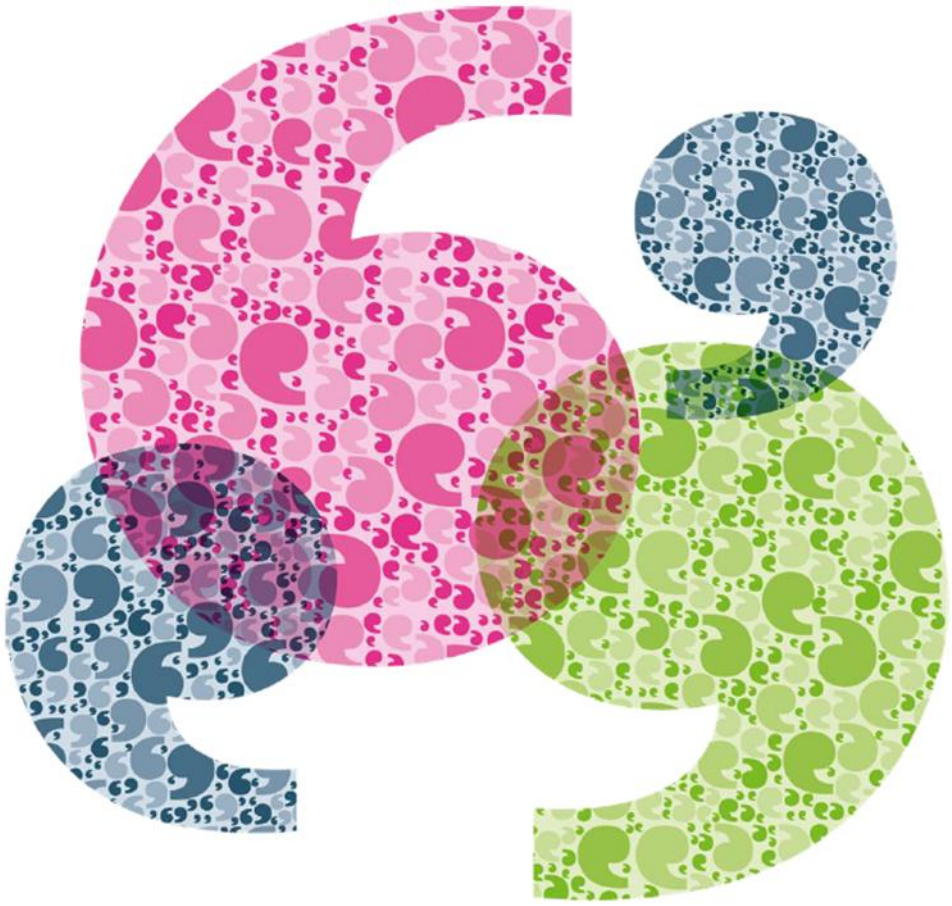
healthwatch
Telford and Wrekin



Enter and View Report

Ward 7 - Princess Royal Hospital

Telford, Shropshire.
14 Aug, 2014

Name of Service Provider	Shrewsbury and Telford Hospital NHS Trust
Name of Premises Visited	Ward 7 (Gastroenterology and General Medicine) - Princess Royal Hospital. **NOTE: following hospital redesign, this is now Ward 4** **To prevent confusion this has NOT been changed in the body content of this report**
Location / Address of Premises	Apley Castle, Grainger Drive, Telford, Shropshire, TF1 6TF
Service Provided	Acute medical services specifically for Gastroenterology-related conditions, and also general medical services.
Date of Enter & View Visit	14 August, 2014
Time and Duration of Visit	13:00 to 15:30, 2.5 hours.
Type of Visit	Un-announced

