



## Intermediate Care in Redbridge

Foxglove and Japonica Ward- King George's Hospital

Tuesday 16 May 2017

Unannounced visit

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**020 8553 1236**

[www.healthwatchredbridge.co.uk](http://www.healthwatchredbridge.co.uk)

# Report Details

<b>Address</b>	Japonica/ Foxglove Ward King George Hospital Barley Lane Ilford Essex IG3 8YB
<b>Service Provider</b>	North East London Foundation Trust (NELFT)
<b>Contact Details</b>	Caroline O’Haire- Acute Integrated Services Interface Manager Debbie Feetham- Community Hospital & Intensive Rehabilitation Service Manager
<b>Date/time of visit</b>	Tuesday 16 May 2017, 10am - 12:00pm
<b>Type of visit</b>	Unannounced visit
<b>Authorised representatives undertaking the visits</b>	Sarah Oyebanjo - Lead representative Miranda Peers - Staff Support  Ann Bertrand Mike New Bushra Tahir Sahasini Winter Chandra Patel Elaine Freedman
<b>Contact details</b>	Healthwatch Redbridge 5 <sup>th</sup> Floor, Forest House 16-20 Clements Road Ilford Essex IG1 1BA

## Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the service provider, patients, visitors and staff for their assistance and contribution to the Enter & View programme.

## Disclaimer

Please note that this report relates to findings observed on **Tuesday 16 May 2017**. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

# Background

During 2014-15, intermediate care services across Barking & Dagenham, Havering and Redbridge since the consultation entitled 'Making Intermediate Care Better' led by Redbridge Clinical Commissioning Group (CCG) in 2014<sup>1</sup>. We also provided a response to the consultation outlining local concerns to the proposals<sup>2</sup>.

We have continued to engage with patients and carers to assess their experience of using the new inpatient services based in Japonica and Foxglove wards at King George Hospital. This information has been used to provide a number of recommendations to the service provider, North East London Foundation Trust (NELFT) and Redbridge Health Scrutiny Committee (RHSC).

After discussion with NELFT and RHSC; it was agreed that HWR would support an independent review of patients using the Community Treatment Team (CTT) and Integrated Rehabilitation Service (IRS) in Redbridge.

**Notes: Community Treatment Team (CTT):** works with adults in the community with an acute physical need.

**Intensive Rehabilitation Service (IRS):** delivers intensive rehabilitation within a patients' home

Working closely with Redbridge Health Scrutiny Committee (RHSC), Healthwatch Redbridge (HWR) have continued to regularly review and comment on the service over the last eighteen months.

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<sup>1</sup> [http://www.healthwatchhaverling.co.uk/sites/default/files/intermediate\\_care\\_consultation\\_document\\_july\\_2014.pdf](http://www.healthwatchhaverling.co.uk/sites/default/files/intermediate_care_consultation_document_july_2014.pdf)

<sup>2</sup> <http://healthwatchredbridge.co.uk/intermediate-care-0>

# Introduction

This report provides an update based on our original review and follows on from the previous recommendations shown in reports provided to RHSC on 21 November 2016<sup>3</sup> and 20 March 2017<sup>4</sup>. Feedback for both CTT and IRS services was very positive, with all service users saying they would use the service again if needed in the future; we therefore decided a further review was not required.

Following the previous reviews of Foxglove and Japonica wards in KGH, a number of recommendations were provided by HWR to NELFT to improve the service.

Our HWR Board also agreed that this visit would be carried out unannounced using our Enter & View powers to find out if any of the recommendations have been followed and if any new areas need to be considered.

## What is Enter & View?

Part of the local Healthwatch programme<sup>5</sup> is to carry out Enter & View visits when appropriate. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises. These visits aim to find out how premises are being run and make recommendations where there are areas for improvement or to capture best practice which can be shared.

