

Helme Chase Maternity Unit, Westmorland General Hospital, Kendal

Enter and View Report

Monday 4th March 2024
9:30am-1:00pm



Disclaimer: This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

Contact Details

Contact details

Westmorland General Hospital
Burton Rd, Kendal, LA9 7RG
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Registered Manager

Samantha Connelly

Date and Time of our Visit

Monday 4th March 2024
9.30am to 1pm

Healthwatch Lancashire Authorised Representatives:

Kate Rees – Manager
Lisa Hart – Senior Engagement Officer

Introduction

Our role at Healthwatch Westmorland and Furness (HWWaF) is to gather people's views and experiences, especially those communities referred to as seldom heard, to give them the opportunity to express their opinions of a service.

The aim of an Enter and View visit is to gather views and experiences of patients, relatives and staff of a service and observe the environment to assess its quality. This was an announced Enter and View visit undertaken by authorised representatives who have the authority to enter health and social care premises, announced or unannounced.

After a visit, the team collate feedback gathered and observations made to compile a report. The report identifies aspects of good practice as well as possible areas of improvement. HWWaF is an independent organisation, therefore we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The reports are sent to the manager for their opportunity to respond before being published on the HWWaF website at www.healthwatchwestfurn.co.uk

Where appropriate, HWWaF may arrange a revisit to check the progress of improvements. The report is available to the Care Quality Commission (CQC), Healthwatch England and any other relevant organisations.

Welcome to

Pictures of uniforms you are likely to see

How are we doing? *What our patients have to say*

University Hospitals **NHS of Morecambe Bay**
NHS Foundation Trust

How are we doing? *What our patients have to say*

Our unit has had 1 births this month
1% normal delivery 1% waterbirth
N/A % caesarean section 1% induction of labour

Midwifery Staff on today

	Early	Late	Night
Recommended staffing level	1	1	0
Actual staffing	1	1	0
	1	1	0

RM - Registered Midwife CSW - Clinical Support Worker

This visit was commissioned by Lancashire and South Cumbria Maternity and Neonatal Voices Partnership (MNVP) through the Healthwatch Together partnership to assess patients' experience of maternity care, including what information they received, how informed they felt with decisions made regarding their care, what support they were offered for their physical and mental wellbeing and did they know who to contact if any additional information or support was needed.

The findings of this engagement project have been shared with the Lancashire and South Cumbria Local Maternity and Neonatal System (LMNS), part of the Lancashire and South Cumbria Integrated Care Board (ICB), whose role is to ensure that national guidance for maternity and neonatal care are implemented across services delivered in Lancashire and South Cumbria. This influences improvements in the safety, quality, and experience of maternity and neonatal care. Our findings will inform future LMNS workplans and formulate targeted interventions to improve service delivery.

About Healthwatch Together

Healthwatch was established under the Health and Social Care Act 2012 as an independent consumer champion to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

There are more than 150 local Healthwatch across England. The role of a local Healthwatch is to:

- Listen to people, especially those who are most vulnerable, to understand their experiences and what matters most to them.
- Influence those who have the power to change services so that they better meet people's needs now and into the future.
- Empower and inform people to get the most from their health and social care services and encourage other organisations to do the same.

Healthwatch Together (HWT) is the collaboration of four Healthwatch across the Lancashire and South Cumbria Integrated Care System (ICS). HWT works in partnership to effectively operate over the whole footprint and consists of Healthwatch Westmorland and Furness, Healthwatch Blackburn with Darwen, Healthwatch Blackpool, and Healthwatch Lancashire. Each Healthwatch organisation works in their own local authority area and is their own unique entity, providing a local approach to community engagement.

General Information

Helme Chase is a midwife-led unit, based at the Westmorland General Hospital (WGH) in Kendal, and part of University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT). A midwife-led unit means there are no doctors present. Women can give birth at Helme Chase 24 hours a day, seven days a week, supported by a midwife. Women can choose to give birth at Helme Chase if they are assessed as having an uncomplicated pregnancy, i.e. unlikely to develop complications during pregnancy, while giving birth, or after baby is born. If at any point during pregnancy and labour, the patient or midwife has any concerns they are transferred to a consultant-led unit at either Furness General Hospital, Barrow, or Royal Lancaster Infirmary.