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1 Management Summary

1. Patients and their relatives/visitors are happy or content with the care received.
2. Staff were seen to provide patients with dignity and respect in their care.
3. Staffing absences and use of agency nurses and locums affect the workload of the regular permanent staff, who must conduct procedural training or make time for oversight, perform procedures the 'temporary' staff are not qualified to perform as additional duties, and impacts staff responses to patient calls for assistance, as well as consistency of patient care over time.
4. Ward management with support of nutritional specialists should raise the concerns expressed about patient meal nutrition and balance with hospital senior management for further investigations.
5. Patient meal choices are not always being made by the patients, nor verified by medical staff. Review procedures to make sure up-to-date individual patient dietary needs information from dieticians and specialists is used by medical staff and patients, to confirm their meal/food choices.
6. Investigate other ways to obtain meal choice from a patient when they are not able to make that known at the time of ward collection.
7. Survey patients to establish whether meals "not being hot" was an isolated experience or a pattern of experience requiring action.
8. Improve ward management of staff responses to patient calls for assistance.

9. Review procedures for informing and encouraging patients and their relatives about raising concerns and care issues with Ward staff, and raise awareness about the PALs process and support for making complaints.

2 Introduction

2.1 Healthwatch Telford and Wrekin

Healthwatch Telford and Wrekin Mission: "Make health and social care services as good as they can be by being an independent, volunteer led community organisation". As a new independent consumer champion for health and social care services, Healthwatch Telford and Wrekin has been established to represent the views – the voice and influence of the public, to help make sure that local people who use the services get the best out of local health and social care delivery, help to improve those services, and their future development. 'Enter and View' is a statutory power that Healthwatch Telford and Wrekin have at its' disposal. This allows our authorised representatives to enter health or social care provider premises and see for ourselves how NHS or Telford and Wrekin Council-funded services are being delivered to those who receive the services.

2.2 Service Information

Type of Service	Acute Hospital Services - Gastroenterology and General Medical
CQC Details	Last published inspection (PRH, not specifically Ward 7) 18 June, 2013; *(Standards met in 3 out of 5 areas)* Last Published Report: http://www.cqc.org.uk/location/RXWAT
NHS Choices Service Webpage	http://www.nhs.uk/Services/hospitals/Overview/DefaultView.aspx?id=1769

2.3 Princess Royal Hospital – Ward 7

Princess Royal Hospital provides a range of acute hospital services for people from Telford, Shropshire, mid Wales and further afield. Ward 7 provides a dedicated in-patient environment for men and women patients with gastroenterological conditions, and other medical problems. Some patients may have some level of dementia. Ward 7 patient stay is typically three to five days, with some longer - ten days, and a few have been there longer than this. Some patients are 'returners' – patients who attend periodically. Ward 7 is arranged into four bays, each with 8 beds, and there are a further two single rooms. There were two bays for male patients, and two for female. Allocation of patients to the single rooms was based on various considerations, including but not exclusively, level of care needs.

2.4 Purpose of Visit

Explore the quality of patient experience, dignity, care, and respect where there is a high turnover of patients or other challenges, and including concerns received regarding patient meals.

2.5 Approach

Three Healthwatch trained and briefed Authorised Enter and View Representatives were assigned to the visit.

It should be remembered that 'Enter and View' is an engagement tool performed by Healthwatch-trained lay-volunteers, and is not an inspection. The aim of 'Enter and View' is to put together a picture of what people think of the service people are receiving provided by Ward 7, Princess Royal Hospital. This was to be achieved by collecting as evidence the views of the patients and any relatives/visitors present about their experiences of the hospital ward services. We would also talk to the nursing, care, clinical (doctors) and support staff, management and any other professionals present, to hear about their contributions to service provided, and during the visit we would also observe the delivery of the service. We focused on topics related to the visit purpose from the perspective of the people using services and those who contribute to provide them. The report relates only to a specific visit (a point in time) and is not representative of all service users, only those who contributed within the restricted time available.

We would like to thank the patients, relatives/visitors and staff for their time, help and willing contributions during the visit.

