

# Welcome to Ward 4 Coalville Hospital



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# Welcome

Dear Patient

We would like to welcome you to the ward and hope that your experience of our services meets your expectations.

We aspire to put patients and their families at the heart of everything we do. As such, you, together with your family and carers will be involved in all decisions about your care and treatment.

We will ensure that the care you receive is of the highest standard and that you are treated with care, compassion, dignity and respect.

You will be asked to give your informed consent to any procedure/ treatment/ therapy. The information in your records will remain confidential.

Please do not hesitate to contact the Matron if you wish to give any feedback. The Matron can be recognised by the red badge all Matrons wear and contact details can be obtained by speaking to the ward staff.

We welcome your thoughts.

Many Thanks  
Matron, Ward Sister and Therapy Leads  
Coalville Hospital

## Facilities at Coalville Hospital

Coalville Community Hospital is a local community hospital situated on the eastern side of the town centre.

The hospital is single story, wheelchair friendly and has 3 wards. Ward 1 is a stroke unit offering specialist stroke rehabilitation and Ward 2 provides sub-acute care complex rehabilitation and end of life care and ward 4 D2A Residential Plus. Patients are transferred from major hospitals including the University Hospitals of Leicester or alternatively patients can be admitted via their GP from home.

The hospital offers patient centred care, working in partnership with yourself and other disciplines, to provide treatment, care and emotional support of a high standard.

There are large patio areas outside each ward offering panoramic views across the extensive grounds and fields beyond. Patients are actively encouraged to sit in the grounds with friends and family.

- If you use a mobile phone, please have consideration for other patients within the ward. Please speak to a nurse if this is a problem.
- The day room is available where a television, DVD and CD players are available for you to use free of charge. There is also a selection of books (including large print) and games.
- Speak to a nurse if you have any correspondence you wish to post. Please make sure the correct value of stamp is used.



## What to bring with you

- Night clothes
- Dressing down and slippers
- Casual clothes or leisure wear – to enable you to get dressed for the day as we encourage patients to dress in day clothes as soon as they are physically well.
- Shoes suitable for therapy activities.
- Personal toiletries – including any shaving materials
- Denture and a pot and cleaner if you need them.
- Continence product if you already use them at home.
- Books, magazines, or things to do which will help you pass the time.
- Reading glasses if you need them

**Please only bring in a small bag of personal items, large suitcases will be sent home with relatives or carers. We will provide you with a small bedside locker for your clothes and other belongings but we cannot accept responsibility for any items lost during your stay.**



Please tell our staff if you have dentures or a hearing aid. When you are not using these please keep them in a container or in your locker.

## Visiting

A visit from a relative or friend plays a vital part in your wellbeing and we welcome all visitors. Visiting is between 11am - 8pm unless there are exceptional circumstances, however, please be mindful of the privacy and dignity of other patients.

We can only provide basic information to anyone who rings the ward. Please identify one member of your family to be the main contact.

We want to create a calm, restful and therapeutic environment which respects everyone's privacy and dignity. We may politely ask your visitors to leave an area for a short time to deliver care or treatment.

For infection control and prevention reasons, we ask that visitors use the chairs available and do not sit on the beds. It is helpful if any chairs that are moved are returned to their original place when visitors leave.

ALL visitors must use the alcohol hand gel on entering and leaving the ward and wash their hands thoroughly before and after contact with patients.

**To protect patients and staff, friends and relatives should not visit if they are themselves suffering from sickness, diarrhoea, or any other contagious illness, or have done so in the previous 48 hours. If you are unsure, please call the ward and speak to the nurse in charge.**

For security reasons, all our wards have a key coded entrance. You will need to press the intercom to enter the ward.

If your nurse thinks you are getting too tired, they may ask your visitors to leave and come back another day.

Please speak to the nurse in charge if:

- Your relative or friend would like to help with your care
- You would like more than two visitors – we may be able to accommodate larger groups in the day room
- You and your visitors would like to use the grounds – they can advise if it is safe for you to do so.

