

Enter and View Report

Ward C16 - New Cross Hospital
Unannounced Visit
9th July 2019



**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 homes, GP practices, dental surgeries, optometrist 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 that 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'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

Name and Address of Service: Ward C16, New Cross Hospital, Wolverhampton Road, Heath Town, Wolverhampton, West Midlands, WV10 0QP.

Manager: SSR Elva Mcbean

Service type: Hospital

Client type: Patients

Acknowledgments

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

Disclaimer

Please note that this report is related to findings and observations made during our visit made on 9th July 2019. The report does not claim to represent the views of all patients, only those who contributed during the visit.

Authorised Representatives

Emily Lovell, Lead Authorised Representative

Dana Tooby, Authorised Representative

Josie Slater, Observing Authorised Representative

Who we share the report with

This report and its findings will be shared with Ward C16 at New Cross Hospital, The Royal Wolverhampton NHS Trust, All Wolverhampton Councillors, Wolverhampton Clinical Commissioning Group (CCG), Care Quality Commission (CQC) and Healthwatch England. 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 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

An unannounced visit was undertaken at Ward C16 due to issues highlighted to Healthwatch Wolverhampton by members of the public. These issues were discussed with the matron and senior sister of the ward 2 months prior to the visit and we were reassured that processes were in place to make changes and improvements. Therefore, there was an opportunity for Healthwatch to observe what improvements had been made.



New Cross Hospital

What we did

When we arrived, we observed the route to the ward through the hospital and the ward entrance. We were let on to the ward and the Lead Authorised Representative introduced the team to the member of staff at the nurse's station, at that point the Lead asked for the nurse in charge. They introduced themselves to the nurse in charge and explained the purpose and structure of the visit. They then began to carry out the visit by making observations, talking to patients and staff.

Summary of Findings:

The visit to Ward C16 was mixed. On the whole, patients were happy with the care they received. However, not all of the patients that the Authorised Representatives engaged with felt they were involved with their care or were being listened to. This has highlighted recommendations around improving communication between staff and the patients, and between staff members themselves.

Findings:

Environment

External

Directions to the ward were well signposted throughout the hospital. The ward was adjacent to C15 down a long corridor, which was kept clear of clutter and had various information leaflets and posters displayed on the walls. These included; visiting times, mealtimes, names of matron and senior sister. There is also a “Welcome to Ward C16” flyer displayed that people can help themselves to, these flyers included general information as well as, the name of ward manager, two ward contact numbers, visiting times and visitor numbers. The door to the ward is locked with a sign telling people to knock to be buzzed in.

Patient feedback was also displayed in the corridor however they had not received any for the month of May.

Internal

Inside the ward there was a slight smell, but it wasn't necessarily unpleasant. The atmosphere was welcoming and calm. The nurse's station was busy and active but there was no chit-chat between staff members. The ward was clean and seemed well maintained, there were no trolleys blocking corridors and all drug trolleys were chained and locked to the wall. However, the “IV storeroom” door that had a keypad and stated keep locked was left unlocked.

Staff were observed to be present in the bays but weren't interacting with patients or family members but rather staying at their desks. Authorised Representatives did observe nurses engaging with patients when they were treating them, in these cases the curtains were drawn to maintain patient's dignity and privacy. Name of staff nurse was displayed on the door to each bay.

Additional leaflets were displayed throughout the ward about reducing falls, end of life care, blood tests etc. As well as the names and photographs of the SWAN champion, dementia care nurse, tissue viability nurse. However, there was no poster that displayed the uniforms which may make identifying staff difficult or confusing.

Essential services

Most patients had been engaged with around their discharge and been informed when it would be taking place, however only one patient felt involved in the discharge process. Two of the patients had experienced delays in their discharge, one had started discussions but they stopped again and one patient told us that they had been stopped going home due to a special type of bed that they needed in their home, however they hadn't been in that type of bed in hospital.

Authorised Representatives were told by staff members that the doctors do a ward round in the morning to all patients where they discuss the discharge process, this is then communicated with nursing staff during an 11am multi-disciplinary team staff huddle. Delays in discharge try to be limited but depends on patient flow and an individual's care package.

Most patients told us that the nurses and doctors are doing regular checks, and some had seen other health professionals such as; pharmacists and physiotherapists. Staff members told the Authorised Representatives that patients are seen by other health professionals if required and this is recorded on the tele-tracking board behind the nurse's station. Staff also told Authorised Representatives that the ward is signed up to 'Red Bags' and everything received from the care home in the bag is returned to them.

