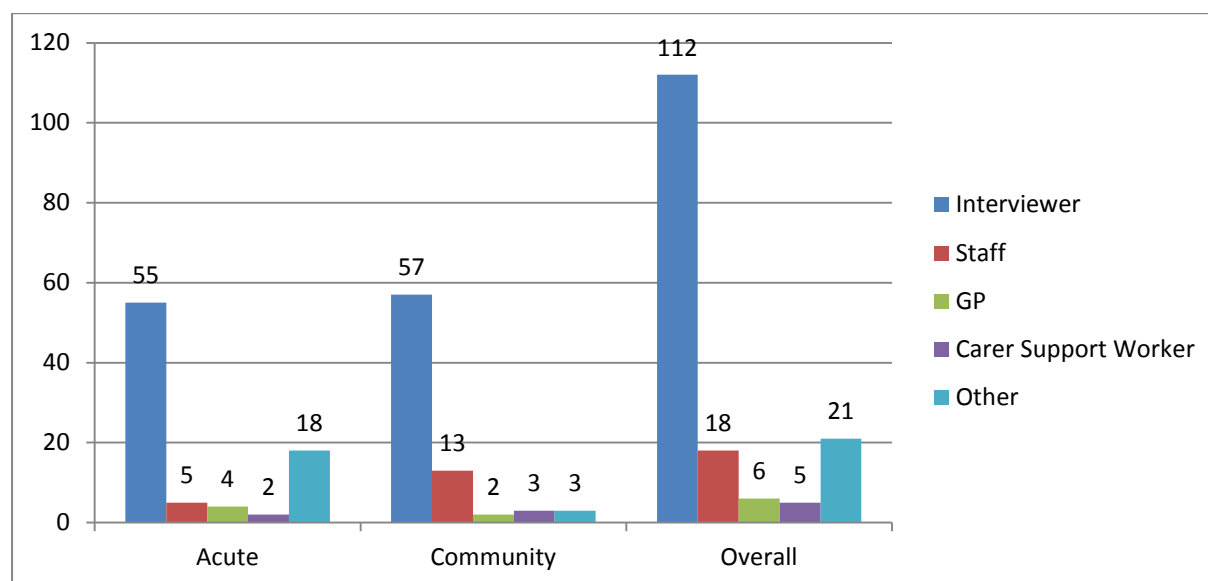
Of the people who were supporting someone with dementia 86% already had contact with the appropriate services in the acute setting and 94% had contact within the Community Hospital

setting, meaning that 88% of all patients with a dementia diagnosis were already accessing specialist support from Dementia Advisors or specialist Dementia Support Workers

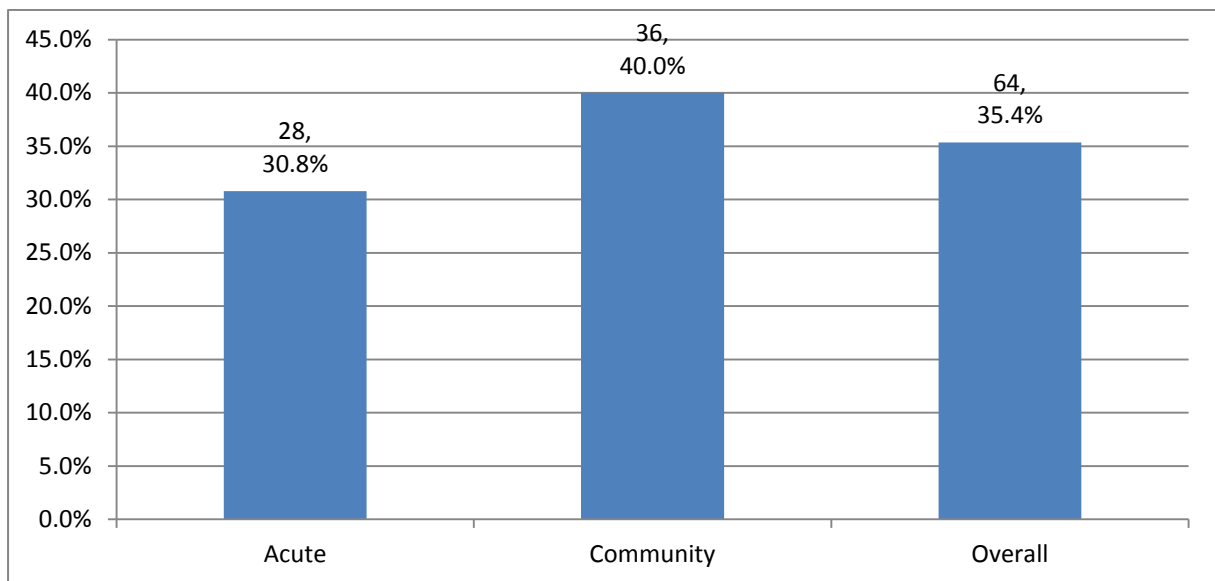
Q4: Do you always feel welcome on this ward?



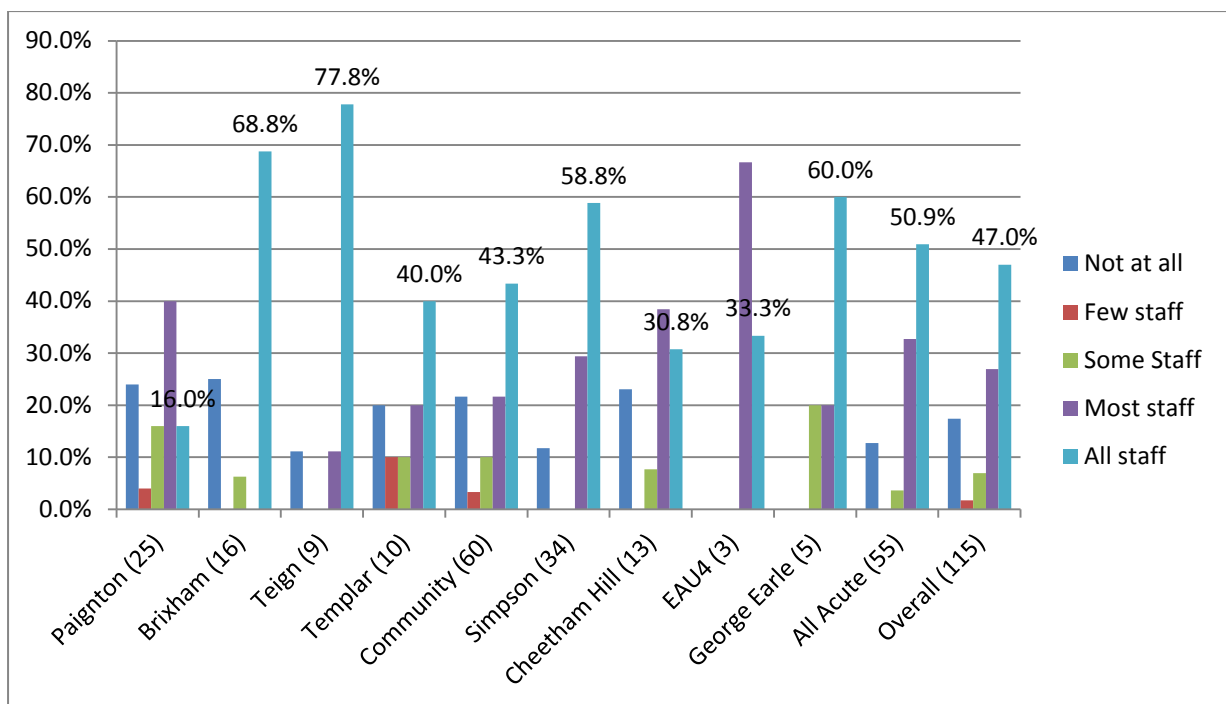
Q5: Who identified that you were a Carer?