3 Findings

3.1 Feedback from Patient Experiences, and their Relatives/Visitors.

Patients and relatives/visitors were asked about the quality of care that the patient experienced while on the ward, and whether care was delivered with respect for the patient's dignity.

From the responses from 16 patients we spoke to, patients and their relatives are happy or content with the quality of care they receive on the ward. Comments include: "Excellent", the patient had "received nothing but kindness during his stay"…. "Ward staff visit him regularly to make sure he is comfortable, and overall he cannot fault the care provided to him". "The nurses where doing their best and that they worked hard to make him as comfortable as they could". "Excellent care, found nothing but kindness from the staff", "I am satisfied with the care provided by the staff", "I have no complaints and am being looked after very well", "Entirely happy with the care I am receiving", "Nursing staff were good, and have done everything they could to make me comfortable". Relative comments included: "satisfied their relative (*patient*) was getting good care", patient's care was "generally ok", "the patient would soon tell them if anything was not right", and "content with the care generally, apart from some incidents related to staff answering call bell". One patient said the single room felt "lonely" and "the staff did not come in and talk with them much – it was busy with people passing outside" and the patient "could see them through the window, but few came in".

We asked if there were enough staff to meet their care needs, and about staff responses to patient requests for assistance.

Most Patients responded they were satisfied. Some said "they looked after me, and come if I call needing assistance", and another "they came when she called for assistance, whether day or night". Several patients said they had experienced long waiting times for staff to respond to their calls for assistance. One said "this could be better", and "when he rang the bell, the nurses sometimes take a long time to come to him and this makes him feel angry". Another patient stated "the care

staff or nurses did not always respond to the 'call bell' when she needed assistance", and "sometimes she had to wait a while in discomfort", and sometimes assistance was then provided but she felt "not with an appropriate attitude". We also observed the same patient waiting more than five minutes before staff responded to a call for assistance during our visit.

We asked patients and visiting relatives if they had complained about anything related to patient care, and whether they knew how to make a complaint?

Most patients or their relatives said they did not have any complaints about the care the patients were receiving - they said they had "no concerns" or, not sufficient to raise with staff, and a few said they "would raise the issue with staff" at the time. We had heard about a small number of issues on patient care, response to request for assistance, or the patient meals, but none of the patients or relatives had reported that they had raised a complaint. One patient reflected he only found one problem and that was that "no information was given to family when things were wrong with me (*the patient*) - they (*the staff*) do not communicate this", but he had not complained about this to the staff. Another replied to this question saying that he "would get his wife to write to the MP". This was said in a jovial manner and he added "I have no complaints", and "I am being looked after very well". Neither patients nor relatives mentioned PALs.

We asked patients about their meals, the food quality, choices, and the meals and drinks experience.

Except for one, all patients spoken to had chosen their food options, and most found this adequate though some thought the "food was a little bland", and someone said "better than aeroplane food", while others liked specific things such as "ice cream and jelly". Comments included: "The meals were alright" and patient "chose the things she could easily eat and she did not need any help eating"; "I had the salmon today for lunch – it was nice", "I liked the jelly and ice cream for pudding afterwards", "good, with a good selection to choose from," adding that "it is better than I do at home", "meals were alright", and the "food was good and I enjoyed the ice cream today". There were no specific patient complaints about the food, other than it was "adequate", "not home cooking" and "not always hot". One patient was "on pureed food" as he has difficulty swallowing, and he described the food as "horrible". He then added this is because he "does not like his food this way". Patients were aware that there was the alternative of sandwiches, though one said he was "only eating sandwiches by choice because he did not like the cooked food", and commented that "the sandwiches were okay".

Regarding drinks, patients did not say that they experienced any issues. Comments received included: the patient was "able to drink without assistance", had a "drink jug and beaker near-by", "had sufficient (*drink*), and staff replaced the jug regularly", "they (*staff*) provided this (*drink*) regularly. If she wanted more or during the night the staff responded to her call for assistance". Several patients had some squash provided by relatives or visitors.