Access

Most patients said that they felt treated fairly, that they can feel themselves and don't feel discriminated against. One patient told Authorised Representatives that they don't feel they can be themselves as they can't get to the toilet, they also told us that **everyone is treated the same - with equal indifference**. Patients also said that they feel the ward supports people of different needs, one patient said that they aren't a diabetic patient but are being treated on a diabetic ward. Authorised Representatives were told by staff that the ward is Diabetes and General Medicine. However, one patient queried that a dementia patient isn't supported as they don't have rails on the side of their bed.

Authorised Representative's asked members of staff how they provided a safe space for all patients and how the services can be accessed on an equal basis to others. They were told that all patients are treated fairly and with respect. They were given an example of when a transgender patient was being treated on the ward, in this case, specific policies were followed, and the patient was supported and spoken to with their chosen name. For patients that speak different languages, translators are offered through patient line. Authorised Representatives did speak to a patient that spoke little English, but they told them that they didn't want a translator as they could manage.

Safe, dignified and quality services

Patients felt that they were treated with respect and compassion by staff, however, one said that some staff have attitude and they have observed a lack of compassion for other patients in the same bay. Patients were asked by Authorised Representatives if they were happy with the level of care on the ward and if there was a difference between day and night staff. All but one patient felt happy, however one patient highlighted the difference between day and night staff stating that there is **no care at night**.

All patients told Authorised Representatives that staff responded to their requests promptly and that patients had observed them doing things quickly for other patients in the bay too. Patients also told our Authorised Representatives that their food, drinks and call bells were always kept within their reach. When engaging with members of staff, Authorised Representatives were told that it is a matter of priority to respond promptly to patient requests and that they do so as well as they can with limited staff numbers. Staff also told them that they did use bank staff and that at the time of the visit there were staff vacancies on the ward.

Staff also told Authorised Representatives that to limit the risk of falls there are two tagged bays on the ward that are always monitored by a staff member (day and night). Authorised Representative's observed a poster on the ward stating that there had been seven falls in the previous month, but none had caused any harm.

Patients had also observed staff frequently changing gloves and aprons before treating patients and using the curtains to protect a patient's privacy and dignity. Staff told us that they regularly wear and change their personal protective equipment (PPE) and always keep a bottle of hand gel at the bottom of each patient's bed, however this can become challenging when beds are moving through wards.

Curtains are used by the staff to protect a patient's dignity and privacy, this was observed by the Authorised Representatives and repeated by patients. Staff also told us that there is a private meeting room should anyone want to discuss something with staff more privately.

Authorised Representatives asked members of staff how they support patients at End of Life, the ward is signed up to the Gold Standards Framework, which is a training tool used to improve the care received by all patients approaching End of Life. Staff also told Authorised Representatives that they are signed up to the SWAN project and have SWAN nurses. Authorised Representatives also observed a booklet displayed in the ward that details practical help following the death of a relative or friend.

Information and Education

Patients told the Authorised Representatives that they had not received any selfcare information but had seen information displayed in the ward, a patient highlighted that **an information pack on admission would be helpful**. However, when speaking to a member of staff they told Authorised Representatives that patients are welcomed with an information pack but if relatives or patients have any questions they tend to ask.

Only some patients have been asked if they have specific communication needs, with one saying they'd been asked three times. However, all patient's communication needs are being met. A patient told Authorised Representatives that they had observed that communication between staff members isn't good.

Choice

All patients have a choice of food and whilst on the visit Authorised Representatives observed a member of staff giving patients options for their dinner. Patients felt that they didn't have a choice in treatment but trusted the doctors who had been involved in the decisions. Patients didn't have a choice of the times they wake up or go to bed or when they received personal care. Staff members told the Authorised Representatives that patients do have choice of when they wake up and go to bed and when they receive personal care. They were also told that patients receive support with their personal care if they need it.

Being listened to

Some patients felt that staff actively sought the views of patients and that they were listened to. However, a staff member told us that they try to seek the views of patients but are too busy. "Asked to speak to sister but was told she was too busy".

None of the patients knew how they would make a complaint if they had to, but some said they would find out how. Staff told us that there is complaints information in the information pack with a PALS leaflet, but issues try to be resolved on the ward in the first instance.