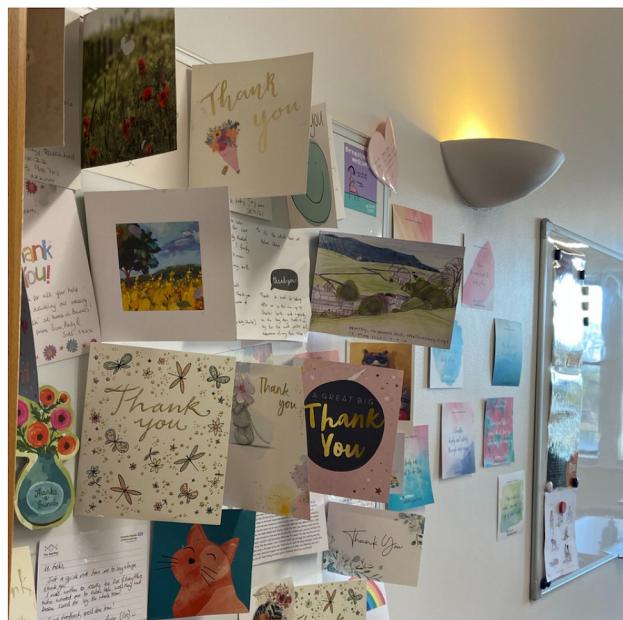
Helme Chase operates an on-call system out of hours (Monday to Friday from 8pm to 8am, all day Saturday and Sunday, and bank holidays).

(Information taken from www.uhmb.nhs.uk)

Shortly before our visit UHMBT announced that Helme Chase was to temporarily close for birth services due to planned essential maintenance works in the operating theatres at WGH. The theatres are immediately outside the entrance to the unit and, although not part of the unit, access and egress would be limited and it would be unsafe for births to take place there. During these works there were to be a different route to enter and leave Helme Chase Maternity Unit where antenatal, ultrasound, colposcopy appointments will continue to be held.

UHMBT's announcement:

[Reminder: Temporary suspension of birth service at Helme Chase Maternity Unit :: University Hospitals of Morecambe Bay NHS Foundation Trust \(uhmb.nhs.uk\)](http://www.uhmb.nhs.uk)

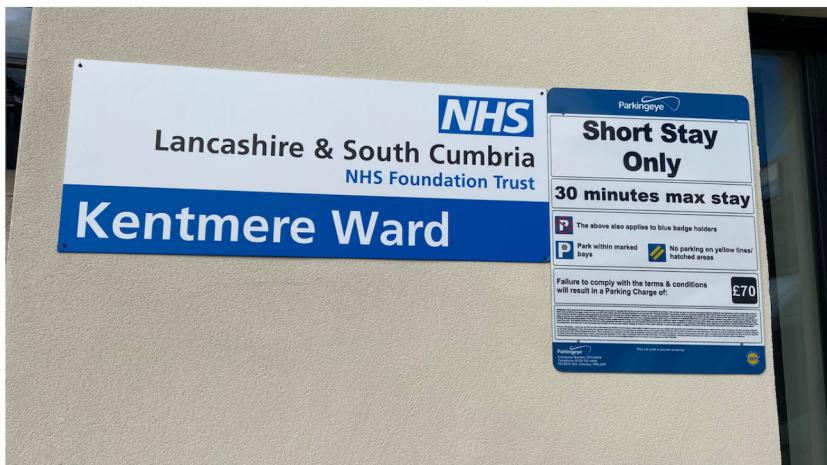


Acknowledgements

Healthwatch Westmorland and Furness would like to thank management, staff, patients and relatives, for making us feel welcome and for taking the time to speak to us during the visit.