## Meals

You will be asked to choose your meals from a menu covering your nutritional needs. If you need any help to choose your meals, or if you would like the menu in large print, photographic format, another language, or Braille, please ask a member of staff. Please tell us if you cannot eat certain foods, you need a special diet, or if you need help eating. Our catering service can provide diets such as vegetarian, kosher and halal. We serve meals at approximately the following times:

Breakfast	8 – 9am
Hot drinks	Mid-Morning
Main meal	12 – 1pm
Hot drinks	Mid afternoon
Evening Meal	5 – 6pm
Hot drinks	Evening



Late night snacks (e.g. biscuits) are available on request, unless there are clinical reasons why not. Water is available at any time and hot drinks as above.

**Your relatives or friends are requested not to bring in items of food (including alcohol) unless this has been discussed with your nurse or ward sister.**

All wards have protected mealtimes, which means that no clinical activity (medical/ nursing or therapy) will take place over mealtimes to ensure that patients are not disturbed during this time. If you would like your relative to assist you at mealtimes, please speak to the nurse in charge.

## Call Bells

Patients will be given a call bell on admission to the ward and an explanation on its use will be given by the ward staff. The ward staff will confirm with the patient that they are able to demonstrate the use of the call bell.

## In the event of a fire

It is extremely unlikely that this will happen. If it does, don't panic. Your ward staff are well trained and know what to do.

**If you see a fire, or smell smoke, alert a member of staff immediately.**

**There is a routine fire alarm test every Wednesday afternoon—the bell usually sounds for a few seconds only.**

## Smoking policy

Coalville Hospital is a smoke-free environment. In line with government policy, smoking is not allowed in any part of the hospital or its grounds. Use of e-cigarettes (vaping) is permitted outside and in certain areas. Please ask a member of staff for details.

**If you would like help to stop smoking please let the nursing staff know. Alternatively for free confidential advice and support to quit, call**

**If you live in Leicester City: 0116 454 4000**

**If you live in Leicestershire County or Rutland: 0800 622 6968**





## Our commitment to you

- You will have a clear explanation of your condition and the treatment options/procedures available to you including the benefits and possible risks associated with our proposed treatment plan.
- You will be asked to give your informed consent to any procedure/ treatment/ therapy.
- You can request to see your patient records through our information request team.
- The information in your records will remain confidential.
- You will be always treated with respect and dignity.
- We will keep relatives or carers informed of your progress, with your consent.

## What we expect from you

We ask where able, that you:

- Provide us with the necessary information about your condition, symptoms, or medication in order to provide appropriate care.
- Participate in your own self-care to promote independent living when you leave hospital.
- We encourage you to join in with the planning of your treatment and goals and participate in therapy sessions. Your therapist will discuss how you can continue to work towards your goals between sessions.
- Ask for a further explanation if you do not understand any of the information you are given.
- Provide suitable footwear – well-fitting slippers or flat (preferably lace-up) shoes or trainers (please ask your relatives/ friends to bring these in for you if you do not have them).
- Treat all our staff with the same respect you expect from them, as we have a zero-tolerance policy against abuse towards all staff and patients.
- Arrange with your family or friends to take care of your personal laundry. You are encouraged to wear your own clothes whilst in hospital. Please tell your nurse if you have nobody to do this for you.
- **Arrange for your transport home. If you have problems organising this please talk to a member of staff.**

## Preventing pressure ulcers

Anyone, at any age, can develop a pressure ulcer if they become very ill and cannot move properly. When you are admitted, nursing staff will ask to look closely at your pressure areas. A risk assessment is completed to alert staff to any specific equipment or increased nursing care that you may need.

### **The key steps to pressure ulcer prevention:**

#### **Assess risk:**

Your risk of getting a pressure ulcer.

#### **Surface:**

All beds have high specification memory foam mattresses. Your equipment may be upgraded based on your assessment and clinical need.

#### **Skin inspection:**

Ensure your vulnerable pressure areas are checked daily. Report any discoloured or sore skin.

#### **Keep moving:**

Change your position at least every couple of hours.

#### **Incontinence/moisture management:**

Please inform your nurse of any continence issues. It is important to keep your skin clean and dry.

