

## **ENTER AND VIEW**

### **Unannounced Visit**

*Royal Wolverhampton NHS Trust  
Geriatric Medicine Department  
Ward A8  
18 November 2016*

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.

### ***Provider Details***

**Name:** Royal Wolverhampton NHS Trust (RWT)  
**Address:** The Royal Wolverhampton NHS Trust, Wolverhampton Road, Wolverhampton, West Midlands, WV10 0QP  
**Manager:** Ward Manager Sister Rebecca Whyte  
**Date of Visit:** Friday 18 November 2016 at 2.00pm

<b>NAME</b>	<b>ROLE</b>
Sheila Gill	Authorised Representative (Lead)
Dana Tooby	Authorised Representative
Jane Emery	Authorised Representative
Beverley Davis	Authorised Representative

### ***Purpose of Visit:***

Healthwatch Wolverhampton receive feedback on a range of services and treatments received at New Cross Hospital. Recently Healthwatch received some concerns in respect to services received at the Geriatric Medicine Department - Ward A8. These were around staffing levels, the communication and treatment of patients.

### ***Acknowledgements:***

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

## **1.0 Physical Environment**

### **External**

- 1.1 On arrival it was noted The Heart & Lung Centre Car Park P2 - stated 'Full' but there were lots of spaces available. There were three cars waiting in the queue. The authorised representatives were informed that the person in the car at the front had got out of the vehicle and gone inside the hospital to complain.
- 1.2 Outside Ward A8 there were two benches labelled 'condemned' This could potentially have caused a Health and Safety risk for patients and visitors.
- 1.3 Directly outside the ward there were two full rubbish bags blocking a fire door that also served as access to a cleaning storage area.

### **Internal**

- 1.4 At approximately 2.50pm the storage room door was left open and unattended for at least 10 minutes 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.
- 1.5 In Bay 1, one patient's over-bed table was dirty with tea ring stains and had dirty tissues.
- 1.6 There was a handwritten sign placed at the end of a patients bed which read 'Do not use trough' however the sign was not secured. It could have been moved or fallen onto the floor.
- 1.7 The temperature in Bay 4 was uncomfortably warm in the opinion of one of the Authorised Representatives.

## **2.0 Staff Numbers**

- 2.1 The Ward when fully staffed has 4 Trained Nurses on duty in the morning and afternoon and 2 Nurses through the night. There are 3 Healthcare Assistants (HCAs) on duty at any one time.
- 2.2 Currently there are staff vacancies due to staff on maternity leave.
- 2.3 Staffing is reviewed in conjunction with Wards A8, A7 and C22.
- 2.4 Bank staff are used regularly to cover vacancies ie maternity leave.

### **3.0 Agency Usage**

None

### **4.0 Patient Experiences and Observations:**

- 4.1 During the visit, the majority of the patients were asleep. Others appeared confused or had communication difficulties and some did not really want to talk.
- 4.2 **Observations in Bay 4:** On entering Bay 4 a large pool of fluid on the floor by a patient's bed was noticed. This was mentioned to the HCA and the response was "He has probably wet himself or spilt a drink."
- 4.3 A patient was asleep whilst in bed and had pulled the sheet away from himself - he did not have any clothes on underneath.
- 4.4 A patient had clothes on the window sill and an overflowing rubbish bin. The area also smelt either of the rubbish or poor personal hygiene.
- 4.5 "One patient had been in hospital for 5 weeks and had only met the social worker a week ago. The social worker was to sort out a home package but said "if I have not made contact in 2 weeks, please make contact again." This patient has not received any physiotherapy since arriving on the ward."
- 4.6 A patient was lying on a deflated air bed.
- 4.7 At changeover, a nurse introduced herself to patients.

### **5.0 Family and Carer Experiences and Observations**

- 5.1 A visitor said "pain relief for their friend was out of stock and the patient appeared to be in distress. The nurse stated "it is strong pain relief, morphine, he had some this morning when his daughter was here but he requires more than we have available but it has been ordered."
- 5.2 A visitor felt there is not enough staff on the ward and it is difficult to distinguish who the Nurse is. There are usually lots of people around the front desk, but they cannot see what is going on in the bays.
- 5.3 The wife and daughter of a patient said, "we had seen a doctor yesterday and the situation with their family member had been explained to them and they were happy with the care being given."
- 5.4 A wife and mother of a patient asked, "How can Healthwatch support people who want to make a complaint?" They were anxious and afraid it could affect the quality

of care for the patient. It affected Accident and Emergency (A&E) and Ward A6. They were happy with Ward A8. The visitor gave consent for Healthwatch Wolverhampton to follow up the enquiry, providing contact details.