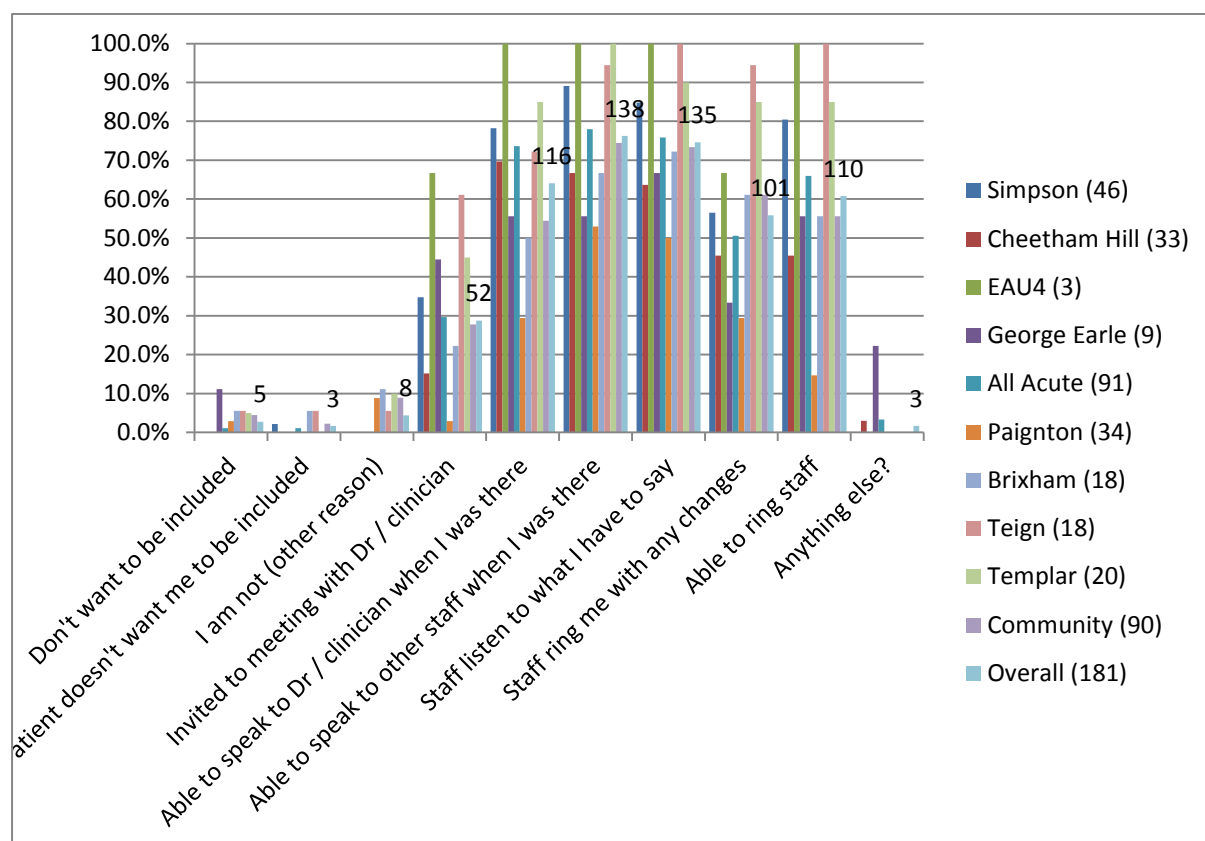
Q5 (a): Are you registered as a Carer with your G.P.?



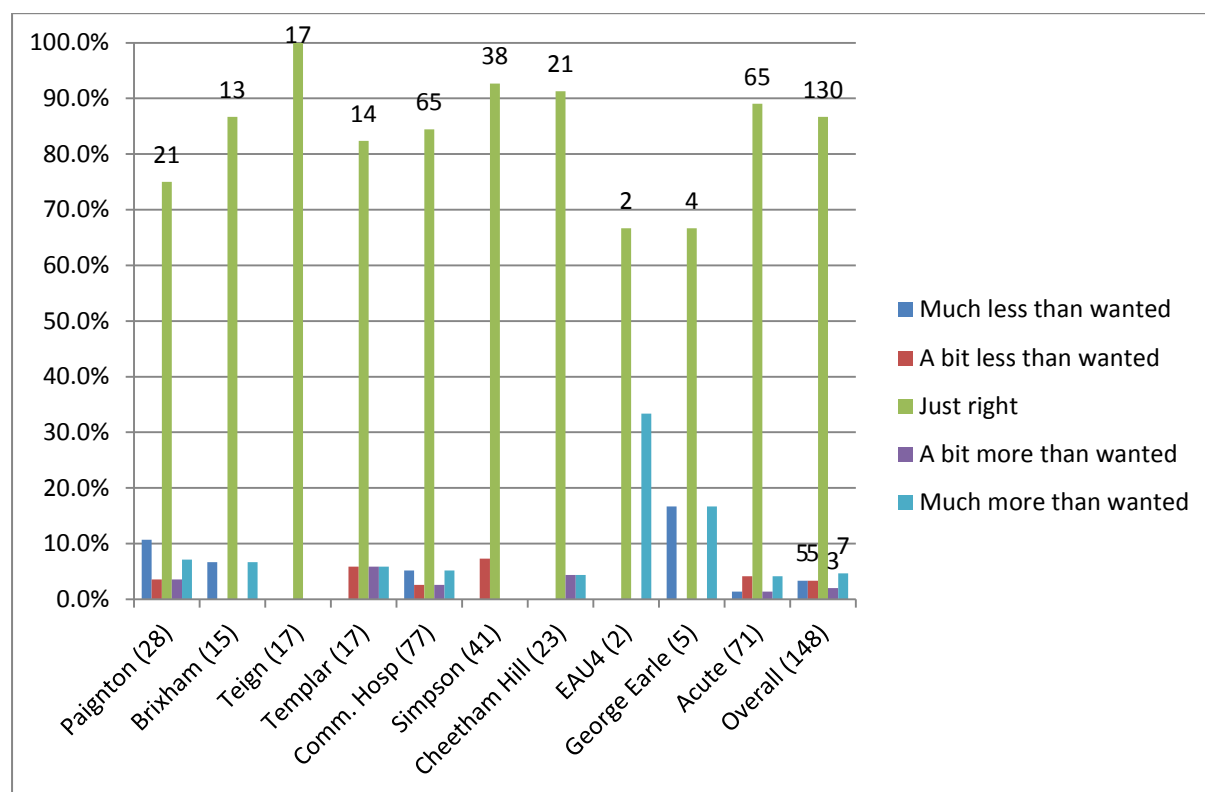
Q6: Do staff give the impression that your role as Carer is important?



Q7: How are you included in discussions about the person you care for?



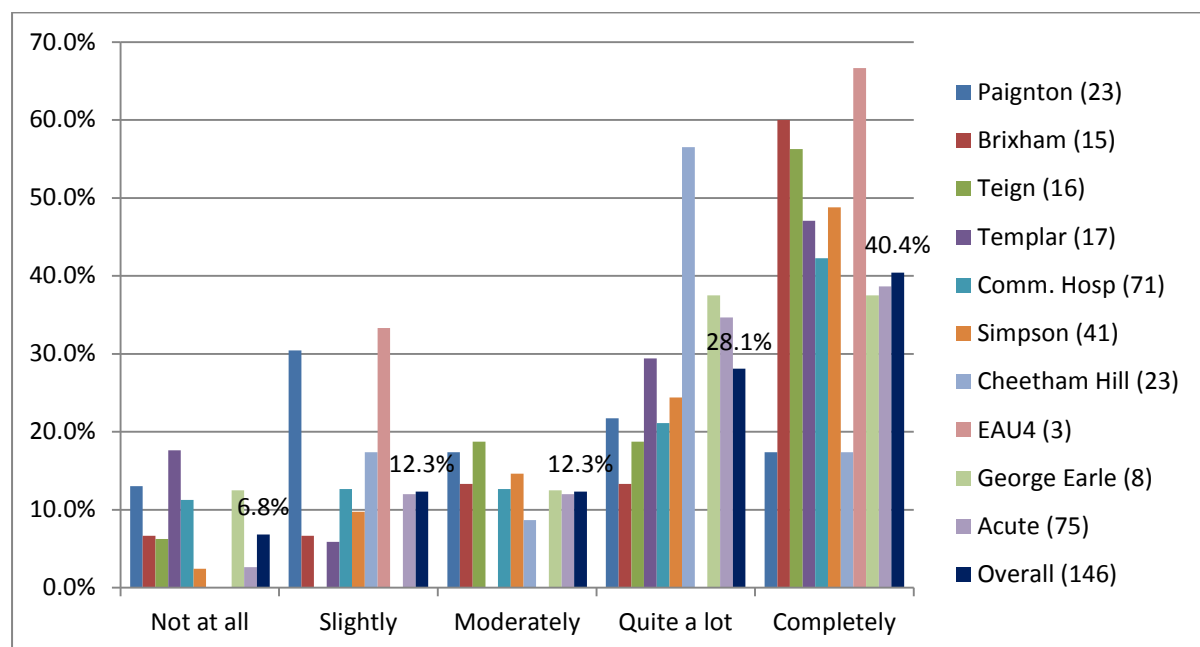
Q8: Are you involved as much as you want to be in the patient's care?



Of the seven people who were involved too much in the care of the patient, two were caring for someone with dementia, one for someone who was confused, but did not have a dementia diagnosis and one supporting someone with a mental health diagnosis. While the numbers are small, of the people who reported they were involved much more than they wanted more than half were supporting people with memory or mental health issues.