#### **Nutrition and hydration:**

Eat healthily and drink frequently.

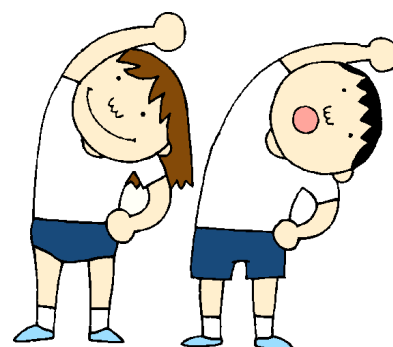
[www.stopthepressure.com](http://www.stopthepressure.com)

**M**ake time to leave your seat

**O**ff the chair, move your feet

**V**ary position from sit to stand

**E**very movement is a helping hand



## The multi-disciplinary team (MDT)

The MDT meet every weekday to discuss all patients on the ward to see how we can further your progressions with a view to discharge home. Our staff will wear a clear identity badge with their name and photograph.

The ward is led and managed by the **ward sister/charge nurse**, supported by the **physiotherapy** and **occupational therapy leads**.

The **hospital consultant** visits twice a week. The consultant reviews each new patient and discusses medical issues with the MDT of all ward patients.

The **advance nurse practitioner** is on site every day (Monday to Friday). **The ANP** sees all new patients, reviews all patients during the week and attends to any patients who become unwell. The Out of Hours Doctors cover in the evenings and at weekends.

The **occupational therapists (OTs)** will use a range of assessments to understand your abilities (physical and cognitive) and will use rehabilitation interventions, aimed at maximising recovery and reducing impairment, within treatment sessions. OTs work Monday to Friday and will support the discharge from hospital process in several ways, including recommendations for discharge and if relevant, provision of adaptive equipment.

The **physiotherapists** will use a range of physical assessments to determine a patient's physical ability and function and use a variety of treatments to deliver rehabilitation and optimise recovery. The physio teamwork Monday – Friday and provide an individualised plan for patients/families to continue with between sessions.

The **registered nurses** and **healthcare assistants** in the team will ensure that the patient has assistance with all activities of daily living. The Registered Nurses are available throughout the day and night if you are ever concerned and want to call or speak to them in person.



The **housekeeper** is responsible for ensuring the patients are supported with their meals, drinks and menu choices.

The **ward clerk** is responsible for all administration tasks. The Ward Clerk assists the ward staff in daily running of the ward and they are the first point of contact for new patients and ward visitors.

The **speech and language therapist** visits the ward on referral to assess and treat individuals who have speech, language and communication problems as well as those who have swallowing, eating and drinking difficulties. They may need to modify the texture of your meals and drinks, but you will be kept fully informed.

The **dietitians** assess, diagnose and treat diet and nutrition problems such as poor appetite or weight loss. It is helpful for us to monitor your weight, height, BMI, nutritional score and what you are eating to assess your nutritional status. With your consent we will check these regularly.

The **social work** team visits the wards and is in regular contact with the MDT, to assess and plan community social care and support for patients on discharge. This may involve identification and provision of packages of care within the patient's own home. Support in identifying nursing or residential homes and completion of financial assessments.

Other specialist staff may be asked to come to the ward to support your specific needs.



## The assessment and discharge process

Following a hospital admission, most people can be discharged to their own home with support from family and friends. Sometimes people may require more formal care and support or adaptations made to their home. However, some people are unable to return home and need care and support in a different and more appropriate setting.

It is not healthy for people to remain in a hospital bed after their hospital treatment has been completed. The longer people stay, the higher the risk of acquiring an infection. Extended hospital stays can also lead to loss of both muscle strength and the ability to manage independently. Our aim is to discharge people when they have completed their course of treatment either to their home or on to where the next stage of their care can best be completed.

By discharging patients at the right time, we are also improving the quality of care for patients who need to be cared for in a hospital bed.

We will involve you in decisions about your care, treatment and discharge, and give you all the information and support you need to make the right decisions. This will include information about ongoing care and support once you have left the hospital.

