

ENTER AND VIEW

Unannounced Visit

*Royal Wolverhampton NHS Trust (RWT) - Ward C16
21 December 2017*

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 - Ward C16

Service Address: Wolverhampton Road, Heath Town, Wolverhampton WV10 0QP
Manager Name/Ward Sister: Sharna May McLoughlin

Acknowledgements

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

Disclaimer

Please note that this report relates to findings observed during our visit made on Thursday **21 December 2017**. The report does not claim to be representative of all patients, only of those who contributed within the restricted time available.

Authorised Representatives

Donald McIntosh (Lead)
Shooky Devi

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 NHS England. The report will be published on the Healthwatch Wolverhampton website.

Summary

Healthwatch Wolverhampton receives feedback on a range of services and treatments received by patients at the RWT. This visit was unannounced and was responding to recently received concerns to Healthwatch in respect from a patient. These were primarily around care received on Ward C16.

Upon arrival the Authorised Representatives noted that the ward was very busy, with a number of staff around the Nurse station and the immediate area. The Ward Sister had recently left the Ward to carry out other duties and therefore was not available for us to introduce ourselves and inform her off the nature of the visit. However the member of staff who we spoke with made us welcome and sought to locate the Ward Sister.

The following key observations and comments were made: -

- The ward was mixed gender made up of four bays and two side rooms.
- Two of the bays were single gender.
- The Authorised Representatives were able to speak to nine patients and one relative. The majority of who said that they had no complaints about the care they were receiving. However they did observe staff was under considerable pressure as noted that they did not attend promptly when the buzzer was pressed.
- A patient in the side room raised concern of sleep disturbance, which we believe the noise was coming from the TV monitor, also the bed was too small for the patient which meant being uncomfortable when in bed.
- The majority of patient's arrived onto the ward via accident and emergency upon which a care plan would be produced.
- Those patients who were referred from a nursing home would arrive with a care plan which would be integrated with one produced by the ward.
- Visiting times are flexible with both patients and family members appreciated.
- There had been some recent management changes on the ward which were still settling in.
- Overall we found that the ward appeared to be somewhat cluttered with equipment and chairs in the corridors leading to the bays.

Once the Ward Sister arrived on the ward, the Authorised Representative Lead was able to discuss the visit and asked a series of questions around the management of the ward. At the end of the visit the Authorised Representatives gave feedback, in particular the issue of the patient who was not happy with the bed.

Background

Ward C16 is part of New Cross Hospital which is managed by Royal Wolverhampton Hospital Trust. The ward provides specialist treatment for those with diabetes and has a fourteen bed capacity.

The staffing levels for the ward are as follows:

- One Receptionist
- One Consultant
- Four Junior Doctors
- Two Ward Sisters
- Four Registered Nurses
- Four Healthcare Assistants
- Three Domestic Staff
- Two Students

The normal nursing ration to patients is 1:10 daytime and at nights 1:14.

What we did

Two Authorised Representatives visited the ward from 9.55am to 11.30am on 21 December 2017. We met with a member of the nursing team who informed us that the Ward Sister was not available; she then sought to make contact with the Ward Sister by phone. Whilst this was being done we were given seats at the side of the nursing station. We were told the Ward Sister would be sometime before she arrives onto the ward due to other commitments. The member of staff therefore agreed to give us a tour of the ward. Once the tour was completed the Authorised Representatives separated interviewing patients and staff on the ward.

Findings:

Environment:

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

Entry to Ward C16 was easy to find, there was signage throughout the hospital directing you to the ward. We gained entry onto the ward as a member of staff walked out.

First observation once inside the ward - it was busy with many members of staff around the reception desk. There were staff members sitting around terminals.

The visitor's book was signed and the hand sanitiser available was used.

We were shown the stock room which appeared to be well stocked.

We were told there are four Bays, 1, 2 were for female, 3, 4 were used for male. There was a separate room available between Bay 1 and 2.

There were toilets for male and female. We were shown a toilet signage which had the facility to designate as female or male.

At the time of our visit we noted cleaning had/was taking place. There was a number of cleaning resources visible; we saw a cleaning trolley and equipment outside Bay 1 and Bay 2. There was a trolley with items for patients placed outside the doors of the Bay's.