3.2 Observations

During the visit as we walked around the Ward to talk to patients, relatives/visitors, and talked to the staff, we observed the Ward facilities and how staff interacted with patients and did their work.

Did staff treat patients with quality care, dignity and respect?

We observed several occasions when staff treatment and care of the patients showed dignity and respect and quality care. Nurses drew curtains around patients to give them privacy during care/treatment. We also noticed a demeanour that was showing care, respect and dignity in the way a nurse was interacting with the patient. The nurse was later observed undertaking other nursing and care activities for the patient which also involved interacting with a Health Care Assistant (HCA). The attitude observed in this activity was purposeful, quiet, discrete and professional, and both staff continued to display consideration and respect for the care and dignity of the patient. Similar respect was also observed while we talked to other patients in the Ward bays – we noticed voices were appropriately lowered and were not overheard while two nurses were treating the patients. A nurse was seated in each Bay during the Visitors period available to assist patients or respond to relative/visitor queries. The nurses were engaged in updating documents ("patient records") during this time, but we noticed they regularly looked up to cast a glance around each of the patients in the bay to check everyone was alright and no one needed assistance. We noticed the Care staff also treated the patients with care and respect, and had a cheery word for the patients as the tea trolley was taken around the bays.

However, on a later occasion, we observed a porter who arrived on the Ward with a wheelchair to collect a patient for transport for a procedure. It was a busy time in the Ward and the Duty Sister was not present. It was noted that staff did not appear aware of this need and patient was not ready, nor were the appropriate documentation and notes to hand. Initially a staff member at the station called out instructions towards the relevant bay, but then realised this was not appropriate, and walked briskly over to give instructions. There seemed some reliance on the porter searching for some of the notes ready to take with the patient, and this did not seem to be appropriate for the patient's privacy.

We observed that not all clinical staff (*doctors, F1s*) were wearing their identity 'badges' displayed and clearly visible, as we were informed was required by the Hospital.

Patient Information.

We observed information for visitors/ patients posted on a noticeboard in the corridor leading to Ward 7. This information included: Dementia awareness, the Butterfly scheme, Hydration matters, Friends and Family test, charts about the staffing levels/numbers of staff on duty (*total staff hours, and %, were shown*), as well as information on Chrohn's disease. There was also a Quality Board outlining Patients experiences for July 2013-4

3.3 Staff Feedback

We asked the duty nursing sister and other staff about working on Ward 7 and the service they provided for the patients. The staff we talked to said they were happy to talk to us about their work and some of the issues that affect them and the patients.

We asked staff about staffing practices, staffing levels, the use of Agency staff, and any impacts on the quality of care of the patients. We also asked whether patients were told how to make a complaint?

Staff talked about some persistent staffing problems that impacted the work of those on duty, and were a source of frustration – the numbers of staff (headcount, not the total staffing hours) and types of staff (locums, agency nurses), leading to impacts on the permanent staff workload, and issues for patient care consistency over periods longer than a day. There are also concerns about the lack of oversight of some staff/tasks resulting in patient issues identified later-on. We heard a positive action that was currently in place - a local nurse on light duties was conducting regular 'internal audits' of the Ward practices, and was currently reviewing 'paperwork practices'. Hopefully this will bringing such issues to management attention. The availability of "Bank" nurses was positively endorsed by all staff we spoke to because those nurses are familiar with local hospital procedures and are qualified for medical procedures needed on the ward. Staff indicated that patients knew how to make complaints and who to talk with - on the ward, or with PALs, but we were not told whether staff inform the patients and relatives about this soon after they arrive on Ward, nor were given examples to demonstrate the system was working.