- 5.5 A visitor/carer said, “that she had only seen a consultant once in three weeks.”
- 5.6 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.
- 5.7 A HCA on duty stood and listened to our conversation with a patient’s family. The HCA was asked if they could provide some privacy. The HCA was quite rude and said “you have not presented yourself to me.” So the Authorised Representatives referred him to the front desk whilst we continued to speak to the family.

## **6.0 Catering Services:**

- 6.1 A choice of menu is available for patients every morning and afternoon, catering for a range of specific needs and requirements including religious, ethnic, diabetic, and vegetarian needs. Protected meal times are in place at 8am, 12.30pm and 5.30pm.
- 6.2 Nurses undertake ‘swallow screening’ and meals are adjusted accordingly e.g. soft diet then the patient is assessed for a further 3 days to check if there is a likely hood of choking. The ward has a red tray system used to identify patients that need assistance easily.
- 6.3 There is ‘Therapeutic’ visiting times between 12pm-7pm for relatives to assist and support during mealtimes. Drinks are available for relatives at a donation of approximately 50 pence. The Hostess informs relatives about the drinks station.

## **7.0 Staff Experiences and Observations:**

- 7.1 “All staff have attended an Awareness Training in Basic Dementia. Dementia needs different types of communication and staff gauge the mood to respond accordingly.”
- 7.2 “Specialist courses are available at degree level and are dependent on funding. A course in ‘A Care of Older People’ is currently being developed at the University of Wolverhampton.”
- 7.3 “The HCA’s attend an ‘Assistants course’ 2 days per year.”
- 7.4 “Phlebotomy courses are available for all nurses.”
- 7.5 “The ‘Nurse Associates role’ has been introduced across the RWT. Ward A8 has been allocated one Nurse Associate who will undertake a two year course to enable them to undertake clinical skills such as cannulation”
- 7.6 “Staff Appraisals are carried out every year.”
- 7.7 “Whistle blowing can be reported to the Union Representatives and staff can also approach in confidence to the Sister/Matron.”
- 7.8 “There is one HCA on the Ward who uses British Sign Language to communicate with deaf patients. This HCA is approached regularly as there is currently a patient on the ward who is Deaf. The HCA is on ‘Bank Staff’. There is no one else available to cover when the HCA is not on duty or busy with other patients.”
- 7.9 “The HCA uses a picture book with the patient to communicate and is also trying to teach Basic Sign Language to other the Ward staff. The Sister has spoken to the Education Department in order to provide Basic Sign Language for the staff.”
- 7.10 “Patients with a higher fall risk and other conditions are admitted in Bays 2 and 3 where there is higher visibility from the Nurses’ desk. There is a table for Nurses in these Bays to sit and carry out their paperwork.”
- 7.11 “Patients with a high risk of falls are supported via a one to one tagging system in a bay. For example, one nurse will always be present in the bay, in line with the new falls policy.”
- 7.12 “The ‘Safe Hands Badges’ are worn by all nurses on the Ward. Patients have a watch-like gadget on their wrist which raises an alarm if they leave the ward.”  
“This needs to be ‘acknowledged’ on system/screen to clear the alarm. There have been some issues with batteries needing replacing and now there is also a scanner on the fire exit doors which was not previously registering exit by patients.”

- 7.13 “Patients/families initially inform the Ward Manager of any complaints, who will try to resolve the query or may provide the Patient Advisory Liaison (PALs) contact information. The PALs poster is displayed on the wall.”
- 7.14 “The Consultants ward rounds start between 9am and 10am for approximately 2 hours. At 7.30pm a nursing handover meeting is undertaken within the bays.”
- 7.15 “Patient discharges occur every day, cut offs 8pm including transfer to other wards and 6pm cut off to go to Nursing home.”
- 7.16 “The care package can sometimes take several weeks to implement, and we are informed a couple of days prior to commencement of packages of care to ensure all aspects of discharge planning are in place.”
- 7.17 “There is also an issue with discharge of patients outside Wolverhampton area as they have different processes/social workers that give priority to their (local) Hub hospitals and Wolverhampton is a spoke so not necessarily prioritised.”
- 7.18 “There is a deaf patient on the Ward, a private interpreter comes in 2 hours a day and relays information and a key worker who is also deaf but can talk passes on issues to staff.”

## **8.0 Summary, Comments and Further Observations**

- 8.1 Ward A8 is a male ward with 28 beds. The ward has 4 Bays and with a number of side rooms. At the time of this Enter and View visit there were 2 side rooms with the ‘barrier nursing’. One patient in the side room had just passed away.
- 8.2 It was the opinion of the Authorised Representatives that there was inadequate spacing between the patient’s beds and privacy was an issue when talking to patients and their visitors.
- 8.3 There appeared to be insufficient staffing levels on Ward: “1 HCA looks after one whole Bay and half of another Bay.”
- 8.4 “Given the physical distance of the bays and the higher risk of falls for older patients and those with dementia, this issue needs addressing. There are 14 patients supported by one nurse.”
- 8.5 There was an insufficient supply of medicine available i.e. Morphine
- 8.6 Lack of patient engagement and stimulating activities in the ward, apart from the TVS in the bays.
- 8.7 Shortage of staff trained in BSL who are able communicate effectively with Deaf patients, relatives and carers.