Methodology

Healthwatch Westmorland and Furness (HWWaF) Enter and View authorised representatives made an announced visit on March 4th, 2024, and received feedback from six patients and six members of staff. Through in-depth conversations with each person HWWaF captured individual experiences to help assess the quality of services. The team also recorded their own observations on the environment and staff-member interactions.



Summary

Healthwatch Westmorland and Furness representatives spoke with six patients, and six members of staff on the day of the visit. In general, the patients we spoke with were happy with the care they received at Helme Chase, stating that they felt safe and well cared for by staff. They also felt they were kept informed with decisions made around the delivery of their care. All patients had been given additional information regarding who to contact if they needed support, and had relevant contact details of the midwifery team and/or maternity services.

Staff were friendly, professional, and approachable when interacting with their patients and were observed knocking before entering consulting rooms, so upholding patients' privacy and dignity throughout.



Access to the unit could be made via two entrances, and the unit had a designated drop off point for expectant mums outside the entrance. Accessible parking was available outside both entrances to the unit with sufficient payable car parking facilities available nearby. The unit was secure with access gained via an intercom system.

Overall, the unit felt welcoming, peaceful, and calm. It was light and spacious with well-equipped and well-maintained delivery suites offering a variety of birthing equipment for mums-to-be to choose from, including a specific bariatric birthing suite. Consulting rooms were bright and airy, clean, and generally well maintained. However, it was noted that an examination bed was positioned against a radiator which could be a potential health and safety hazard.

The waiting areas for expectant mums and family members were spacious and uncluttered with adequate space to accommodate prams. Information regarding all aspects of maternity and neonatal care was available within the room although it was noted that they were not available in different formats. Information was also available for expectant mums and family members on how to raise a complaint if needed and how to share their experiences of care with the Maternity and Neonatal Voices Partnership, albeit not available within the unit in a variety of formats.

Enter and View observations

Getting to the service

Helme Chase is accessible by public transport. The bus stop is situated approximately 50 metres away from the hospital. Patient transport is available for patients who need this option and is arranged by service providers. The nearest mainline train station is approximately 1.5 miles away from the hospital. This is served by a bus service which stops at the hospital.

Adjacent to the unit entrance are seven blue badge parking spaces for people with access needs. There are also two short stay parking spaces and a dedicated drop off point for expectant parents. The hospital also has a large fee-paying general car park for patients within the hospital grounds approximately 50 metres from the main entrance and 100 metres from the unit entrance. This is clearly signposted. Payment can be made by cash or card.

Signage from the road was easily visible and readable. Access to the unit can be gained from either the unit entrance or via the main hospital entrance with an option of using a lift to access the unit or taking the stairs. Once inside signage was clear directing patients to the unit. However, it was noted that this information was not available in a variety of formats or languages.

(See recommendation 1).

General access and appearance

Access to the unit is by use of an intercom for identification purposes. On entry patients check-in at the reception desk. This is situated opposite the main entrance door to the unit. They are then directed to the main waiting room at the end of the corridor where they are collected for their appointment.

The open plan reception area was spacious, easy to identify, and it was clear who patients should report to. At the time of our visit two reception staff were on duty and from observations it was noted that both staff members were professional and welcoming in their interactions with patients and family members. It was noted that there was no space set aside for private conversations between patients/visitors and reception staff, but if this was needed a private room not in use would be used for this purpose. (See recommendation 2).



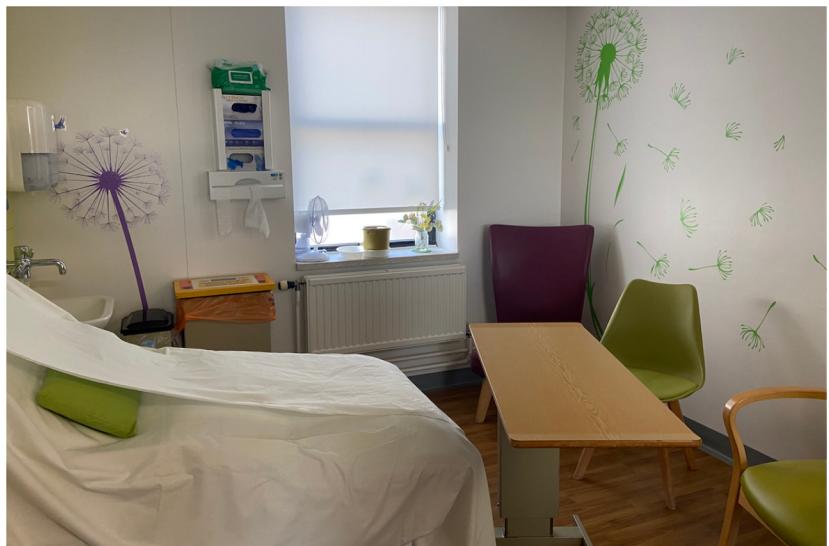
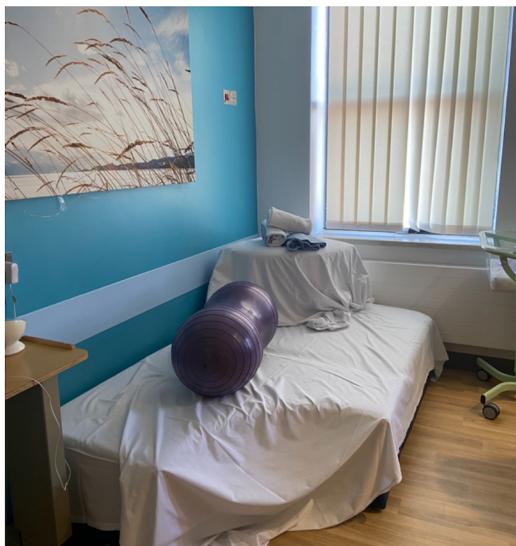
Inside, the unit was light, spacious and clean, with walls painted in muted, calming colours and contemporary artwork throughout. The whole unit was quiet and felt welcoming, peaceful and unrushed. Privacy screens were in place behind doors to maintain the privacy and dignity of patients, and any internal windows had privacy glass.

Delivery suites were accessible, and well equipped, with a variety of birthing equipment on offer for mums-to-be, and all patient areas were well-lit by natural light.

Upon inspection all toilet and shower facilities were clean and well maintained. The corridors were uncluttered, with all equipment not in use stored away correctly, making all patient areas easily accessible for patients with limited mobility as well as wheelchair users. Staff informed us, however, that the unit is not equipped for labour deliveries for mums-to-be who are wheelchair users. In these circumstances it would be recommended for them to attend Royal Lancaster Infirmary or South Lakes Birth Centre to give birth, and not Helme Chase.

Generally, the building was well maintained. It was noted that in one of the consulting rooms, Clinical Room 2, paint was coming off a radiator. The examination bed in this room was also touching the radiator. This could be a potential health and safety issue if the radiator is in use.

(See recommendation 3).



Staff interactions

On the day of our visit representatives noted a variety of members of staff within the unit. Eleven staff were on duty, including three midwives. The unit manager informed us that there will always be at least one midwife on duty within the unit Monday to Friday between 9am and 5pm and one support worker. At night, the unit is closed but has two on-call midwives who are contacted if they are required for births. At weekends they run a community service with two on call midwives each night.

In the event of an emergency overnight, the on-call midwives can use the internal bleep system where the night nurse sister and porter would attend to assist if required. There is also a community midwives office on level two. If a person giving birth required more assistance the emergency buzzer system is wired to this area, and anyone present in the office at the time would attend to support.