Staff concerns voiced were "a lack of clinical cover during certain periods, particularly at weekends" and "a frequent reliance on locums on short contracts". Permanent staff were frequently asked to "come in during off-duty time to do extra hours", staffing is made even worse by the "high levels of sickness". Staff described the impact of locum staffing as also presenting some management problems "reducing the time available for hands on work with patients". And also "full time staff having to teach new procedures to them" and that "there are certain medical procedures which they are unable to do".

Nursing staff said "for most shifts there may be some agency staff", but their concern was that many of these staff "make extra work for the permanent staff". Staff described when there are absences the preferred management option is to use the Trust's 'Bank Nurses'. They said "these are preferred because they are qualified for the procedures needed", and are "trained and familiar with local Trust and PRH procedures". Several nurses stated "if the agency nurse is unfamiliar with or not trained or qualified to undertake a procedure, for example insert an intra-venous drip, then one of the other Ward or Bank Nurses must step in to do this … in addition to the their own ward duties and responsibilities". One nurses suggested that "when there is no identified 'lead nurse' to check the actions of the temporary staff (*agency*), it can be more easy for them to get away with not doing things (*such as updating documentation*), but this would not usually be 'discovered' until later on, after the agency nurse has left. Another issue raised by staff was while "there is consistency of patient care during a day/shift, this same consistency may not be received over the week or length of patient stay". This variation in care had been noticed over time". When asked, staff stated "no Safeguarding issues had been reported". Staff added "they sometimes have had some disruptive patients, and extra staff have been requested to provide 1-1 care".

Regarding complaints, staff said they "preferred patients to speak to a sister, or the ward manager in the first instance, who tries to address the issue raised". Staff added that "everything possible is done to address these 'in house'. But if a patient or relative wished to take the issue further, they would direct the person to the PALS office".

We asked some of the staff about the training - care of patients, specific "gastro-related" needs, and safeguarding.

Staff described that the Ward 7 nursing staff organise an annual" Gastro Study-Day" which is supported by gastro-related specialists, e.g. a Nutritionist/Dietician comes in to help", but we were told that "attendance, as with all training, depends on whether staff can be released from ward duties to attend" Staff confirmed that training expected for the hospitals' nurses includes Safeguarding and Deprivation of Liberty training. Staff training needs are discussed during annual appraisals, and training is scheduled by HR. We were told "individual nursing staff can see the online training schedule and they will make their plans accordingly", however staff also agreed that "if there are Ward staffing absences/shortages on the day of the training, nursing staff may miss their training class, and would have to arrange an alternative date".

We asked staff about patient meals and the patient involvement and experience. How meal choices were made, and who by? How were special needs handled, and what was the quality of the meals?

We were concerned that patient notes/documentation may not always be up-to-date, or procedures followed consistently to reference these in support of patient menu choice decisions. Patients are not always engaged in making their meal choices, and non-medical staff (the HK) were making some patient meal choices and decisions without involvement (for confirmation, or checks) from specialist /dietician, or nursing staff, to confirm appropriateness with patient medical notes/ conditions. This leaves the situation open to allow the possibility of a patient receiving an inappropriate diet for them, and on more than one occasion. Staff comments about the provided food/menu 'salt levels' and 'nutritional balance' with high proportions of 'potato, cheese and ham', were also concerning.

We were told that "meals are no longer provided prepared and cooked onsite, but are provided to the hospital by an outside catering contract with wards 'allocated' a specific number of meals and food options by the hospital, centrally. Meals are provided by trolley and likened to Airline meals. The ward's 'Housekeeper' (HK) was responsible for organising the choices and ordering the meals. We were given the impression that the process was time-constrained and rushed, and had to be fitted in with other rounds and duties in the morning – including water jugs rounds. The HK said she "asks the patients what their preferences are from the allocations on the menu for the meal/day, and she goes round in order, making sure she varies the route so the same patients are not always last". It was possible also to "add a limited number of 'extras items' to complete the Ward order". The HK stated "there is a deadline for patient orders to go to the Hospital centrally", and that "orders for specials must be in by 9.00am". Sometimes, she agreed "she made the choice for the patient based on their past choices, such as when they were unwell or sleeping at the time". We were told that "some patients are 'peg fed', and some patients may be given special meals, for example pureed or "easy swallow" for those with some medical conditions necessitating this.