Q9: Do you feel treated as an equal partner in the patient's care?

The evaluation that the Carer Evaluators completed in 2014 into Enhanced Recovery in Medicine (ERM) showed an average score to the question “Do you feel engaged as a partner on the ward?” of 3.7 (when 3 is ‘moderately’ and 4 is ‘quite a lot’) on ERM wards and 3.1 on non-ERM wards. The current evaluation in Winter 2015/16 gave an average score of 3.95 across the 4 acute wards and a score of 3.7 for the community wards with an average score of 3.83 overall. This shows a large increase in how Carers feel treated as a partner in the patient's care.

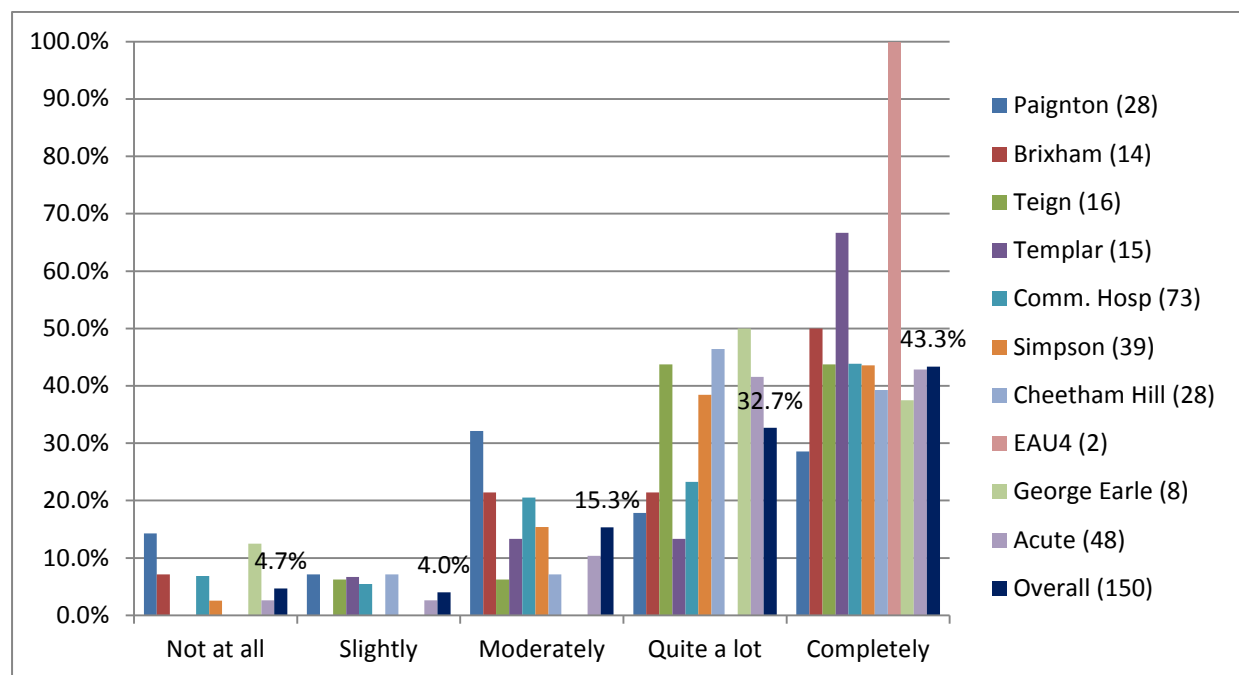


Q9 (a): What could we do to improve this?

There were several responses to this question, with the following comments:

- Sometimes the atmosphere is strained.
- Staff should do the care.
- I would like to be volunteered information rather than staff waiting to be asked for it.
- Better communication between wards
- I would like to be asked if we need anything
- Staff could ask us if we would like any help
- Continuity of staff

Q10: Do you feel your views are respected?



A previous evaluation of Carers services in Torbay Hospital in 2012 asked respondents if their views were respected. On this occasion 27% of those asked said that their views were not respected. Of those that responded to this question in the current study 9% either answered 'not at all' or 'slightly' to the question, indicating their views were respected more than had been the case in 2012. The majority (67%) of the current study respondents said their views were respected 'completely' (43%) or 'quite a lot' (33%).

In the 2014 study into Enhanced Recovery in Medicine the average score in response to this question was 3 on non-ERM wards and 2.7 on the ERM wards. The current study showed an increase in the score to 4.2 in the Acute Hospital and 3.92 in the Community Hospital wards with an average score of 4.1 (a greater score than 'quite a lot').

Q10 (a): What could we do to improve this?

Simpson Ward

- Need more time to assess
- Very busy
- No-one asked my views
- An assessment with son and daughter

Cheetham Hill Ward

- Better communication needed between A&E and EAU4 – also ward to ward.
- Staff rarely have time to listen to us
- Improvement could be an assessment with son and daughter

Paignton

- Better access to Dr (x 2)
- Need information on medication and case plan
- Greater communication (x 4)
- Don't always see same staff