8.8 Insufficient care planning from other health and social care professionals, i.e. no physio input and lack of social worker input.

### **9.0 Follow - Up Action:**

The following information is to be requested from the service provider:

- 9.1 Breakdown of discharges occurring on different days of the week and weekend.
- 9.2 What is the actual ratio of HCA's to patients?
- 9.3 What is the ratio of trained Nurses to patients?
- 9.4 What is the protocol for managing patient's medication levels on the Ward?
- 9.5 Protocol for dealing with Deaf patients.

### **10.0 Recommendations**

- 10.1 Acknowledgement from the provider as identified in section 11, have taken on board Healthwatch findings and things have been put in place.
- 10.2 'Condemned' or faulty items should be removed from public areas.
- 10.3 Protocol needs to be in place for patients to be dressed appropriately (underwear) especially during visiting times.
- 10.4 Patient mattresses need to be checked regularly and not left deflated.
- 10.5 Patient drug/medicine levels should be monitored regularly and re-ordered in a timely manner.
- 10.6 Personal TV's that do not work should be removed or replaced.
- 10.7 More staff should be trained in British Sign Language.
- 10.8 Healthwatch will carry out a follow up visit within the next 12 months.

**11. Provider Response and Intended Action:** (response to Healthwatch Observations throughout the report. Numbers are relevant to each section)

- 1.1 In response, this observation has been escalated to the team responsible for car parking.
- 1.2 / 1.3 A new system has been implemented to monitor and control items that are left in the corridor. An improvement has been noted.
- 1.4 The sign states “keep shut at all times”. The door kept “sticking” which meant it was not closing properly. The door has since been trimmed to prevent this occurring. Sister will continue to monitor this.
- 1.5 The over bed table has been replaced.
- 1.6 Accepted - action in place to rectify.
- 1.7 There are thermometers in each bay to monitor the temperature. Some of the elderly, frail patients need to be kept warm so this comment may be subjective.
- 4.2/5.7 Sister has addressed this with the member of staff as the response was clearly not acceptable.
- 4.3 A new system was implemented in January 2017 whereby “tagging” was  
5.2 adopted in each bay. Essentially this means that members of the multi-  
7.11 disciplinary team do not leave the bay until another member of the team  
8.4 takes over. This assists with maintaining privacy and dignity, maintain safety from a falls perspective, together with reducing staff members positioning themselves around the front desk.
- 4.4 This will be monitored on a daily basis - agree not acceptable.
- 4.5 The onus should not have been on the patient to contact the Social Worker. There appears to have been a communication breakdown. This can be resolved moving forward as every morning a huddle takes place with nursing, medical staff, therapists etc - Sister will reinforce the importance of all members of the multi-disciplinary team explaining the management plan to each patient.
- 4.6 Accept this was not acceptable - Sister to raise with the team and monitor on a daily basis.
- 5.1/ 8.5 Addressed with the team as the drugs should have been ordered the day  
9.4 before. Sister will monitor.
- 5.5 The Consultants work 7 days a week. It is possible that the Consultant had left the ward by the time the visitor/carer attended the ward.
- 5.6/8.6 A reminiscence room will be completed by the end of March 2017 to address this issue.

- 8.2 Directorate Manager will discuss this with Estates.
- 9.1 On average Ward A8 discharges 2-3 patients per day, including weekends.
- 9.2 When 3 Health Care Assistants are on duty; 2 of them will nurse 9 patients and 1 Health Care Assistant will nurse 10 patients, due to the layout of the ward.
- 9.3 During the day, when fully staffed, 4 trained nurses are rostered for duty (excluding the Nurse in Charge). Each trained nurse is allocated one bay and a side room which equates to nursing a total of 7 patients. At night 2 trained nurses and 3 Health Care Assistants are rostered for duty.
- 9.4 Pharmacy technicians and nursing staff monitor the levels of medications available on the ward and an ordering system is in place. Nurse in Charge to monitor use of controlled drugs on a daily basis. When stocks become low drugs must be pro-actively ordered.
- 9.5 Interpreters are available through a central interpreter booking line for all languages, including British Sign Language. Picture book is available on the ward. However, communication plus sign language services, held two British Sign Language Interpreting Events on the 9<sup>th</sup> and 16<sup>th</sup> of January within New Cross Hospital to enhance the patient experience by enabling effective communication.

## ***12.0 Disclaimer***

Please note that this report relates to findings observed during our visit made on Friday **18 November 2016**. The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.