Staff can be easily identified, with all members of staff wearing lanyards with their name and role. Although each staff member wore a lanyard it was noted that one member of staff had their lanyard tucked into their top pocket thereby preventing easy identification. (**See recommendation 4**)

All members of staff can be identified by the colour and style of their uniforms. They are as follows:

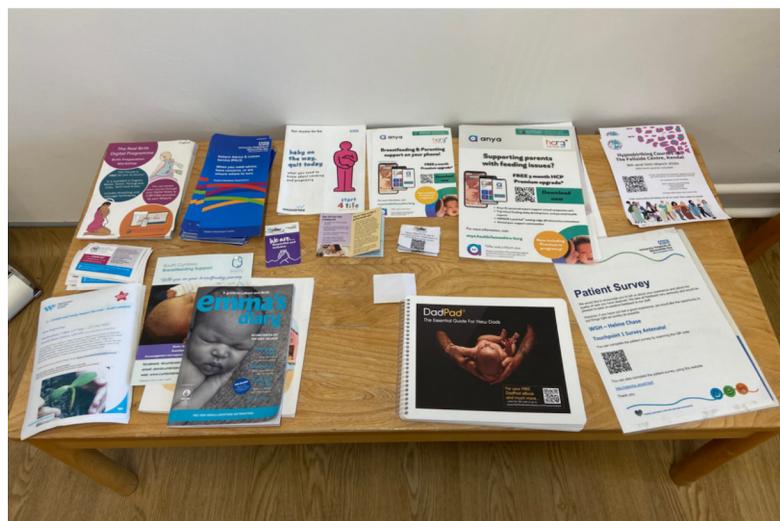
Colour	Role
Light Blue	Support Worker
Royal Blue	Nurse
Dark Blue	Manager
Purple	Matron
Green	Specialist Support Worker
White top and burgundy trousers	Sonographer

There was a notice board in the main hospital corridor which explained the different uniforms. It would be beneficial if these were displayed near the board which showed which members of staff were on duty that day. (**See recommendation 5**).

On the day of our visit representatives observed staff and patient interaction. All staff were friendly, professional and approachable when collecting patients for ante-natal appointments, and walked with them to their designated appointment room. Staff members were observed knocking before entering a room, upholding patient's privacy and dignity.

Waiting room/seating area

The main waiting room was situated towards the end of the unit, which had a selection of seating available for use by patients and family members. These were clean and well maintained. The room was large, offering adequate space for a number of patients and family members at any one time and could easily accommodate a number of prams. Furniture was not cluttered, allowing ease of movement throughout the room for people with limited mobility, as well as wheelchair users.



A variety of information on posters and leaflets was available, to read or take away. These were easily accessible as they were on a table near to the waiting room entrance.

The information available covered all stages of pregnancy and neonatal support on offer within the area, including specific information for fathers. Information was also readily available about the Maternity, Neonatal Voices Partnership (MNVP) and the Patient Advice and Liaison Service (PALS), enabling patients and families the option to feedback or complain about the care they received. However, it was noted that the MNVP information was not up to date, still stating its previous title of MVP. (**See recommendation 6**).

It was also noted that these were only available in English and not available in other formats on site. However, other formats are available if requested. It was also noted that there was an absence of inclusive material for the LGBTQ+ community and material for people from an ethnic minority background. (**See recommendation 7**).

There was no designated notice board but other information available was displayed throughout the waiting room and the rest of the unit on windows and walls within the main waiting area. The information on display did appear slightly untidy. Other information could be found at Reception, for example, Mental Health First Aid, Maternity and Neonatal Safety Champions and information regarding the Care Quality Commission (CQC) although this was not prominently displayed. Drinking water wasn't readily available, staff told our representatives that it was available upon request. There was no vending machines or other facilities within the unit to purchase drinks. (**See recommendation 8**).



Additional Facilities

A dedicated accessible toilet was available within the main corridor. Upon inspection this was not wide enough for somebody who was a wheelchair user or used mobility aids. An alternative facility was available within the birth centre foyer which could be accessed, if required, at any time. This was a dedicated bathroom and, while larger, was still not fully accessible for wheelchair users. The toilet was low and positioned in-between the bath and sink, which impeded access. It also lacked a drop-down support rail.