Brixham

- Keep me up to date
- Things are often left out of reach

Teign Ward

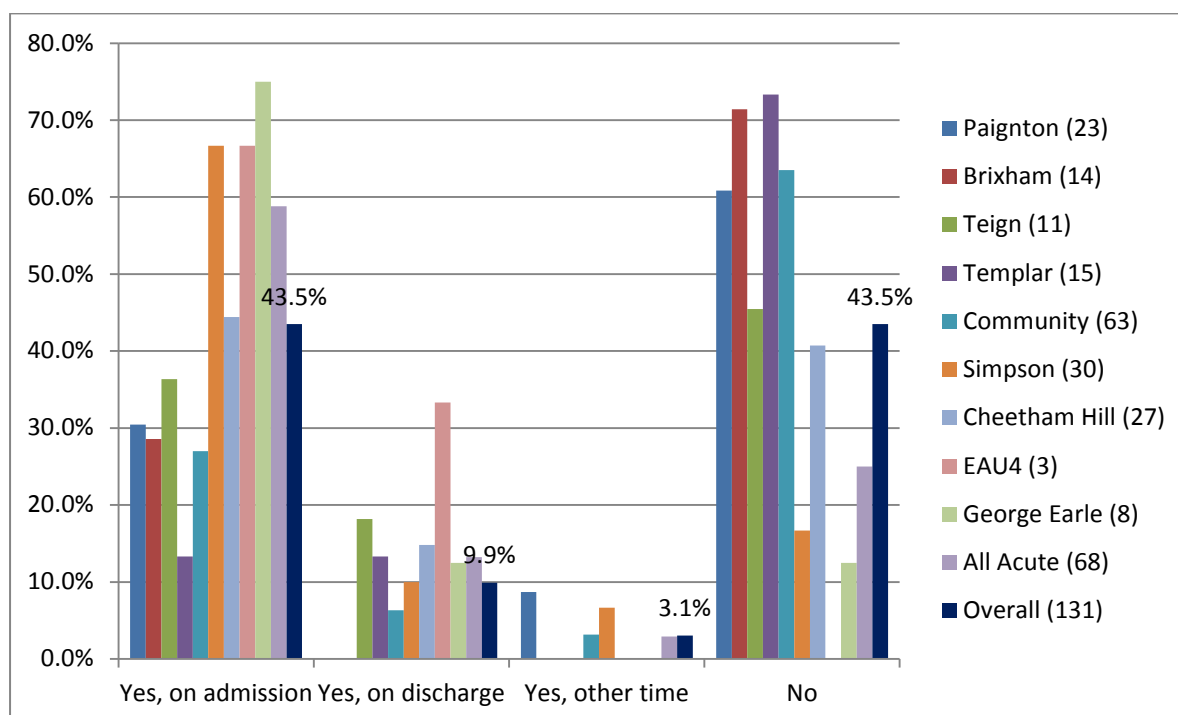
- Communication between hospitals

Templar Ward

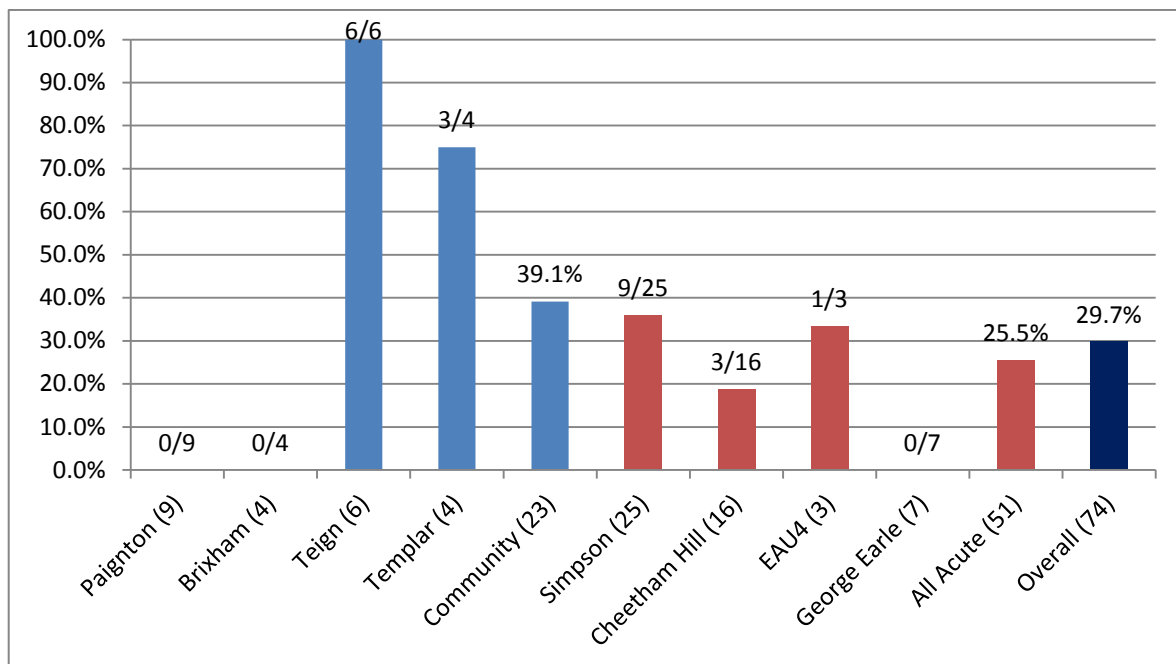
- Talk to a physio
- Need to be kept up to date

Q11: Has anyone had a conversation with you about the patient's medication?

Respondents were asked to tick as many options as appropriate. The bulk of discussions about medication took place on admission, but this only happened in 42% of admissions. In total 52 out of the 91 people admitted onto the wards (57%) were asked about the person they care for's medication.



Q11 (a): If yes, were you given a medication sheet?



People who answered 'yes' were then asked if it was helpful.

In total from the 15 people who placed a value on how helpful the Medication sheet was 11 (73.3%) said it was really helpful and 4 (26.7%) said it was quite helpful. No-one reported it was moderately, slightly or not at all helpful.

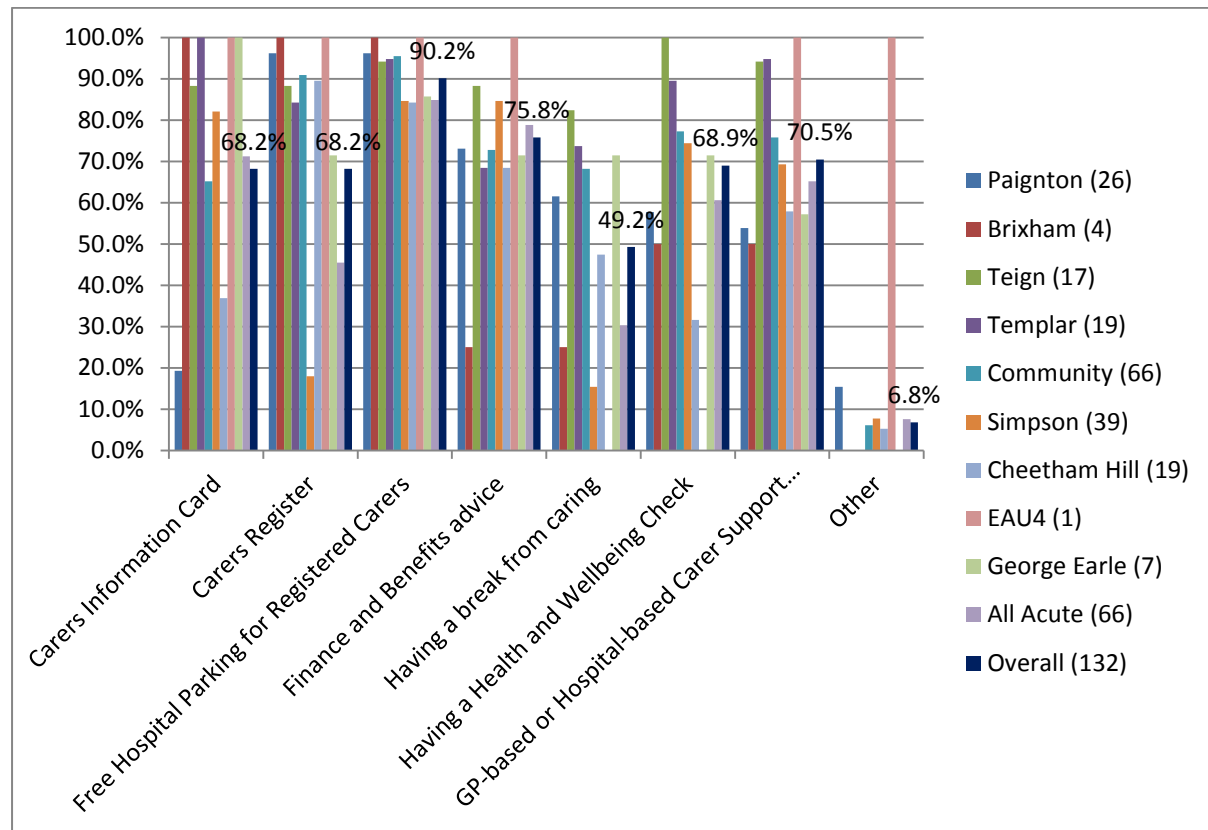
Q11 (b): If no to either, what would be helpful?

One person felt that better information about medication was needed.

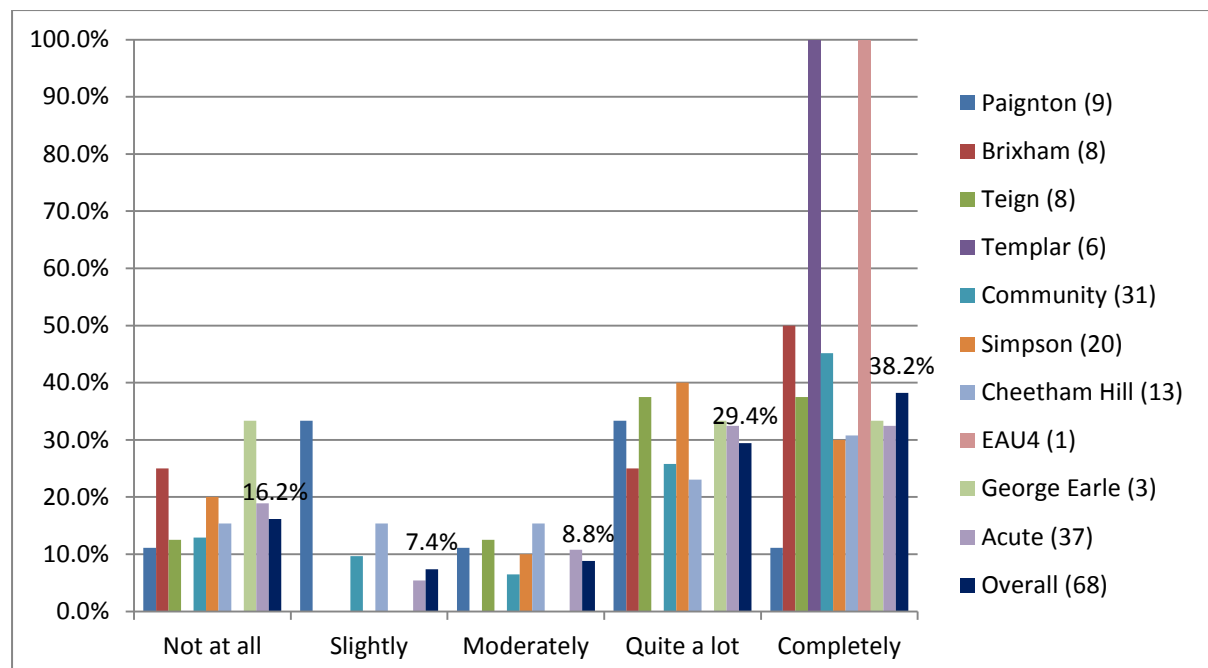
"It would have helped to be told what meds were and when to be given, instead of being left in the dark to get on with it as best she could".

Q12: Have you been offered any other information or support as a Carer?

Respondents were asked to tick all boxes that are applicable.



Q13: Do you feel involved in planning the patient's discharge (if patient agrees)?