Some of the patients we engaged with also told the Authorised Representatives that they didn't feel their family members are listened to.

Being involved

Some patients told Authorised Representatives that they had been kept informed at every stage of their treatment, whereas some felt they hadn't and that the doctors talk over them. Staff told us that patients are kept informed of their care every day. Most patients felt involved in their treatment, where some said that they didn't have any other choice. Only one of the patients asked said they felt lonely and isolated and that they were fed up and wanted to go home.

Recommendations

1. Display a poster detailing the difference between staff uniforms to make it easier for patients and staff to distinguish between staff members.
2. Ensure all patients are provided with the information pack on admission to the ward.
3. Ensure the views of patients are actively sought and acted upon where possible.
4. Involve patients in the discharge process in consideration of their views and opinions.
5. Actively engage with patients in the bays to reduce and isolation and loneliness.
6. Ensure communication around patient discharge is clear and patients are involved in the process and decision making.
7. Improve communication between staff members.
8. Ensure that patients are aware how to make a complaint, by making this information more prominent in the information pack or by giving them the information separately.
9. Ensure that patient's family members are involved in patients care and that information provided to them is clear and that they are listened to.

Questions

1. Are the sides of beds used on the beds of dementia patients to prevent falls?
2. Do patients have a choice in the treatment they receive?

Provider feedback

The Diabetes Directorate welcomes the Healthwatch report from their visit to ward C16 on 9th July 2019. In response to the report, we have reviewed and updated our existing action plan for the ward to include the recommendations raised. This includes the following:

Recommendation 1: Staff uniform poster to be developed as a Trust wide initiative.

Recommendation 2: In terms of the patient information welcome pack, we will consider how we can further improve information provision to patients on admission. In addition, there is a Trust wide project in progress to develop a booklet aiming to improve patient involvement and communication pertaining to their discharge. In the meantime, we will ensure that all staff are reminded of the need to maximise opportunities for involving patients and their relatives in their discharge as appropriate.

Recommendation 3: We actively encourage patients to provide us with feedback whilst they are inpatients and once discharged. A poster to further prompt this will be displayed on the ward.

Recommendation 4: The Trust's patient flow team have been made aware of the concerns raised in the Healthwatch report, referring to patients not feeling involved in their discharge, and they will ensure that conversations are held in a timelier manner. Please also refer to the action we are taking pertaining to discharge and communication as described in recommendation 2.

Recommendation 5: All nursing staff are advised and encouraged to remain in the bays they are working and engage with patients to reduce isolation and loneliness. However, this can be challenging to meet at times. We are actively recruiting new nursing staff and looking at ways to retain them in order to achieve full complement of staff on the ward. We have a process in place to ensure that safe staffing levels are maintained by utilising Bank and support from other clinical areas as required.

Recommendation 6: We will work to ensure that all patients and relatives are actively involved in discharge planning as per the action described in recommendation 2.

Recommendation 7: In order to further improve staff communication, we have introduced a communication folder.

Recommendation 8: PALS information is now displayed on the ward and in a number of different languages to ensure inclusivity.

Recommendation 9: Staff are actively encouraged to ensure that family members are aware of plans for patient care as appropriate, providing patient has given

their consent to do so. We respond to all feedback to ensure that relatives are aware of what actions we have taken to address any concerns they may have.

In addition to the recommendations, we would like to provide our response to the questions Healthwatch colleagues have raised as part of this visit and as outlined in the report:

Are the sides of beds used on the beds of dementia patients to prevent falls?

All patients are assessed on admission and re-assessed if there is a significant change in their medical condition, for the use of bed rails and whether they are safe to be used. We follow the

recommendations from the assessment therefore this decision is made on an individual patient basis rather than being condition specific.

Do patients have a choice in the treatment they receive?

All patients are seen by the medical team, led by a consultant 7 days a week, and made aware of the plans for their treatment and discharge. Where patients themselves are confused or unable to understand information, family members are involved as appropriate. Consultants seek patients', and where applicable, family members' opinions and wishes and take these into consideration. However, ultimately, they must ensure that the care and treatment provided is optimal, meeting individual patient needs and interests.

We would like to take this opportunity to thank Healthwatch colleagues once again for this invaluable feedback. In order to ensure that all ward staff are aware of this report and associated actions, we have shared it with all staff on ward C16 and we will monitor actions via our Directorate and Divisional governance arrangements.

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