

ENTER AND VIEW

Announced Follow Up Visit

*Royal Wolverhampton NHS Trust (RWT) - Geriatric
Medicine Department Ward A8*

28 February 2018

Part of the Healthwatch Wolverhampton remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and 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.

Healthwatch Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The local Authority Safeguarding team will also be informed.

Royal Wolverhampton NHS Trust

Service Address: Wolverhampton Road, Heath Town, Wolverhampton WV10 0QP
Manager: The Senior Matron Amanda Watts and Senior Sister Kuldip Fiest.

Acknowledgements

Healthwatch Wolverhampton would like to thank the Matron, Senior Sister, patients, and staff for their co-operation during the visit.

Disclaimer

Please note that this report relates to findings observed during our visit made on Wednesday 28 February 2018. The report does not claim to be representative of all patients, only of those who contributed within the restricted time available.

Authorised Representatives

Shooky Devi (Lead)
Raj Sandhu

Who we share the report with

This report and its findings will be shared with the Royal Wolverhampton NHS Trust (RWT), Care Quality Commission (CQC), Healthwatch England, and Clinical Commissioning Group (CCG). The report will be published on the Healthwatch Wolverhampton website.

Summary

Healthwatch Wolverhampton carried out an initial unannounced Enter & View visit during November 2016 due to receiving concerns in respect to services received within the ward, these were around staffing levels, the communication and treatment of patients. During the visit the Authorised Representatives carried out observations, talked to relatives, residents and staff.

The Authorised Representatives noticed areas of concern during the visit (some of these are outlined below);

- Outside Ward A8 there were two benches labelled 'condemned'. This could potentially have caused a Health and Safety risk for patients and visitors.
- A patient was lying on a deflated air bed.
- The storage room door was left open and unattended even though it had a sign 'Please keep shut at all times'. There were containers with liquids visible on the shelves. The door was closed after the Authorised Representatives were seen by the Nurse.
- No evidence was observed of any activities that took place during the day to stimulate the patients. There were a number of TVs in the ward. A family member reported that it was never on and that the personal TV that you have to pay for did not work.

Several recommendations were suggested in order to improve service delivery within the ward. Part of the Healthwatch programme is to conduct a follow up visit to ascertain if recommendations have been implemented. An announced visit was carried out 28 February 2018. Prior to the visit a letter and poster were sent to the Matron for display, informing staff, patients and relatives.

Key Findings - Enter & View Visit - 28 February 2018

- Discussions with the Matron and Senior Sister highlighted they had implemented the improvements suggested and are keen to continue.
- The reception area is to have a seating area for relatives and visitors.
- Sufficient notices are displayed on the doors to the bays. A range of leaflets are available for access.

Background

Ward A8 is part of New Cross Hospital which is managed by Royal Wolverhampton Hospital Trust. The ward accommodates male patients only and has twenty-eight beds with four bays and several side rooms.

The current staffing levels for the ward are one Senior Sister, two Sisters and a third is to be appointed, The ward uses Bank staff only.

What we did

Two Authorised Representatives carried out the visit between 2.00pm and 4.30pm. We were greeted by the Senior Sister on arrival and asked to meet the Matron before commencing the visit. The visit was carried out unescorted. We avoided visiting the side rooms due to possible risk infections.

Findings:

Environment:

Time was spent observing the general environment of the Ward as well as spending time in the different bays.

We gained entry onto the ward using the door entry system, the door to the ward displayed our Healthwatch poster notifying of the visit.

The ward and bay areas looked clean and clutter free with members of staff attending to patient's needs.

In Bay 1 we were told the arrangement of beds is the old configuration hence there are six beds.

The doors of the bays had A4 notices with information or instructions on. Bay 1 had a notice 'Tagged Bay - Do not leave bay unattended'. Similarly, Bay 2 had 'Tagged bay do not leave bay unattended.' Bay 3 '0 days the last fall was on 28.02.2018.'

We saw patient toilets with accessible signage in alternative formats i.e. picture, braille on the door.

In one of the patient bathrooms we saw several toiletries placed on the sink which we raised with the Matron at the end of the visit.

We were shown the Reminiscence Room which was completed in September 2017. The Authorised Representatives who carried out the visit during November 2016 had commented on activities to stimulate the patients.

The room was well decorated with an array of items and the television playing old movies. We were told the items were donated from local people and companies. To show appreciation a plaque is on display in the room. Should patients wish to have their meals within the room this option is available. Items from the room can be taken to the patients within the ward especially to those who are bed bound.

During our visit a patient and relative was sitting on the sofa. The relative commented “nice room” for patients living with dementia and Alzheimer’s.

Patient Experience:

We spent time with the patients gathering their experiences whilst they are staying within the hospital.

The Authorised Representatives spoke to patients on the ward. Patient One said the ward “feels very homely and the staff were very helpful.”

Patient Two said “I like the Reminiscence Room and it feels comfortable.”

Staff

Staff information provided to the Authorised Representative Lead.

We spent time with the Matron and Senior Sister discussing the recommendations made from the initial visit in November 2016.

- ‘Condemned’ or faulty items should be removed from public areas.
Response - all items had been removed including the bedside table.
- Protocol needs to be in place for patients to be dressed appropriately (underwear) especially during visiting times.
Response - a person centred approach is used to accommodate the individual.
- Patient mattresses need to be checked regularly and not left deflated.
Response - these are part of the pressure injury assessment. Each person admitted to the ward has their mattresses checked and adjusted to their needs. The mattresses are reassessed according to the patient’s condition.
- Patient drug/medicine levels should be monitored regularly and re-ordered in a timely manner.

Response - The ward has a pharmacy technician who manages any medication that is required they also have an on-call pharmacist should any matters arise.

- Personal TV's that do not work should be removed or replaced.
Response - A television has been put up in the reminiscence room which is free to watch, patients can also use a private TV by their bedside which costs around £4.00 per day should they require this option. There are TVs in each bay that are free of charge, a portable DVD player, 3 radios/CD players. The ward has replaced the old phones with T-Mobile phones, thus allowing them to be used by the patients. Patients can bring their own phones into hospital for their own use.
- More staff should be trained in British Sign Language (BSL).
Response - The Trust have put two sessions on last year to promote BSL.

In addition, we were provided with the following information.

- The ward encourages the patient's families/friends to visit at meal times as this supports the patients to eat well.
- The term Protective Meal Times is no longer used within the ward and has been replaced by Meal time matters.
- Each patient who is admitted has a risk assessment which changes according to their needs for manual handling and pressure injury risk.
- The ward has appointed two 'Champions of Equality and Diversity' to increase awareness and share with staff. The range of areas covered include sign language, interpreting services, language line, hearing loops etc. Information can be found in the Hospital Communication Book and website.
- The ward has a system called a 'huddle' which operates five days a week where the multidisciplinary team ascertain if a patient is fit to be discharged.

Food Choice

We asked a number of questions around food choice

Breakfast is provided when the patient is ready to eat. Lunch is served at 12.30pm, alternative options are provided if requested. We saw above a patient bed a notice to inform the cooks and nurses of the dietary requirement of the patient.

Privacy and Dignity

We wanted to observe how privacy and dignity is maintained within the wards.

During the visit we saw members of staff attending to patients as and when needed.

In Bay 1 two members of staff were dealing with a patient and had pulled the curtains round.

The Senior Sister explained the discharge process red to green initiative whether the patient is having a red day or green day.

Discharge to Assess is an electronic discharge form completed for patients that are allocated to the Wolverhampton area, the Doctor, Nurse, Therapy services and the Patient Discharge flow Coordinator complete this form which is then submitted to the Discharge to Assess team to assist with organising the discharge.

Comments and Further Observations

The Matron and Senior Sister are keen to improve the patient experience within the ward and it was clear from our discussions that they are open to new ideas which would benefit both staff and importantly the care of the patients.

The ward is flexible accommodating the needs of the patients. We were informed that a patient's wife had stayed with him during the night.

We shared some of our findings during the visit and sought clarification. In Bay 1 a bin was being used to prop the door open. The Senior Sister explained a magnetic door release is placed on order. Once received this will resolve the issue.

We observed good interaction between staff and patients. In Bay 1 a patient had the radio playing in the background.

Recommendations and Follow - Up Action

The Authorised Representatives would like to suggest the following recommendations arising from the visit.

To label patient's belongings, so when they use the bathroom toiletries can be returned to the correct person.

To use a door stop to prop open the door, not a bin, to ensure that this is in line with the health and safety policy of the hospital especially around fire.

Provider Feedback

Ward A8's visiting times are 12pm to 7pm and open visiting is allowed as appropriate for patient centred care. There are nineteen Staff Nurses, twelve Health Care Assistants, one Ward Assistant and one Ward Receptionist.

The Trust has a new configuration for hospital bed space areas and future bed space areas will be based on the new configuration.

In relation to the toiletries in the sink, Senior Sister confirmed that they had been left by a patient who had just been to the bathroom. On return to the ward, Senior Sister discovered that the patient who had left the toiletries can be verbally and physically aggressive at times. On this specific occasion he wanted to leave his toiletries in the bathroom and would collect them later.

Meal time matters is whereby staff try to avoid care delivery so that a patient can eat their meal in a quiet and relaxed environment with minimum interruption. There are other snacks/meals available if a patient does not want to eat at the set meal times. These include sandwiches, salads, cakes, biscuits and the catering department can also be contacted for meals.

A red day is when a patient receives little or no value added acute care and a green day is when a patient receives value added acute care that progresses their progress towards discharge.

During the huddle, the multidisciplinary team discuss each patient's current status and their medical and discharge plans, the patient is deemed medically fit or unfit for discharge, the estimated date for discharge is determined and the blockers to discharge are discussed.

When a patient is admitted the 'Patient Discharge Co-ordinator' starts the conversation early with patients, asking for any needs after discharge. The patient discharge coordinator can complete the relevant documentation relating to identified patients' service needs; if the patient is out of the Wolverhampton area then the relevant process for that area is completed.

Fast track is a process that exists for patients that are to be discharged that are towards the end of their life, a fast track form is completed and submitted to instigate the process, the palliative care team can assist with this process, if end of life is imminent and the patient chooses not to die in hospital transport can be booked as a last journey for the patient.

The Divisional Medical Director observed the ward huddle and commended the team for their excellent ward huddle and recommended that they produce a video of the ward huddle that can be shared during the Trust induction process.

The Authorised Representatives commented to both Matron and Senior Sister that the nursing staff were passionate about caring for their patients. They also felt the environment was very calm and relaxed.