As noted previously, any mums-to-be who were wheelchair users would be welcome to receive antenatal and postnatal care at Helme Chase however they would be recommended to give birth in an obstetric unit such as Barrow-in-Furness or Lancaster. On the day of our inspection a family member who had limited mobility, and used mobility aids, accompanied a patient for antenatal care, demonstrating that accessible toilet facilities are needed on occasion. Baby changing facilities were available within the unit. All facilities inspected were clean and in good condition with hand washing clearly promoted. Hand sanitisers were also readily available throughout.

For patients who may have additional communication needs – for example, those from deaf or visually impaired communities – they are identified during the referral process before arriving at Helme Chase. They would then receive communications in their preferred format. For people with English as a second language they would also be identified at booking-in and Language Line would be available for their use. However, this was not available for BSL users so in these instances a BSL interpreter would be booked.

Patient feedback

On the day of our visit HWWaF representatives spoke with six patients about their experiences at Helme Chase.

Patient experience so far

At our visit patients were asked about their experience so far within Helme Chase. All six patients remarked that their experience within the unit had been a positive one overall with friendly, caring staff.

***"The care has been fantastic;
I can't fault them."***

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"It's all been great, spot on!"

Four out of the six patients highlighted how they felt well cared for.

***"Safe and secure here as with colleagues.
I know and trust them."***

***"Staff are great, I rang up a few times to talk to staff
and they've eased my concerns."***

***"It's been amazing, especially comparing the care
and aftercare to that at Lancaster. Labour was
great but I didn't feel the breastfeeding support
was there... I felt abandoned and not looked after
for the two nights I stayed at Lancaster."***

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The locality of the hospital was also singled out for praise by four patients.

"I live just above Kendal and it's great that this facility is on my doorstep."

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"I live in Kendal and I'm new to the area. The place is good and it's a lot easier to come here than go for an appointment in Lancaster. That's a 50-minute drive for me."

However, one patient did comment that the temporary closure of the delivery suites had changed her birth plans.

"It's annoying that it's closed when it's my due date, so I have Barrow as a back-up."

Whilst another patient commented on staffing issues stating that consultants often ran late.

"There do seem to be some staffing issues. No-one wants to pay midwives at the weekend."

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Accessible Information and Decision-making

Patients were asked if they had received information in a way that was easy for them to understand. Four of the six patients told us they had been kept informed in a way suitable for them.

"Yes, I have. I've been getting the information I need and feel quite comfortable."

"Yes. When I referred myself they gave me an online form and asked then."

***"I feel they've kept me informed.
They always ask what I want to happen."***

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Two patients commented on the BadgerNet app which they received information through, stating it was not the easiest way to receive information.

***"Mostly through the BadgerNet app.
Appointments are uploaded so it's only one way
communication. ... [I've] had to be proactive to
find things."***

They were further asked if they had felt informed in any decisions about their care. Four patients stated they were kept informed throughout.

***"Everything is run past me, they explain
everything. I'm kept informed throughout."***

***"They don't leave you hanging... I have been kept
informed about the closure at Helme Chase."***

***"They've given me lots of information to make
choices."***

The remaining two patients explained they were not at a stage to yet make decisions but felt confident that they would be informed.

***"There haven't been any decisions made yet ...
I feel confident though."***

***"I haven't really got to that stage yet, just had
routine checks. [I had] antenatal class... and was
told my preferences would be listened to."***

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Birthing plan

Two patients already had a birth plan in place, with one patient opting for a C-section due to the distance to travel to give birth in Lancaster.

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"It's a long way if they find out you're not dilated enough. It's not an easy decision but I feel safe with that, even though a C-section is more complicated."

The other patient had planned to give birth in Barrow, with some members of the Kendal team accompanying her.

"I do have a birth plan in place – not that things ever go to plan... Continuity of care is important but some of the staff are going to come with me."

The remaining four patients were due to discuss their birth plans soon with their midwives.