### Enter & View is the opportunity for Healthwatch Redbridge to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

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<sup>3</sup> [http://healthwatchredbridge.co.uk/sites/default/files/intermediate\\_care\\_report\\_1.pdf](http://healthwatchredbridge.co.uk/sites/default/files/intermediate_care_report_1.pdf)

<sup>4</sup> [http://healthwatchredbridge.co.uk/sites/default/files/intermediate\\_care\\_report\\_2.pdf](http://healthwatchredbridge.co.uk/sites/default/files/intermediate_care_report_2.pdf)

<sup>5</sup> Section 221(2) of The Local Government and Public Involvement in Health Act 2007:  
<http://www.legislation.gov.uk/ukpga/2007/28/section/221>

Enter & View visits are carried out as ‘announced visits’ where arrangements are made between the Healthwatch team and the service provider, or, if certain circumstances dictate, as ‘unannounced’ visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

## Purpose of the visit

This visit was carried out in order to review and comment on Intermediate Care provision across Barking & Dagenham, Havering and Redbridge. Over the last 18 months Healthwatch Redbridge conducted visits to the intermediate care wards (Foxglove and Japonica) to gather patients views on the services provided.

This unannounced visit was conducted to observe the progress and impact of the changes that have been made from the prior visits.

Through this visit, we hoped to:

- Observe and capture patients and relatives experiences on both intermediate care wards
- Gather information to assess whether rehabilitation and enablement activities have improved since the previous visits
- Check the ward environment to determine whether it supports rehabilitation
- Observe whether external hospital facilities are promoted
- Observe and gather feedback on the quality of interaction between staff and patients

## Strategic drivers

- Redbridge CCG reconfiguration of intermediate care - ‘Care Closer to Home’: December 2013<sup>6</sup>
- Redbridge CCG Consultation - Making Intermediate Care Better in Barking, Havering and Redbridge
- Healthwatch Redbridge Event and consultation response: October 2014
- Redbridge Health Scrutiny Committee: as part of their Work Programme
- Intermediate Care in Redbridge is a HWR strategic priority as part of our work programme

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<sup>6</sup> <http://www.redbridgeccg.nhs.uk/Downloads/Our-work/Improving-Intermediate-care-services/Red%20Healthwatch%20%20IC%20workshop%20report.pdf>

## Methodology

This was an unannounced visit.

Prior to the visit, NEFLT were aware that HWR would be visiting but they were not provided with information about the day and time of the visit. On arrival at the hospital, a team of three representatives (one staff member and two volunteers) went to each ward.

Representatives introduced themselves in each ward and requested to see a senior member of staff. The representatives provided written notification explaining the nature of the visit and then carried on to observe the ward and speak to service users, relatives and staff members.

The majority of the questions asked were similar to those used during previous visits (see appendices for further information). Based on the previous findings, some additional questions were included to gather more information. The questions asked during the visit focused on rehabilitation and enablement, the ward environment, external hospital facilities and staff interaction with patients. The findings from our previous visits highlighted a gap in the rehabilitation activities provided on the ward; we included additional questions for staff members to gain further insight of this area.

Representatives made observations and took notes of the activities and facilities that were available and whether they were publicised throughout the ward. The lead representative spoke to staff members while the two representatives spoke to service users and their relatives.

At the end of the visit we thanked the staff members and told them that the draft report would be sent to them for comment before publication.

## Results of visit

### Rehabilitation and Enablement:

- About **64%** of the patients we spoke to said staff had discussed their care plan with them. A further **7%** said that the care plan was discussed with a family member. *This is a slight decrease in comparison to our previous visit when **73%** told us that their care plan has been discussed with them.*

After the visit, a representative reported that it could be possible that some patients may not understand what is meant by a 'care plan'. *The representative explained a situation whereby the patient had said that staff members hadn't spoken to her about her care plan but yet she mentioned several things that would have been discussed in a care plan.*

- **64%** of respondents told us that they knew their proposed discharge date. *This is an improvement on the previous visit when only **46%** knew this information.*
- **77%** told us they had received physiotherapy support during their stay. This is a slight decrease in comparison to the previous visit when **82%** said they had received physiotherapy support. *From representative's discussions with patients and their relatives, it is possible that the total number of people receiving physiotherapy is much higher as some patients were observed completing simple physical activities to aid their rehabilitation.*

A patient mentioned that she walked to the toilet as she is 'unable to do much'. It is possible that this is a form of physiotherapy. Previously, senior staff have told us that for some patients rehabilitation might mean walking to the toilet or getting dressed.

- Representatives observed a group physiotherapy session taking place during the visit. The patients were playing a game of skittles and were very engaged in the session.
- A rehabilitation kitchen is located on Japonica ward and shared between patients on both wards. As at our previous visits, **only one patient** we spoke to had used the kitchen. The kitchen is equipped with a sink, fridge and microwave. Staff mentioned that if patients were capable and involved in cooking in their own homes then they would be considered for a kitchen assessment, which involves heating meals up and making cups of tea.

- An activity timetable was available on the noticeboard in both wards. ***However, the individual activity timetables for each patient weren't visible. After our previous visit, NELFT said that they would provide an individual activity timetable for each patient and this would be placed on their locker.***
  - There were a variety of activities listed on the noticeboard: arts & crafts, sing-a-longs, reminiscence, group exercise sessions, colouring, card making, board games and bingo.
  - Two representatives asked a staff member about the individualised timetable and she showed them a patient's timetable, which was on the top of the locker with other pieces of paper.
  - When patients were asked if they had been given an activity timetable, **73%** told us that they were not aware of it.
  - Staff said that patients were involved in planning activities. They were also asked for their feedback after each session. A staff member showed our representative the completed feedback forms from several activity sessions.
  - Staff gave an example of when patients were particularly involved in planning an activity. They planned the Easter activity which involved cake making, making cards and an egg hunt. ***It is unclear whether the patients took part in baking the cake, as there are no baking facilities on the ward.***
  - Staff reiterated the involvement of patients in planning activities by informing us about an instance when the activities were completely changed due to the demographics of the ward. At one point, there were mostly male patients and they didn't want to take part in bingo so they were provided with other activities. We were not provided with any information about the activities that took place instead of bingo however we are pleased to hear that the patients feedback are taken into consideration when planning activities.
  - Staff said that they are also able to provide one-to-one activity sessions for patients. A staff member mentioned that there is a new patient on the ward who told them that she likes sewing. They bought her a sewing kit and the hospital funds these types of activities if it can be justified. We were unable to speak to the patient to clarify this information.

- Staff mentioned that they are planning to include other activities such as hair dressing as this is an upper limb activity and will help with rehabilitation.
- Staff said that they are confident in running the activities. Most said that they do not think it would be beneficial to recruit an activities coordinator. They felt that the team was able to design and deliver rehab based activities.
- Most activity sessions are run by occupational therapists, rehab assistants and the integrated care assistants. They have a weekly meeting to discuss the activities that will take place. The nurses said that they tend to focus on supporting patients with their nursing needs rather than run activities but they are sometimes involved although this is rare.
- When asked about training, staff mentioned that they hadn't received specific training to help them run the sessions. However, most of them had a vast amount of experience in running activity sessions. ***Staff said there were lesson plans available for the person running the session and this was shown (appendix 3).***
- Representatives noted that **34%** of patients were wearing their day clothes on our visit. ***This is a decrease since our previous visit when 48% were wearing their day clothes. Of the patients that were spoken to, 70% said they were encouraged to wear their day clothes.***
- Many patients mentioned the issue of getting their family members to bring clothes for them, as there is no laundry facility available. The issue of having small lockers was raised because they are unable to put a lot of clothes in them.
- A staff member explained that the lack of laundry facilities was an issue and some family members live far away so they are unable to come often. She gave an example of a patient who only had clean trousers and no clean top so he had to wear his hospital gown.  
***NELFT previously said that they are able to offer laundry facilities however the clothes would have to be washed at higher temperatures due to health and safety standards.***
- Staff were asked whether they understood<sup>7</sup> the term 'pyjama paralysis', an initiative first introduced at Nottingham University Hospital which

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<sup>7</sup> <http://www.nottinghampost.com/why-hospital-staff-want-patients-to-ditch-their-pjs-and-get-dressed/story-30177371-detail/story.html>

highlights the impact of patients staying in their pyjamas. The majority of staff members understood this term and said that they encourage patients to wear their own clothes as it aids recovery.

- There was a poster on the noticeboard promoting a talk on 'pyjama paralysis' taking place on 23<sup>rd</sup> May. This was aimed at staff members, patients and their relatives. A staff member said that other events on this subject were scheduled to take place on a regular basis.
- There was a RemPod<sup>8</sup> available on each ward. The RemPod in Japonica was in the sensory room and had a working model of a vintage TV, radio and a variety of CDs.
- None of the patients that we spoke to had used the RemPod. All the staff members spoken to said that they hadn't been trained on how to use the RemPod and so they haven't supported patients to use it.
- On the previous visit, the RemPod in Foxglove ward was a representation of a garden shed and had several gardening items such as seeds, potting compost and pots. However, on this visit, it had some CDs, books, radio and a few unopened polystyrene pots next to it.

### The Ward Environment:

- Previously the dining room in Foxglove was converted to accommodate additional bed capacity during the winter months however this has now reverted to a dining room that patients can use for communal activities.
- All patients spoken to said that they eat by their bedside. Staff said that they always encourage them to eat their meals in the dining room but most patients are not interested. An authorised representative observed a staff member asking a patient to eat in the dining room and the person declined.

***Posters were available in the bays and around the ward encouraging patients to eat their meals in the dining room (appendix 4).***

***Staff said that they are planning to run activities in the morning before lunch as this will encourage patients to stay in the dining room for lunch.***

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<sup>8</sup> REMPOD- These are interactive reminiscence pods with activities for reminiscence for example, the RemPod could be a 1950s living room. The pods provide an environment of things to see, touch and interact with.

- Findings from the first visit suggested that the meals were of **poor quality**, sometimes served cold or lukewarm. During our second visit, the general **feedback** was that the food had improved. ***However, we found that during this last visit most people reported that the food was satisfactory or poor. A patient said that the kosher meals are too salty and there is limited choice.***

### External Hospital Facilities:

- Previously, we found that hospital facilities such as a public restaurant, garden and coffee shop, were hardly used by patients on Foxglove or Japonica ward.
- Some patients mentioned that they were not able to go outside due to mobility issues.
- ***Representatives observed posters in the bays and prominent areas around both wards informing patients about the external facilities such as the garden (appendix 5).***

### Staff Involvement and Interaction:

- Many patients told us they were pleased with staff members. One patient said that the healthcare assistants were generally friendly and took their time to learn about each patient. They also said the rehab team needs to be improved but didn't elaborate on this statement.
- Previously, **50%** of respondents had told us that they were not asked if they had any communication difficulties. This has improved with only **15%** telling us they were not asked. About **23%** were unsure if they had been asked or not.

## Recommendations

Based on the previous recommendations and findings from this visit. Here is an updated recommendations list:

1. Patients and where possible, relatives should be involved in the goal setting and care planning process. Patients should be clearly informed when discussing their care plan to ensure that they understand what it is.
2. All patients should be informed of their discharge plan on admission to the ward. Planning discharge at an early stage will help staff members to anticipate any problems and put appropriate support in place. NELFT should endeavour to provide patients with a summary of the discharge plan. This was previously discussed and agreed but we haven't seen any evidence of this happening.
3. Patients who are interested and able to use the rehab kitchen should be supported to carry out domestic chores in the kitchen.
4. Training should be provided for staff members thus enabling them to support patients when using the RemPods.
5. NELFT previously mentioned that they were reviewing the quality of the meals provided. Healthwatch would like an update on this review.
6. Staff should continue to encourage patients to have their meals in the dining room, as this is a good opportunity to socialise.
7. Relatives should be encouraged and reminded to bring clothes for patients.
8. Patients should be provided with individualised activity timetables, which are visible on their lockers.
9. We are pleased that patients are involved in planning activities such as the cake making, however, we are unclear of how this activity took place as there is no oven in either ward. Can you please clarify how this activity was conducted?

## Service Provider Responses

This report is in draft form at the present time.

Providers will be given the opportunity to read and respond to the draft report to provide comments and to request factual accuracy amendments.

Any responses will be added before publication.

## Appendix 1- Questions for patients and relatives

### Questions for Intermediate Care Ward Enter & View May 2017

#### Visit Notes for Patient/Relative

Authorised Representative:.....

Ward:.....Date:.....

Speaking to: Patient/ Relative Name (if offered).....

*Introduce yourself and the reason you are there today. Confirm that the person is happy to speak with you.*

Patient Questions	Responses
How long have you been on the ward?	
Is this your first visit? <i>(If the patient is a frequent visitor, you might ask whether they think the ward has changed over time)</i>	
Were you asked if you had any hearing impairments, visual impairments or required any additional help with communication when you came to the ward? If yes, ask patient: <ul style="list-style-type: none"> <li>• Ask the patient the nature of their impairment</li> <li>• Whether any special provision was made for them?</li> </ul> <b>For patients who have a hearing loss –</b>	

<p>Can you hear what the staff are saying to you?</p> <p>Do you understand what the staff are saying to you?</p> <p>For patients who wear a hearing aid/aids</p> <p>Have you been able to get new batteries for you hearing aid/s if you have needed them?</p>	
<p>Has your care plan been discussed with you?</p> <p><i>(A care plan is a document which identifies how support and rehabilitation will be managed. Patients should be involved in the design of their care plan.)</i></p>	
<p>Do you know when you expect to leave the ward?</p>	
<p>Has anyone spoken to you about arrangements for being discharged?</p> <p>If yes, please ask the patient when it was first discussed with them?</p>	
<p>Where will you be going when you leave the hospital? <i>i.e. Home, care home, nursing home, other etc.</i></p>	
<p>Are you happy to be going to the place you have stated</p>	

<p>above?</p> <p><i>(Do they have any concerns about coping when they leave here?)</i></p>	
<p>What do you think of the ward?</p>	
<p>Is this the usual number of staff on the ward or are there more or less staff on the ward today?</p>	
<p>Have you used any other facilities (such as physiotherapy, rehabilitation kitchen, outside communal areas or <b>REMPODS – these are interactive reminiscence pods where you can listen to music and look at old photographs, garden shed, cinema</b>)?</p> <p><i>(If the patient has used the facilities, identify which ones and ask if they found them easy to access)</i></p>	
<p>Have you been able to go outside?</p> <p><i>(If the patient has been able to go outside or off the ward, ask them where they were able to go and how. Also ask them about the communal area, did they need assistance, did they find it easy etc.?</i></p> <p><i>Have you been told about the Restaurant, café, garden etc.</i></p>	
<p>Do you take part in any activities on the ward, and what are they?</p>	

If not why not?	
<p>Have you been given an activity timetable? Or is there one on your patient locker?</p> <p>Were you involved in choosing the activities?</p>	
<b>Patient dining facilities &amp; menu choice</b>	
<p>What do you think of the meals?</p> <p>Where do you eat your meals? <i>(Is there access to a dining room or facilities for patients to eat together if they choose to?)</i></p> <p><i>If patient is having meals by their bedside is it because:</i></p> <ul style="list-style-type: none"> <li>• They choose to,</li> <li>• They do not know about the dining room</li> <li>• They have not been encouraged to use it.</li> </ul>	
Do you get support to be taken to the dining room or help with eating if needed?	
<b>Day Clothes</b>	
<p>Are you encouraged to wear day clothes during your stay?</p> <p>If patient is not wearing day clothes, ask if they normally</p>	

wear them.  <b>Do the staff support you to get dressed if you need help?</b>	
<b>Other</b>	
Would you be happy for us to contact you once you leave the ward?  <i>If yes, please ask for contact details.</i>	
Is there anything else you would like to tell me about?	
<b>Relatives Questions</b>	
What do you think of the ward?	
Do you have any worries or concerns about how your loved one is cared for?	
Have you been provided with information regarding your relatives stay on the ward?	
How do you travel here? <i>(Ask about transport links or parking and costs if appropriate)</i>  <i>How long does it take you to get here?</i>	
Is there anything else you would like to tell us about?	

## Appendix 2- Questions for staff members

### Questions for Intermediate Care Ward Enter & View May 2017

#### Visit Notes for Staff member

Authorised Representative:.....

Ward:.....Date:.....

Speaking to: Staff member Name (if offered).....

Fulltime, Part time, Agency or Bank Staff?



<b>Staff Questions</b>	
<p>Do you discuss care plans with patients?</p> <p>If yes, do patients help to set their own goals?</p> <p>If no, why not?</p>	
Do you discuss hospital discharge with patients?	
What activities are you currently involved in with patients?	
<p>What activities did you take part in the last time you were on duty?</p> <p>Do you take part in the same activities every week?</p>	
Who plans the activities?	
How confident are you with running an activity?	
<p>Did you receive any training to run activities?</p> <p>Can we see some of the training materials you use?</p>	If Yes, can you tell us about the training?

Do patients get involved in planning any activities?	
Do you ask patients for their feedback on the activities that they take part in?	
Do you think the ward would benefit from an activities coordinator?	
Do you support/help patients to use the rehabilitation kitchen?  If not, why not?	
Do you support/help patients to use the REMPOD?  If not, why not?  Have you had training on how to use the REMPOD?	
Do you encourage patients to eat their meals in the dining room?  If not, why not?	
Do you know what pyjama paralysis is? If not, explain it is a condition caused by patients wearing their pyjamas all the time and not getting dressed and it affects the patients ability to recover as quickly	
Do you encourage patients to get dressed in their own clothes?  If not, why not?	
<b>Any Additional comments?</b>	

## Appendix 3 - Example of Lesson Plan

Inpatient Rehabilitation Groups – Every Friday at 11.00 am	
NHS Foundation Trust Best care by the best people	
<b>GROUP NAME : Chair based exercises</b>	
<b>Materials needed</b>	Chair with back rest, football, gym ball, balloons.
<b>Environment</b>	Day room
<b>Group numbers</b>	Maximum of 6- 8 patients
<b>Aim/objectives of chair based exercise group:</b>	
<ol style="list-style-type: none"> <li>1: Improving upper and lower limbs range of movements and muscle strength</li> <li>2:-Improving core muscle strength</li> <li>3:- -To facilitate social interaction and socialisation.</li> <li>4:- Improves fitness, boosts energy, increase appetite, improves mood, self-confidence and helps better sleep.</li> <li>5:- Improves exercise tolerance, flexibility, helps mobility.</li> <li>6:-Reduces the risk of heart disease, reduces the impact of illness and chronic disease</li> <li>7:- Help maintain or lose weight.</li> <li>8:- Increases the stimulation and release of hormones that alleviate pain</li> <li>9:- Improves co-ordination</li> <li>10:-Release stress which reduces sadness, depression or anxiety and keeps the brain active.</li> <li>11: Deep breathing exercises to maximise lung function, to release shortness of breath, reduce anxiety and for relaxation.</li> </ol>	
<b>Grading of group:</b>	
Sitting chair based exercises (easy).	
Standing chair based exercises (difficult).	
<b>Cognition</b>	Patient should be able to follow the verbal instructions, not confused / nil delirium.
<b>Seating</b>	Independent.
<b>Motor</b>	
<b>Adaptions:</b>	
- Pain relief before sessions if required (to be requested by the allocated therapist).	
-Slightly reduced sitting balance: if seating can be improved with positioning/aids.	
-for patients with prosthesis, tilt in space wheelchairs	
<b>Inclusion Criteria:</b>	<b>Exclusion Criteria:</b>
<ul style="list-style-type: none"> <li>• Good sitting balance</li> <li>• Motivated to participate in group.</li> <li>• Minimum muscle grade 3/5 (upper and lower limbs)</li> <li>• Functional ROM.</li> </ul>	<ul style="list-style-type: none"> <li>• On hip precautions</li> <li>• Unable to follow verbal prompts/instruction</li> <li>• Very hard of hearing /deaf.</li> <li>• Restricted generalised ROM/bed bound.</li> </ul>

Appendix 4 - Encouraging patients to eat in the dining room

NHS Foundation  
Best care by the best

# *Come Dine with Us . . . .*

## *on Foxglove Ward*



*Patients are encouraged to dine with each other at meal times in our dining room area.*



## Appendix 5 - Promoting external hospital facilities

# Garden Area

**NELFT NHS**  
NHS Foundation Trust  
Not one by the last word



**Garden Opening Times: 08:00am - 08:00pm**

*Patients are welcome to use the garden area on the King George Hospital Site.  
The Garden is located in Block 6 beside the lifts.*



## **Healthwatch Redbridge**

5<sup>th</sup> Floor, Forest House  
16-20 Clements Road  
Ilford, Essex IG1 1BA

020 8553 1236

[info@healthwatchredbridge.co.uk](mailto:info@healthwatchredbridge.co.uk)

[www.healthwatchRedbridge.co.uk](http://www.healthwatchRedbridge.co.uk)