### **What can you expect to happen?**

- We will tell you when your treatment is due to end, when you will no longer need inpatient care bed and when you are due to leave the hospital. We aim to tell you this within 24-48 hours of you being admitted and will discuss this with you if it changes.
- We will discuss with you throughout your stay the choices available to you if you are likely to require on-going care and support after your course of hospital treatment has completed.
- We will tell you how to access information, advice and support to help you make your choice of on-going care after your discharge from hospital.

- With your permission, we will request assessment(s) to find out what needs you have and the support you might need to be safely discharged from hospital. The assessments could be for the health and/or social care and may include assessment for the NHS continuing healthcare.
- Once we have discussed the options on-going support with you, we will arrange the discharge for the next stage of your care. If you would prefer to explore other options at this stage, you will need to have arrangements in place within 48 hours. We will do our best to help make this possible for you and you will be able to speak with ward staff and social care staff as needed about these plans.
- If your preferred choice is not available when you are ready for discharge, an alternative option can be arranged for you temporarily (this may be referred to as an interim bed). It will not be possible for you to wait in this hospital once you no longer need hospital care.
- If you wish to discuss any part of the discharge process at any point, please let a member of your ward team know.

**Please do not hesitate to ask questions about your discharge at any time during your hospital stay**



## Student training and research

We support the training of a variety of clinicians in our hospital. We will not allow any student to help with your care unless we have your permission. We hope you will give your consent because it will widen the student's experience of patient care. Teaching students enables us to improve our standards and keep up to date with changes in healthcare. If you do not want a student to assist with your care, please tell your nurse.

You may be asked if you are willing to take part in research. Your care and treatment will not be affected if you say you do not want a student to help with your care or take part in research.

## Equality, privacy and dignity

As an NHS Trust, we are committed to valuing people's differences and treating everybody fairly and equally. We aim to provide services that are responsive to individual needs considering, race, religion, disability, age, gender and sexuality orientation. Your named nurse will work with you to assess your individual needs and together you can agree how they can best be met and supported alongside your collaborative care plan.

We are committed to making sure that all patients receive high quality care that is safe, effective and focused on their needs.

Men and women are cared for separately in different bays and rooms. Bathrooms and toilets are designated male or female with appropriate signs. The nursing staff will ensure that your privacy and dignity will be maintained throughout your stay. If you have any concerns about this, please talk to a member of the ward staff. We aim to provide care in surroundings that take account of your personal, spiritual and / or religious needs.



## Pensions, benefits and medical certificates

Your state pension will be paid in full for the whole time you are in hospital, no matter how long you stay. If you are getting pension credits or benefits, you need to tell the Benefits Agency. If you are entitled to sickness benefit, the Benefits Agency will want a medical certificate to cover your period in hospital. Please tell your nurse if you need one.

## Chaplaincy

Your religious and spiritual needs are important to us. Whatever your faith, or if you have no religious beliefs, our Chaplaincy Service is equally available to you and your relatives or carer. If you would appreciate a visit, please ask a member of staff who will be able to contact the Chaplain or contact them directly on: 01509 564218.  
email: [lpt.chaplaincy@nhs.net](mailto:lpt.chaplaincy@nhs.net)



## Chaperone policy

All patients are entitled to have a chaperone present for any consultation, examination, or procedure if you would like one. The chaperone may be a family member or friend. On occasions you may prefer a formal chaperone to be present, such as a nurse or other trained member of staff. Sometimes, your health professional may also require a chaperone to be present for certain consultations in accordance with our chaperone policy. If you would like someone to be with you, to see a copy of our chaperone policy or have any questions or comments regarding this, please ask a member of staff.