The ward/bays were free from unpleasant odour however we felt the areas outside the bays were much cluttered with a potential to cause a hazard.

There were a number of hazard cones placed on the floor in the corridor towards the Bays (male).

In both Bay 1 and 2 there were six patients. Outside the door of Bay 1 and Bay 2 an A4 sheet with the Nurses name on duty was displayed on the door.

The bays have a tagging system. We were told there should be a member of staff present on the ward at all times to ensure falls are prevented.

On bay 2 there was a notice on the door displaying 'Days since last fall in this bay 92.' Also noted on this door was a signage 'Stop and Think Sign' aimed at staff to make note of the patients i.e. do they have their own clothes etc. Each patient had a board next to their bed. The board displayed the patient name and consultant name.

Similarly on the door of Bay 1 there was a notice 'Days since the last fall in this bay 33.'

Patient Experience:

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

The Authorised Representatives spoke to nine patients on the ward. Details of their comments are shown below.

Patient 1 was admitted Monday night to the Accident & Emergency (A&E) due to chest pains and shortness of breath. The patient had stayed in the Assessment Medical Unit (AMU) since been admitted. The patient was transferred to Ward C16 the morning of our Enter and View visit and was waiting for a scan. The results of this will determine if the patient can go home. “The consultant explained the process and the patient feels needs are being met.” The patient was offered a drink whilst in the Ward “Coffee”.

Patient 2 was asked what they had for breakfast and the response was “milk.” But would really like some cornflakes.” From observation it looked as if the patient was on drip feed.

Patient 3 was in a side room and had been in the ward since “8th of December ”. The doctor is trying to get a space for the patient at West Park rehabilitation centre. The patient feels the buzzer has to be pressed for a while before being seen to. It was noted on the wall the board displayed the patients name but not the consultants name.

Patient 4 has been in the ward for “five weeks”. “Felt privacy and dignity is maintained.”

Patient 5 seemed a bit disoriented asking one of the Authorised Representatives for sweets, at which point was advised to press the buzzer. The student nurse came to query, the patient was not given any sweets instead was advised that “do not need your tablets yet.”

Patient 6 said, had been waiting about one hour and thirty minutes for ‘stoma bag’ to be emptied. During our conversation the members of staff had overheard whilst they attended to another patient. The member of staff commented “I will come to change the bag, it still has capacity.”

This patient has been in hospital since last Sunday (17th). “Doctors are helpful”, “have to wait for a long time to be seen, food not so bad.” This patient’s daughter visits in the “afternoon and takes her to the toilet.”

As the Authorised Representative interacted with this patient the Student Nurse came to support the patient.

There was Fluid and balance charts (folders on the side bench of some of the patients)

Patient 7 has been on the ward for about five weeks and had arrived as an emergency via ambulance and was not aware of having a management plan. The patient stated that the care was good and had no concerns, had noted recently that new curtains had been installed around the bed.

Patient 8 had been on the ward for two weeks and had no problem with the care. The patient's only concern was; staffs not always prompt when called and believe it's down to the pressures they are on and can forget the request. Not aware of care plan however had been admitted to the ward more than once in the last twelve months.

Patient 9 was in a side room and had arrived on the ward from A & E on Monday afternoon (18th). Stated that the service was brilliant. The patient raised concern regarding the bed, too small and therefore was uncomfortable. The patients sleep was disturbed by this and noise was coming from the TV and radio monitor, even though it was switched off.

Since coming into the hospital, the patient has moved beds on two occasions between 4.00am and 5.00a.m which had been very disorienting.

Interaction with Visitors and Staff

We were able to gather views from visitors during our visit.

The Authorised Representative spoke to a relative visiting. The patient was admitted into hospital on Saturday 16 December 2017 with Pneumonia. The relative commented how the visiting times are flexible. There is someone who is able to stay throughout the night with the patient. The relative noted that there is a menu choice for meals which caters for cultural needs if needed and was "Happy with the service".

During the conversation with the relative, the patient needed assistance for toileting. The relative asked for assistance at the reception desk. A portable toilet was bought to the ward and curtains drawn round for privacy and dignity.