We asked how can HK be sure her choices are appropriate for the medical needs of the patient? We were told that "these requirements, as well as special dietary needs, as specified by Dietician/Nutritionist or other specialist, are provided extra to the ward meal allocations". HK "may refer to patient notes for the special needs or conditions that have specific dietary notes", but added "she might be aware of what the instructions are from nutritionist. There is a board at the end of each

ward with diets on, which is not always kept up to date, and most of the time, she remembers what they (*patients*) are on, as she keeps this information in her head".

We asked what happens if the patient was not present when menu choices were made, someone missed a meal (*for procedure*) or had a cancelled procedure following fasting, or was admitted to ward after the mealtimes (*not included in menu calculations*)? We were told "the meals are not kept, it is not possible to keep a chosen or allocated meal in the Ward kitchen, because there is no way to keep it warm or to reheat it, so any meals not used are binned". "A 'lunch box' of sandwiches can be stored in kitchen". "If someone is admitted and misses a meal, then if the canteen is still open, staff can ask the canteen, who will provide 'a boxed meal', but canteen hours and food options are limited". HK added sometimes she is "able to do a 'local deal' with the next Ward, based on what they have left after they have finished their meal round" (*suggesting some "staggering" of the meal deliveries*).

Some nursing staff and the housekeeper stated they were concerned that "compared to previous hospital meal provision when 'in-house', they thought that many of the provided 'meals' now have higher levels of salt (*when low salt would be better for patients*)". They also commented that "there was a higher level of 'potato and cheese-based' menu choices on the menus, and 'ham' (*i.e. processed meat*), and the soups are powdered and they had more salt too".

Regarding drinks and hydration, staff said "regular drinks are provided to all patients and these are recorded on patient charts, if they need to be". The HK undertook 'Jug' rounds during the morning, and care staff brought a tea trolley round during 'visiting time'.

4 Recommendations for Improvement

1. Review procedures to make sure up-to-date individual patient dietary needs information from dieticians and specialists is used by medical staff, and patients, to confirm their meal/food choices. (*Investigate and learn from other Wards where practices are noted as appropriate and successful?*)
2. Consider other ways to obtain meal choice from a patient, when they are not able to make that known at the time of collection.
3. Survey patients to establish whether meals not being 'hot' was an isolated experience or a pattern of experience requiring action.
4. Improve ward management of staff responses to patient calls for assistance, and timely patient notes documentation/update.
5. Ward management to enforce that clinical staff (and any other staff as appropriate) are wearing their identity 'badges' clearly visible.
6. Ward management with support of nutritional specialists should raise the concerns expressed about patient meal nutrition and balance with hospital senior management.
7. Review procedures for informing and encouraging patients and their relatives about raising concerns and care issues with Ward staff, and raise awareness about the PALs process and support for making complaints.
8. Review the ward staff management issues impacting patient care highlighted from using temporary, locum, and agency staff, and put appropriate management procedures and improvement action plans in place; escalate to higher management for hospital Trust-led investigation and solutions as appropriate.

9. Review procedures for ensuring time and opportunity is being made available for needed staff training.

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5 Service Provider Feedback

The draft report was sent to the Manager of Ward 7 and Director of Nursing for consideration and factual accuracy, and the following comments were received.

Thank you for undertaking a Healthwatch Telford and Wrekin Enter and View visit for Ward 7, at the Princess Royal Hospital on the 14th August 2014. Due to service redesign it is important to note for future reference that Ward 7 and its staff have been relocated and is now Ward 4.

As a Trust we seek to continually monitor and audit the quality of our services and welcome your valued contribution to this process and for taking the time to bring your findings to our attention.