**Feedback  
into  
Action**



**Leicestershire Partnership  
NHS Trust**

**We're here for all your feedback and complaints**



**Comments**



**Concerns**



**Compliments**



**Complaints**



**Contact us: 9am - 4.30pm**

**Monday to Friday excluding bank holidays**

For all compliments, comments, concerns and complaints please contact our Patient Advice and Liaison Service (PALS):



**0116 295 0830**



**Freepost LPT PATIENT EXPERIENCE**



**[lpt.pals@nhs.net](mailto:lpt.pals@nhs.net) or for Complaints only:  
[lpt.complaints@nhs.net](mailto:lpt.complaints@nhs.net)**

or use our online form:

**[www.leicspart.nhs.uk/contact/feedback/](http://www.leicspart.nhs.uk/contact/feedback/)**



or scan  
QR code

## Compliments, gifts and donations

With your help, our Charitable Funds can improve the care we give to the people of Leicester, Leicestershire and Rutland. Donations help us to improve our ward environments, enable us to buy specialist equipment and fund innovations. Your support, through donations, leaving a gift in your Will or taking part in fundraising events, will allow us to do even more to improve the experience of our patients, their carers, relatives and staff. If you would like to know more about how you can help, please contact our Fundraising Manager, Carolyn Pascoe.

Carolyn Pascoe  
Fundraising Manager  
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LE4 8BL  
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Registered Charity Number 1057361



LeicesterShire and Rutland's  
**Community and Mental Health Charity**

# Helpful documents for your mental health and wellbeing



**Mental health and wellbeing support**

Information about services across Leicester, Leicestershire and Rutland that provide support for your mental health and wellbeing.



**Leicester, Leicestershire and Rutland**  
Health and Wellbeing Partnership



V1 NOVEMBER 2022

<https://www.leicspart.nhs.uk/mental-health/helpful-documents/>



## Carers Pack



Are you looking after a partner, family member, child or friend who couldn't manage without your help.

<https://www.leicspart.nhs.uk/wp-content/uploads/2023/05/Carers-Pack-V6DIGITAL.pdf>

## Your information

In the NHS in England, we aim to provide you with the highest quality of healthcare. To do this, we must keep records about you, your health and the care we have provided for you or plan to provide for you.

If you would like further information on how we keep your records safe, or if you would like to see your medical records, please ask a member of staff.

We use hand-held devices to record observations, assessments and handover on this ward. This is helping us improve the accuracy and reliability of vital sign measurements and assessments.

Please be assured staff are not using their personal mobiles within the ward environment



## When you leave hospital

If applicable you may be referred for additional support, this may include community nurses, physiotherapists, occupational therapist, social services and support workers.

These are other community services you may be asked to attend i.e. GP surgery, community nursing clinics and therapy out-patients.

Each individual referral received by the community service will be reviewed and prioritised. You may not be seen immediately but you will be contacted by phone or letter to let you know when you will be visited.

You will receive an assessment which will consider your health and social needs. The community MDT will plan care and treatment depending on your clinical and individual needs and will arrange to see you accordingly.

As well as providing care, we also help and encourage you to look after your own care, becoming as independent as you can be in managing your condition.





# ZERO TOLERANCE

Say no to abuse.

#SayNoToAbuse

We will report incidents of violence and abuse from patients to the police, and may restrict or exclude them from our services.

## Zero tolerance

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We are committed to our Trust being an organisation free from discrimination, where all staff can reach their full potential and play their part in creating high quality, compassionate care, and wellbeing for all.

Valuing people's differences is one of our leadership behaviours for all. With your help every one of us can stand up against all forms of abuse and violence including hate incidents and intolerant attitudes.

Our zero-tolerance campaign makes clear our commitment that we do not tolerate any form of abuse against our staff from anyone who comes in to contact with our services.

This includes hate crime, which is a specific type of abuse: Hate crime is subjecting people to harassment, victimisation, intimidation or abuse because of their ethnicity, faith, religion, disability or because they are lesbian, gay, bisexual or transgender. Any incident, which constitutes a criminal offence, which is perceived by the victim or any other person as being motivated by prejudice or hate.

Not all abuse will constitute hate crime, however we have a zero-tolerance approach to ALL forms of abuse against our staff. We expect everyone to join us in stamping out any unacceptable abuse, racism, or discrimination against our staff.

We will report incidents of violence and abuse from patients to the police, and may restrict or exclude them from our services.

## Our vision, values and strategy



November 2021

If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff