

Enter and View Report

New Cross Hospital: Ward A12
Unannounced Visit
9th November 2018



**Engaging
Communities**

Inspiring Change, Improving Outcomes

healthwatch
Wolverhampton

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What is Enter and View

Part of Healthwatch Wolverhampton's 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 / Nursing Homes, GP Practices, Dental Surgeries, Optometrist and Pharmacies. Enter and View visits can occur if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's 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's Safeguarding Policy, the service Manager will be informed, and the visit will end. The local Authority Safeguarding Team will also be informed.

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Provider details

Address: New Cross Hospital: Ward A12, Wolverhampton Road, Heath Town, Wolverhampton WV10 0QP

Deputy Manager: Michelle Cole

Client type: This is a female general surgery ward.

Acknowledgments

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

Disclaimer

This report is related to findings and observations made during our visit that took place on Saturday 9th November 2018. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Mary Brannac, Lead Authorised Representative

Ashley Lovell, Authorised Representative

Mbusikhazi Ncube, Student Nurse

Who we share the report with

This report and its findings will be shared with New Cross Hospital, Wolverhampton City Council, Councillors, Wolverhampton Clinical Commissioning Group (CCG) and the Care Quality Commission (CQC). The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:

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Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about Health and Social Care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the Health and Social Care system
6. **Choice:** Right to choose from a range of high-quality services, products and providers within Health and Social Care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community

Purpose of the visit

This visit was conducted following feedback from patients regarding the level of care that they were receiving whilst on the ward.



New Cross Hospital

What we did

Upon arrival at the Hospital, Authorised Representatives made their way to Ward A12. They made themselves known to the receptionist for the ward. The senior sister on the ward was alerted who then checked with the matron that it was ok for the visit to go ahead.

The senior sister showed the Authorised Representatives around the ward, who then engaged with several patients, a student nurse and the senior nurse about the delivery of care and patient experience.

Summary

This was a positive visit, as evidenced by the observation of the Authorised Representatives on how the staff dealt with the patients, ensuring their dignity was respected at all times.

We had only one recommendation to help enhance the care and safety that is currently being given to the patients.

Findings:

Environment

Upon arrival at the Reception, it was not immediately clear what the role of ward A12 was, we asked the receptionist and we were told “it’s the Female General Surgery ward”. The reception is split in to two sections half for ward A14 which is the Male General Surgery ward and the other half for ward A12. Each side of the corridor had information relating to the specific ward, including the number of falls, infections and the teams.

When entering the ward itself, the nurses desk area which is in front of number of the bays seemed a little crowded but clean and well maintained. However, we did notice a strong unpleasant smell which our observer who is a student nurse took to be faecal matter. From going to the different bays to talk to patients we noticed the smell was coming from bay B as the other bays smelt pleasant.

We did notice that bay C had its lights on and was well lit whereas bay B was not well lit despite lights being on.

Observations

In bay A we observed a nurse and student nurse changing the dirty bed sheets, they did not have any gloves or aprons on when taking off the dirty sheets and then proceeded to put on clean sheets. It was felt by Authorised Representatives that this could potential lead to cross infection.

We observed a nurse helping a patient to walk across the ward, taking their time and being supportive of the patient.

We also observed nurses taking time to talk to patients and sharing jokes and generally being friendly, happy and supportive to the patients in the ward. The ward had a friendly atmosphere.

Despite a team chart in the reception area, Authorised Representatives did feel confused by the different uniforms and did ask a couple of the people on the ward what their role was to try and understand what each uniform means.

While in bay C Authorised Representatives were asked who they were by a nurse, this was done in a friendly way and it was appreciated that nurse challenged unknown visitors.

A nurse in bay C agreed to talk to Authorised Representatives but just as the first question was asked, a patient asked for assistance and the nurse quickly and politely stopped the interview and immediately started seeing to the patient. We observed the nurse talking to the patient, then closing the curtain to provide the relevant support while maintain the patient’s privacy and dignity. Once she had finished with this patient, she immediately saw to another. Authorised Representatives were very pleased to see how responsive the staff were on the ward.

Staff Experience

While speaking to a second year student nurse, Authorised Representatives were told that they had been made to feel extremely welcomed by the other staff on the ward. They were asked if they felt there was enough staff on the ward to which the answer was no and that more staff would help. They felt confident in talking to their peers, senior nurse and management about any concerns or issues they may have.

They also explained that if anyone was to fall, they would support patients in standing up or getting back in to bed and then report the incident. When asked if they had any concerns or other comments, they wanted to share with Authorised Representatives they did not have any to share.

At the time of our visit the ward was very busy, so no other staff interviews took place as we did not want to impact the level of care provided.

We were told by the senior nurse on duty that the staffing level was as followed:

Staff	Time	Numbers
Receptionist	Morning	1
Senior/ lead nurses	Morning	5
	Afternoon	4
	Evening and Night	2
Doctors	During day	2
Ward Manager	During day	1
Sisters	During day	3
Registered nurses	During day	5
Health and care assistants	Morning	4
	Afternoon	2
Domestic staff	During day	2
Student nurses	During day	3

Depending on the condition and reason for surgery of the patients on the ward there are a range of specialist nurses and doctors on the ward. No agency staff are used. There were plenty of hand sanitizers which worked as the Authorised Representatives used these on several occasions, however they were not prompted to do so.

Patient Experiences

We engaged with several patients during the visit who were happy to share their experience with us. They all said they were happy with the treatment and were dealt with respect and dignity. Patients could not praise the staff enough. One patient said, “Although they are understaffed, they always try their best”. Only one patient said that their needs were not met in respect of treatment but did not want to state the reason.

When asked if they have any say in their treatment, or if they are getting any information regarding their treatment and care, the answers were vague and there was a level of uncertainty from the patients. One patient said that they asked the staff and they did get all information they needed.

The patients felt they were treated with respect and satisfied, and felt they did their utmost to help them.

Due to the busy nature of the ward and patients requiring treatment and care from staff it was not possible to conduct full interviews with patients during our visit. It was however clear from our observations that patients were in a good humour and receiving good levels of care and support when they needed it.

Recommendations

1. Ensure that all lighting is in fully working condition
2. Ensure all staff including student nurses are aware of infection control procedures and the important of using Personal Protective Equipment (PPE)
3. Introduce a chart identifying the different uniforms
4. Encourage all visitors to use the hand sanitisers

Provider feedback

No provider received.

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