"Not done one yet... I wanted to have baby at Kendal but due to complications need to have it at Lancaster... I'll look around Lancaster but will discuss that at 28 weeks appointment with midwife."

"Not got a specific plan as of yet but if I go full term I want to have home birth ... have meeting next week with consultant midwife to discuss this."

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Support for physical and mental wellbeing

All six patients expressed that their physical and mental wellbeing had been supported throughout their pregnancy, with regular checks from staff.

“Yes, they always ask about mental wellbeing at every appointment.”

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“It’s been stressful for me, but I’ve been offered mental health support and I have counselling in place, that’s helped me to not get too stressed.”

“I’m speaking to mental health nurse while pregnant as have had past experiences. They contacted me straight away and we had a face to face. No more is needed... [but] there’s something in place if I need it.”

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Additional support

On the day of our visit HWWaF representatives also asked patients if they knew who to contact if any additional support or information was needed. All six patients had been given contact information. Two out of the six patients stated they had received their midwives' work mobile numbers, whilst the remaining four patients told us they had been given a variety of numbers.

“At my booking-in appointment all relevant phone numbers for hospitals and midwives' work phone numbers [were] given to me. Also, [my] GP.”

“I've five different phone numbers on my phone between Kendal and Lancaster and one is my mental health nurse, two are my midwives' phone numbers.”

Recommendations

The following recommendations have been formulated based on observations of the environment and feedback gathered from residents, relatives and staff.

1. Provide signage in a variety of formats and languages at main entrance.
2. Look into option of providing a specific private area at reception for patients and family to speak privately with reception staff if needed.
3. Ensure patient examination trolleys are positioned away from radiators to prevent potential burns.
4. Ensure staff lanyards are clearly on display.
5. To display staff uniform notice board within the unit.
6. To remove old MVP information and replace with current MNVP material including posters, leaflets, and banners.
7. Highlight availability of information in different languages and formats more prominently including highlighting awareness of LGBTQ+ and other seldom heard groups.
8. To scope the feasibility of having a drinks vending machine within the unit and/or to publicise water is available upon request.

Provider response

Recommendation	Action from provider	Timeframe	Comments
Provide signage in a variety of formats and languages at main entrance.	Signage is under review by Estates department across all UHMBT sites.		
Look into option of providing a specific private area at reception for patients and family to speak privately with reception staff if needed.	Poster at reception desk informing patients that if they would like to talk somewhere privately; to ask at the desk and this will be facilitated.	Immediate	Completed
Ensure patient examination trolleys are positioned away from radiators to prevent potential burns.	Repositioning of examination couches away from radiators.	Immediate	Completed
Ensure staff lanyards are clearly on display.	Discuss at next community meeting.	15/05/24	Completed and information disseminated to staff on 15/5/24.
To display staff uniform notice board within the unit.	New national uniform policy coming into force this year nationally for all NHS staff.	October 2024	National initiative to make it clearer to public.

Recommendation	Action from provider	Timeframe	Comments
<p>To remove old MVP information and replace with current MNVP material including posters, leaflets, and banners.</p>	<p>Replace with current material.</p>	<p>Immediate</p>	<p>New materials received from MNVP including banner, leaflets and posters. Displayed around the unit.</p>
<p>Highlight availability of information in different languages and formats more prominently including highlighting awareness of LGBTQ+ and other seldom heard groups.</p>	<p>Language identification chart to be placed in waiting areas to allow midwives to select the right resources to share with service users. Plan on a page to be displayed for staff regarding how to access telephone and face to face interpretation.</p> <p>Source information for LGBT+ community.</p>	<p>June 2024</p>	<p>Within the Helme chase maternity unit team, we offer personalised care to endeavour to cater to the needs of everyone accessing our service on an individualised basis.</p>
<p>To scope the feasibility of having a drinks vending machine within the unit and/or to publicise water is available upon request.</p>	<p>Cups and fresh water now available within the waiting area.</p> <p>Vending machine on level 2 foyer.</p>	<p>Immediate</p>	<p>Completed</p>



healthwatch

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