Comments:

The following comments were made, but in summary of the themes half of the respondents (11 out of the 22) did not feel involved in discharge planning. The discharge just happened and they returned home or moved to another ward in 11 of the cases. Two people felt positively about their involvement in discharge but a further two people had to ask questions to get the information they needed and two others referred to the discharge being in other people's hands.

Paignton:

- Planning is happening now with OTs.
- Not been mentioned yet.
- OTs will decide that.
- Very much so - discussions on going.

Brixham:

- It has been taken out of our hands. Mum's future is being planned for her.
- Too early- planning to move to a bungalow as stairs are too difficult.
- Emma Webb - social services spoke to me . Hospital staff spoke to daughter.

Teign Ward:

- Not needed. Told time he would arrive and he did.
- Not needed. Ambulance brought her home.
- They were wonderful, really helpful
- Just told mother might be discharged on Friday
- Let her know the day before

Templar Ward:

- Not needed. Told he would arrive at a certain time and he did.
- Not needed to be involved, they delivered him home.

Simpson Ward:

- Just told to pick him up. Did so and was given meds, no explanation or anything.
- No idea about discharge. Just went to pick her up and was handed meds sheet.
- Patient rang to say he was discharged so carer arranged transport.
- It was all sorted out. Carer not needed in planning
- With help from Steve Black

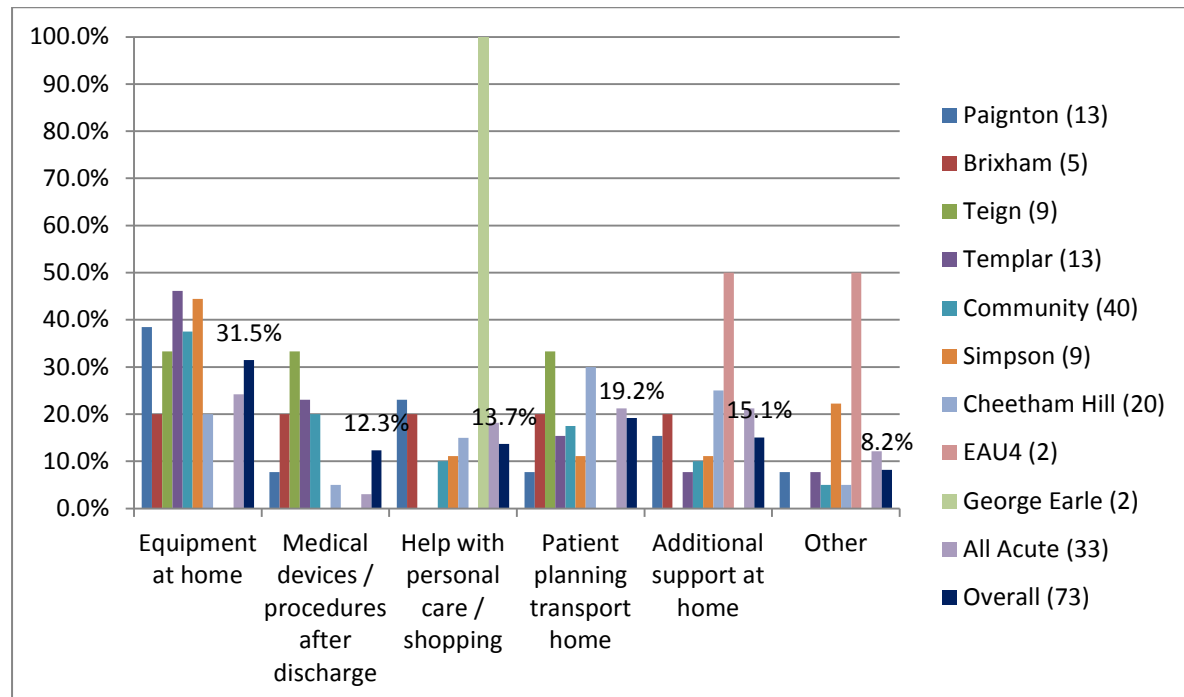
Cheetham Hill:

- I pestered them for two days to let her come home.
- Discharge was decided before I got to TBH - was told he is going to Paignton in 2 hrs. Transport!
- Had to ask what was going on.
- Sue from Rowcroft has seen my wife, discussions on-going.

George Earle:

- Would like definite info to tell people

Q14: Do you need any support that has not yet been discussed?



Q15: Was there anything that would have made this stay better?

Community Hospitals:

Paignton

- More Staffing

Brixham

- Perfect
- Well looked after
- Fantastic
- Stimulation – more time in the day room
- Would have liked more company in the day room
- No x 8

Teign Ward

- Communication between Teign Ward and Torbay Hospital was almost non-existent
- No x 4

Templar Ward

- Teign ward good, but Templar needs more communication

- Own room x 2
- No x 5

Acute Wards:

Simpson Ward

- More info –x 3
- Quieter nights x 2
- Better communication between wards
- No x 3

Cheetham Hill

- Not being asked the same questions every time we go to another ward
- Taking too long to be discharged after receiving medication
- Doesn't know why planned ultrasound didn't happen at Paignton. Did not ask if his transfer to Paignton was convenient. Brixham would have been better.
- Info about discharge before it happens
- No x 3

Q16: Is there anything else you would like to add?

Community Hospitals:

Paignton

- The family live miles away and rely on me to keep an eye on their mum.
- Just want him home
- Staff very kind
- Lovely staff
- Nurses brilliant

Brixham

- Some staff are badly trained
- All helpful and pleasant
- Staff Marvellous
- Good experience
- I feel I am perfectly able to care for my husband at hospital & at home and if I needed anything I would ask.

Templar Ward

- Better communication between Torbay and Newton Abbot
- Privacy
- Client-led care – permission

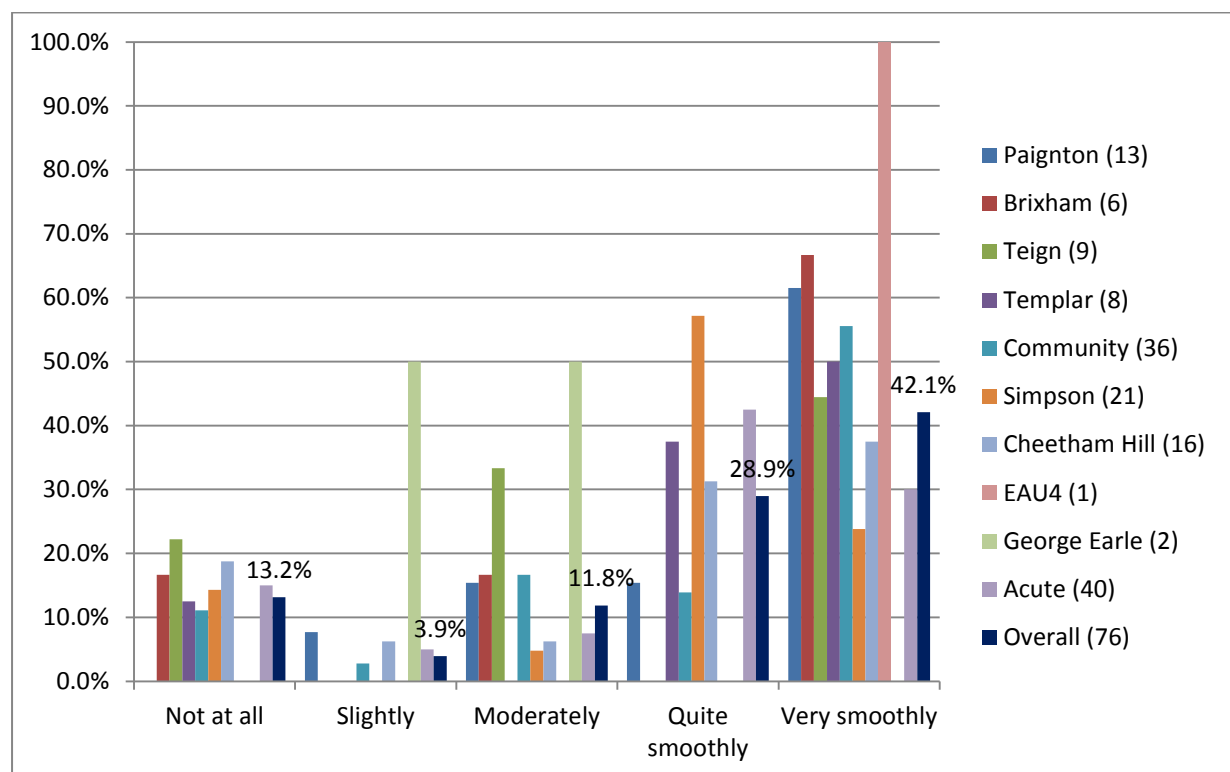
Acute Wards:

Cheetham Hill

- Staff are a credit to the NHS & Torbay Hospital.
- Staff and care have been very good.
- Help moving house
- Staff were so kind to us

Post-Discharge questions

Q1: How smoothly do you feel that the discharge from hospital went?



Q2: With hindsight, is there anything that could have improved the discharge home?

Community Hospitals:

Paignton

- Portable oxygen would have meant my brother could have brought her home.
- His pain killers were given to him at 16.00. Don't think he had any more, so could have left then
- Asked for meds in blister packs but arrived in boxes and had to do them!
- Knowing she was coming home would have helped!
- Not having to wait so long for meds to arrive.
- Communication again!

Brixham

- Had a long wait for transport.

Teign Ward

- Equipment needed after arriving home but OTs (excellent) are helping to solve issues.
- Yes, they should have been told she was coming home and when.
- In preparing for discharge needs the OTs made the patient stand on her left leg when she told them she couldn't. She fell, bruising & damaging her hip.
- Sent me home in a smaller vehicle as ambulance could not get up the road to our house.
- No, they phoned to say he was coming home and he arrived by ambulance
- Communication / Medication not issued in blister packs as requested.

Templar Ward

- Made sure he was fit to come home and everything was in place, i.e. pressure boots etc. before discharge.
- She just came home in an ambulance

Acute Wards:

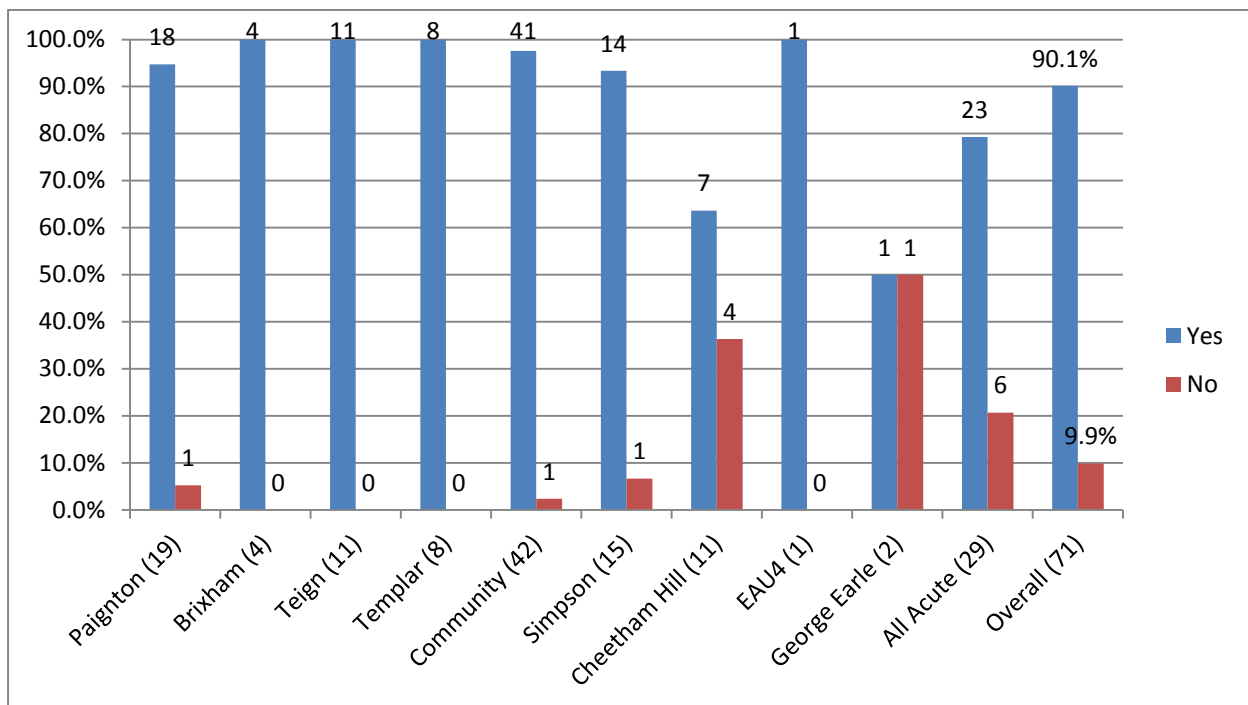
Simpson

- Why was patient in there? What was done. Once told X-Ray showed nothing, he was kept in for observation. When told he could go home they saw no-one and were wondering?
- They all went out of their way to be as helpful as possible
- Meds should have been explained.
- Delay. Expected discharge on Tues. but was held up until Wed waiting for injection.
- Yes - info on discharge form incorrect. Will contact his GP tomorrow to sort it.
- We collected mum at 6.30pm. Staff nurse gave us meds and explained it. Also had a zimmer frame.
- Staff very busy, no time to unblock catheter. Meds took 5 hrs to arrive.
- Had a long wait for prescription.
- Test results seem to have been misplaced. Carer to ring to find out where they are.
- It could have been quicker. Long wait for meds & transport.
- Could have been quicker, but all taken care of.

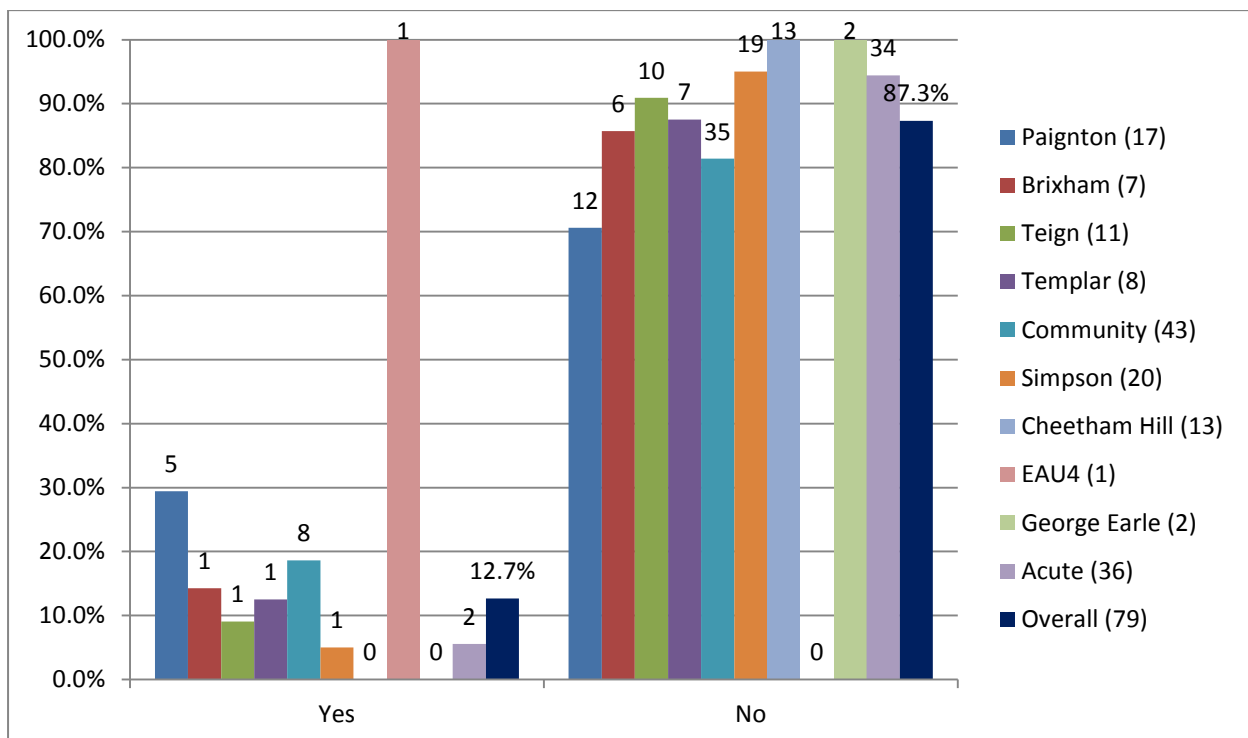
Cheetham Hill

- Not having to hang about so long.
- Speed up meds.
- Yes, let me call taxi myself and just get wife to the exit.
- Would like to have been asked if PGN was convenient. Husbands bottom set of teeth were lost at C.Hill during discharge.
- More info about definite time/date.

Q3: Are you clear about all mediation / medical procedures?



Q4: Have you had a call from anyone else to see how discharge went?