I have reviewed this Report with the Matron and Ward Manager for the area, and I am pleased to be able to provide our response.

Finding Noted: Patients and relatives reported that they were happy or content with the care received and staff were observed providing patients with respect and dignity.

Patient meals

Your report highlighted a need for further consideration about patients having greater access to picking their choice of menu and ensuring that specific dietary needs of each patient is taking into consideration when supporting patients in making menu choices.

For clarification catering services are still in-house and are not provided by a contract caterer however the Trust no longer has a traditional cook and serve production unit at the PRH. We now purchase very high quality cook chill/freeze meals from Wolverhampton New Cross Hospital who are NHS and work in partnership with the Trust.

The new Ward Manager has enforced the use of the patient boards located behind the patient bed which informs the multidisciplinary team of any special nutritional or texture requirements. This is updated when the assessments are reviewed or when any changes occur. The ward housekeeper who often takes patient menu choices has been advised the importance of referring to this information and liaising closely with the registered nursing team on the ward for further advice and support. The nursing staff has also been reminded of the importance of overseeing and relaying dietary requirement to the house keeper and other staff responsible for taking patients menu choices. In addition, the Housekeeper is liaising with another ward who has been noted for its good practice on this matter.

At times patients can miss the opportunity to select their own menu choices, this is usually because they are admitted to the ward after the cut off time for submitting the menus. The ward takes every possible step to provide the patient with the menu of their choice at meal times by liaising with the kitchen or other wards. There is always a good selection of snacks and sandwiches available 24 hours a day.

The concern about food being cold appears to be an isolated incident. The Trust has a very comprehensive Food Safety Policy and Food Safety Management system.

Food is delivery to the ward in temperature controlled trolleys and catering staff record the temperature of the food before serving to ensure it is at the critical control point of 75c. Food is not served until it is at this temperature. The quality and temperature of food is also regularly audited through the Trust PLACE assessment.

Nurse Call Bells

Some patients expressed concerns about the delay in nurses answering call bells. The Trust takes this issue seriously and response time to call bells forms part of each areas monthly KPI's, which are monitored and reported within each care group and discussed on a 1:1 with the Ward Manager monthly and fed back to staff.

Staff Identification

New badges have been ordered for the nursing team and all clinical staff have been asked to wear badges and this has been brought up at the multidisciplinary team governance meeting in December 2014.

Nurse Vacancies

The Trust as a whole is carrying a number of staff vacancies and is actively seeking to recruit to posts both nationally and internationally. Since the visit some substantive members of staff have been moved to the ward from other areas to support to the existing team. The ward has reduced the amount of agency usage over the last few months but does continue to use a number of regular agency nurses that are felt to be competent and reliable adding continuity and a reassurance of quality care and accountability. The Matron for the area monitors staffing numbers and skill mix closely escalating and taking action on concerns.

The new Ward Manager has developed a training schedule to ensure staff attend training and there is a plan for the roll out of yearly appraisals.

Patient Complaint Procedure

PALS leaflets are accessible outside the ward area for patients and relatives. The Ward Manager and staff seek to be visible and accessible at visiting times and are happy to speak to relatives to pick up and deal with relatives concerns

Plan of Action

The Ward Manager and Matron will pick up and follow through the key findings and recommendations

- To ensure robust systems and processes are in place to ensure that the specific dietary requirements are given full consideration when supporting patients with menu choice.
- To continue to monitor and report on call bell response times and to address issue with individual staff and the team.
- To ensure all staff wear name ID badges.

- To ensure implementation of the planned training schedule and appraisal programme.
- To continue to seek to recruit to nursing vacancies and take appropriate action to maintain safe staffing levels.
- Staff to be as accessible as possible to listen and respond to relatives and patients concerns and to sign post to PALS if necessary.

Sarah Bloomfield

Director of Nursing and Quality, Shrewsbury and Telford NHS Trust