Staff

Staff information provided to the Authorised Representative Lead.

The Authorised Representative Lead met with the Ward Sister about thirty minutes into the visit. The Ward Sister had worked on the ward for five years and had taken on the role of Ward Sister within the last six months.

The following information was provided;

- They have just started a system that if a patient comes from a Nursing Home an individualised care plan will be produced, and this will be shared with a district nurse if the patient has one;
- All care plans will be within patients notes at the end of the bed;

- The drugs round are done three times a day - 8.00a.m., 2.00 p.m. and 6.30/7.00 p.m.;
- Staff on the ward are not trained to do compression, but there are pathways for treating wounds;
- All Staff have yearly updates particularly around dealing with those patients who have dementia and ulcers;
- If a patient's condition deteriorates then staff will ring either the family or GP of the patient;
- Assistance will be given to patient whose appetites is not good;
- When the ward has a deep clean a member of staff will be given responsibility for each bay, these responsibilities will include moving patients, stock, etc
- Stock levels are the responsibility of Pharmacists if medication and the Ward hostess if general stock.

At the end of the meeting the Ward Sister identified a number staff for the team to speak to.

All staff showed a commitment to caring for patients. It was mentioned that there had been some recent management changes on the ward and these were still being embedded in, but was having minimal impact on the ward. It was stated that seven day working was taking place as there was little difference at weekends to week days especially with respect to Consultant, Junior Doctors and nursing levels. However there were issues around pharmacy and not completely satisfied with the service at weekends.

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 with compassion and care. On two occasions it was witnessed patients who needed personal care, members of staff carried out their role professionally with a dignified approach. The curtains were drawn around the patients as and when needed.

It was observed members of staff carrying out their drinks 'water' trolley for patients.

Comments and Further Observations

Despite the ward being very busy during the visit we found the staff very accommodating willing to respond to any questions and queries raised by the Authorised Representatives. Overall patients received good care and were positive about the treatment they received from staff. Staff were very committed to providing excellent care and wished to see patients having a positive experience.

In respect to the responding to concerns that necessitated the visit, the Authorised Representatives felt the ward made as much effort to ensure patients have a positive experience and have begun to make changes to the way Ward operates notably the introduction of personalised care plans.

Recommendations and Follow - Up Action

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

Upon arrival to the ward staff should ensure that beds allocated to patients meet their needs and where necessary a larger bed is sought immediately. The TV and radio monitors should be checked to ensure that they do not disturb patients when switched off.

More attention should be given to ensure that there is minimal amount of equipment and furniture in corridors to remove potential hazards.

Provider Feedback

Thank you for your positive feedback of your observations during your visit on 21 December 2017. During the time of your visit 09.55 - 11.30 nursing and healthcare staff were washing patients, changing clothing and bed linen; all the necessary equipment required is stored on trolleys which are located outside each bay during this period in accordance with Infection Prevention advice. Unfortunately this may have resulted in the “cluttered” appearance outside each bay. However this is temporary as once patient washes and bed making has been completed the trolleys are dismantled and returned to the linen store.

Staffing levels for C16 since the inpatient skill mix review June 2017 is

1 Senior Sister working Monday to Friday Supervisory role 07.30 - 17.00

07.30 - 20.00

5 RNs - 1 coordinator, 4 RNs for 28 patients = 1:7 ratio

3 HCAs

19.30 - 08.00

3RN + 2 HCAs = 1:9 ratio

1 Ward Assistant working Monday to Friday 07.00 - 15.00

1 Ward Clerk/receptionist working Monday to Friday 09.00 - 17.00

Prior to the skill mix review in June 2017 the staffing levels were:

4 RNs+3 HCAs early,

3 RNs +2 HCAs on Late,

3RN +2 HCAs 19.30 - 08.00

Due to vacancies - where necessary a band 5 vacancy will be backfilled with a HCA

Recommendations & Follow up actions

TV & radio monitor was checked by Hospedia

Staff awareness to extend bed as required and source bariatric bed if necessary.

Daily monitoring of clutter by Senior Sister and Senior Matron