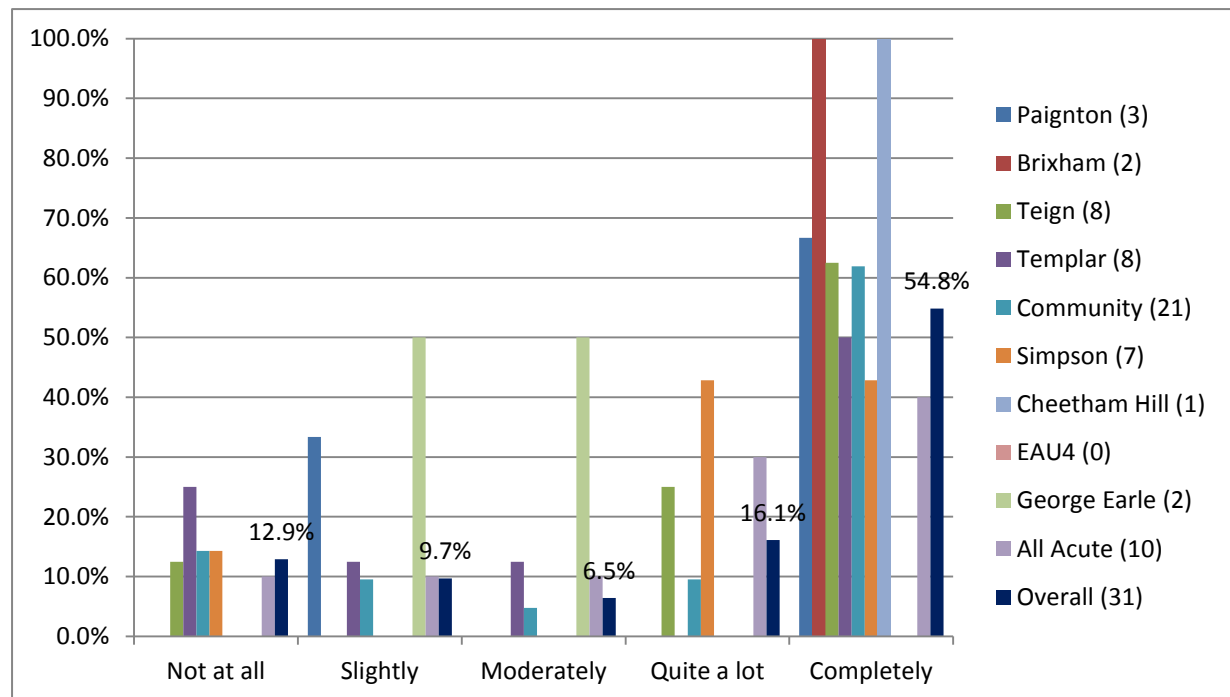
If yes, who?

The follow-up call to the Carer from EAU4 was from a G.P. from Old Farm Surgery. There was no information on where the calls from Simpson Ward or Cheetham Hill came from.

The four follow-up calls from Paignton consisted of two from the Ward Clerk, one from the Physio and another from someone from the ward (they think it was a nurse).

The one follow-up call from Brixham was from the Care Team and the call from Templar Ward was from one of the nursing staff.

Q5: Where we raised issues, were they resolved to your satisfaction?



Q5 (a): Have you got any concerns that haven't been addressed?

Responses from Simpson Ward:

- Still waiting for clinic appointment
- I wish information would come more voluntarily. It was only received when asked for.
- Unhappy with a response from Signposts telephone line. The paperwork requested was not available and the contact details were not taken to send it on.

Response from George Earle:

- Mum had too much medication and was readmitted briefly a couple of days later.

Responses from Paignton:

- Hadn't had Carers Card. Filled out Part 3 of Register forms and card came.
- Would like to know if any hospital follow-up or should we contact G.P. Confirmed with staff who said G.P. Passed this info on to carer.
- Dad came home with a little sore in his groin. Had a call from the nurse today who told me what cream you put on it. Very helpful. We did get told he had some sores earlier.

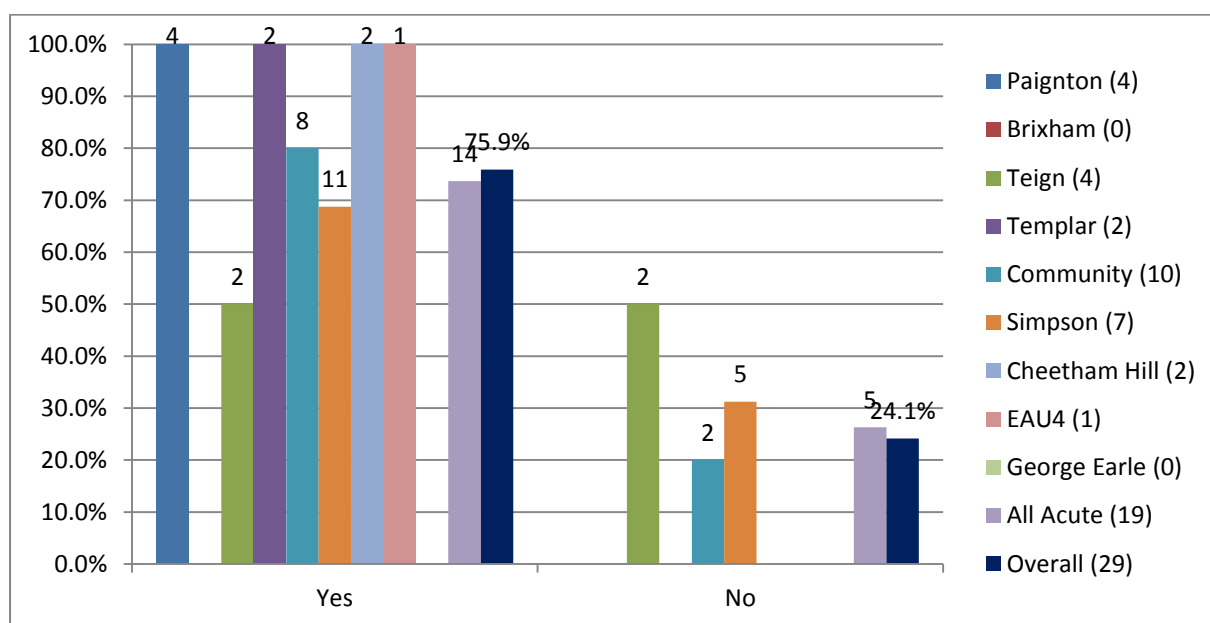
Response from Teign Ward:

- Medication

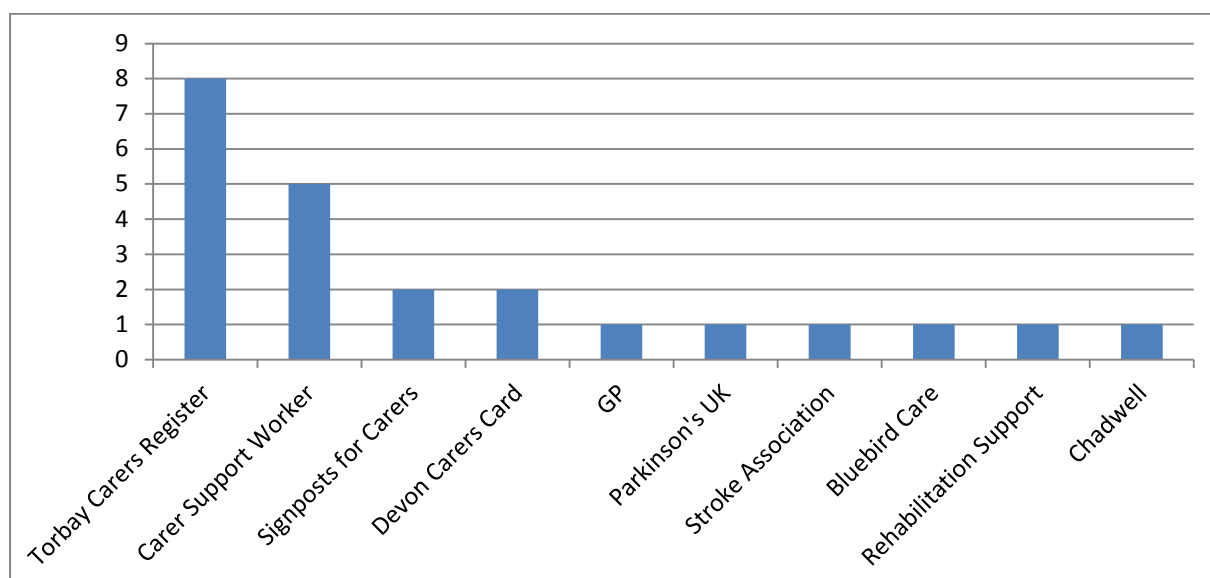
Responses from Templar Ward:

- Care package not really in place. Because she left Newton Abbot Hospital and lives in Torbay it took 3 weeks before an OT came. District nurse did not turn up on appointment to change dressing. Correct exercise regime was delayed. All in place after 4 weeks.
- Had brief contact with the physio. Was promised catalogue for leg lifter, because they can't provide one. Never got the catalogue.
- Respite Care

Q6: Have you contacted any of the services that you were recommended to contact?



If yes, which service was it?



Q7: Are there any dementia services which you use?

3 people have contact with the Dementia Advisors at the Chadwell Centre.

Q8: Is there anything else you would like to add?

Community Hospitals:

Paignton Hospital

- Dad aged 92, was told he could go home on 12/2/16 as oxygen had been installed there. He didn't go home on the 12th because stats were too high. Nurse Anne-Marie said stats were fine and he could go home. Matron then said he couldn't leave until Mon because meds had not arrived. Dad really upset - Carers rang Chemist in Kingsteignton and was able to arrange for meds to be sent out on Saturday. Matron agreed to him going and said transport would be arranged. There was delay in getting home due to mislaid walking frame which brother had to collect from Paignton Hospital. They rang Torbay Hospital to ask for assistance with oxygen etc. was told Torbay didn't deal with Paignton Hospital patients. Rang Paignton Hospital and were told someone would contact them - still waiting. Carer has written it all down with times, dates and names.
- We are still waiting for portable oxygen - told it would be 3 days. Mum stuck indoors without it. Advised Carer to ring up & query.
- See notes on questionnaire. Transport arrangements were good but arrived 6 hours late - waiting for meds from TBH. No info given to family or Ark Care Agency. Info not passed to Dr Surgery or District Nurse that she had a pressure sore.
- On arrival at Park Residential Home, by ambulance with a female crew, the patient was unable to manage the steps. Two workmen nearby assisted him. The O.T. was aware of the patient's difficulty and should have ensured the crew were able to manage safely. Putting in a complaint.
- Thanked me for my support
- Val Shute has made an appointment to visit. Carer in her 90s. Children will keep in touch more often.
- Staff were very kind. Dad had good care.
- All good at Paignton really
- Very pleased. Wife ready, meds packed, transport ready. Visit from OT. All staff very good. No phone call yet.
- Because of norovirus, carer found out on Fri pm that he was being discharged the next day. No equipment from OT. Patient became stuck in his toilet twice. Interviewer spoke to OT who rang and apologised for the lack of support.
- Due to norovirus in hospital, carer hadn't visited for 6 days. Carer found out that patient was coming home next day! Patient arrived in nightdress and thin dressing gown. Meds came with meds sheet. Some had been changed with no explanation.
- Sent back to TBH 26/5/16. Then home 2/2/16. Then going to see a specialist at Derriford 15/6/16
- Carer has concerns about lack of communication between Torbay Hospital, Paignton & herself. She was not told about a fall at Torbay Hospital & Paignton. Not told about a scan.

No-one told her father he had to choose from a menu daily so no food arrived on the second day. Need to know how to support dad after the OT's have finished in 4 weeks time. Who do we ask? Daughter (Carer) is going to write a letter about her concerns. Probably to P.A.L.S.

- Thank you for everything Paignton have done for us- much better than Torbay.
- Mrs Daley went home OK. Husband/Care has dementia. Mrs Daly phoned the hospital for advise about her meds. Staff nurse went over everything with her, clearly and kindly.
- Tablets missing - but arrived in time for discharge. Daughter collected mother by car. Commode was ordered but not delivered- not needed now.
- This man went to TBN for radiotherapy. It was decided he be fast-tracked for home with full POC as now on EOL. Spoke to CSW to contact wife now on Carers Register.
- Collected Mum from hospital. Nothing in discharge papers about Mum's on going care. At bedtime, found Mum had an incontinence pad (I didn't know about it- none sent home with her). I hadn't been shown how to change her catheter and was told the district nurse would be coming to change it- discovered they hadn't been informed. When she did come there was no spare strapping- then bag started to leak. Called 111- no help. Rang Care Agency- man came and changed bag & left spare one. Still no spare strapping. He said he would inform Discharge Nurse. Nursing care in Paignton superb. Matron came to explain about Mum. Great. Thank you Di.
- I said Mum unable to manage at home. Shouted at S.S and eventually he said she could go into a home if we wished. She is in Primley for 4 weeks it is taking 2 people to get her out of a chair. Mum wants to go home but I am worried about the safety aspects. Dr Goodman - Ricky Grant Unit says he wants a new full assessment done on her. No-one seems to communicate any more. It's disgusting that carers have to fight so hard for info.- no-one seems to have a full picture of what is wrong with Mum! I am at my wits end and feeling so down and confused. * Recommended she go and see her own GP as soon as she can and that she tells him how she is feeling. She said she will. Diana
- Had to rush home to let Dad in as he had no key and we hadn't been told he was being discharged. Communication not their strong point. Everyone was lovely to us as well as Dad. Nurses were lovely, so kind. Nothing was too much trouble. Dad liked it there. Thank you for getting some-one to talk to us about Dad.

Brixham

- Mum caught influenza/pneumonia at Christmas which led to 2 urinary infections. This caused delirium, night restlessness and toilet difficulties. Being in hospital has increased her anxiety, she is scared of being put into care permanently "her idea of hell on earth". Daughter feels that once her mum is home, many of her difficulties and symptoms will alleviate. She is aware that mum is not the woman she was but feels if she is happy, rather than in fear & distress, the quality of her life will improve. Daughter has questions about the medication - can it cause nightmares. She would like to know the cost of night care. She is also concerned for her mum's physical strength after a long bed rest and would like to see her strength built up through nourishing food and physio.
- Discharged to 3 Corners. Waiting for Parkinson's Nurse.

- From TBH went to Paignton. Interviewer was asked to witness power of attorney signature. 6.6.16
- Discharged to St Kilda's.
- Patient moved from Torbay to Brixham to receive physio to get back home. As yet no physio. Husband has suffered paralysis, suddenly two weeks before from waist down. He was bored in room. Wife managed to hire electric wheelchair. She checked with hospital, received two calls from them to ascertain suitability. When delivered husband was told couldn't use it until it had been safety checked. Could League of Friends raise money for suitable wheel chairs for use on ward. Discharge - She was not given any information on meds. Had to look two up on the internet. Was not shown how to fit a catheter. Not enough incontinence pads and no pants. - has had to buy their own - still none. Young District Nurse came and did an ultra sound scan on husband's bladder as he was in pain, legs & feet swollen. Found bladder full. Changed catheter and fluid has been draining well. Legs & feet back to normal. Catheter was fitted badly twice in hospital. She doesn't want to complain - understands staff are stretched. Doesn't feel she can handle any more stress at present. Has been crying for a week!
- Carer has issues with the carers coming an hour earlier than he had asked for. Referred him to his CSW.

Teign Ward

- When carer contacted his mother's doctor, he knew nothing about the new medication. It took from 2/9/2016 - 15/9/2016 for the doctor to receive a letter from the hospital about this. All is OK now.

Templar Ward

- This is a high risk diabetic patient who has had a knee replacement. July 22nd was promised a boot to protect his grade 4 pressure ulcer (which he came out of hospital with still no sign of this. Was also promised a catalogue in order to buy a leg lifter (told they wouldn't provide one any more, she'd have to buy it). Catalogue never appeared, so he still hasn't got a leg lifter.
- Patient was moved three times from Torquay to Newton Abbot. They went to visit her in Torquay and were told she'd been discharged. Patients house was locked, no-one there and she certainly could not manage. They found her in a side room (still had a catheter in place). Newton Abbot was excellent and everything was put in place for discharge, but communication from Torquay to Newton Abbot was lacking.
- Think he is suffering slightly from dementia. He kept going off subject and repeating himself. Said doesn't need Carers Register or any other help. Won't be "pursuing that any further" (his actual words).
- Would be good to have contact with dementia services. More care support. GP not supportive with supplies i.e. incontinence pads. Some equipment not suitable in size. More communication with statutory

Acute Wards:

From Simpson Ward:

- “Everyone was helpful”
- “Staff were lovely, but I was not aware that I could speak to a doctor”

From Cheetham Hill:

- “Staff were excellent”
- “Care was excellent and staff were amazing”
- “ Care at Torbay Hospital is marvellous”
- “Great care on discharge and great follow-up”
- “Medicine explanation was fine”
- “A lens was missing from wife’s glasses and medication had been changed with no explanation. This was resolved through our G.P. All staff have been very supportive and we are happy now”
- “We have been well looked after and the discharge was smooth”
- “I was not kept informed about the move to Paignton Hospital”