



**Details of visit**

**Service address:**

Princess Royal Hospital, Apley Castle,  
Telford, TF1 6TF

**Service Provider:**

The Shrewsbury and Telford Hospital - NHS  
Trust, Princess Royal Hospital - Ward 7

**Date and Time:**

18<sup>th</sup> December, 2015 13:30

**Contact details:**

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Southwater Square, TELFORD, TF3 4HS

**Publication Date:**

**Acknowledgements**

Healthwatch Telford and Wrekin would like to thank the service provider - The Shrewsbury and Telford Hospital NHS Trust -Princess Royal Hospital Ward 7 (Acute Medicine/Short Stay Medical Ward), the patients, relatives/visitors and carers, and staff, for their contribution to the Enter and View Programme.

**Disclaimer**

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



**What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 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 Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch

safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.

In addition, if any member of service provider staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

## Purpose of the Visit

- To engage with patients as service users of The Shrewsbury and Telford Hospital NHS Trust - Princess Royal Hospital (Ward 7) to hear about their experiences of care, and understand how dignity is being respected in the Hospital environment.
- To hear about the experiences of their relatives/visitors, and observe the patients and relatives/visitors engaging with the staff and their surroundings.
- Identify examples of good care practice. Ward 7 is an Acute Medicine/Short Stay Medical Ward, (except Bay A which is an Ambulatory/Day Case Area for Cardiology - this was excluded from scope of the visit).



## Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings. This hospital visit was conducted jointly with Enter and View Representatives from Healthwatch Shropshire.
- The visit is also in response to evaluations of feedback received by Healthwatch Telford and Wrekin from community engagements, and service provider / local council / CQC liaisons and requests.
- Hospital Wards and Departments and Care & Nursing Homes are a strategic focus of regional / national programmes of the CQC, PHE / NHS, CCGs, local Councils, and the local Healthwatch organisations.

## Methodology

**This was an announced Enter and View visit.**

Three authorised representatives were assigned to the visit. A further Representative conducted a “Sit and See” observation activity. Representatives met briefly with the Duty Ward Sister (manager for the shift) as the Ward Manager was on holiday, before speaking to anyone in Ward 7, and took her advice on whether any patients should not be approached due to their inability to give informed consent, or due to safety or medical reasons. The sister indicated that Bay A is dedicated to a different department - Ambulatory/Day

Case Area for Cardiology. Feedback from patients in this area were not included for this visit.

The representatives explained to everyone they spoke to why they were there. They spoke with 7 patients, and 1 relative/visitor/carers present with the patients at the time, to ask them about their views and experiences of the Hospital Ward 7 services. Observations from “Sit and See” were captured on the “Sit and See” capture form and transferred afterwards to the standard “Sit and See” Report which was then delivered to the Ward.

Staff were busy and we talk to one staff member to hear about staff contributions to the service provided - quality of care, safety, dignity and respect, and acknowledging patient and families’ wishes. During the visit Representatives observed the delivery of the service; these observations were gathered while walking around the Ward (public/communal areas) to gain an understanding of how the Hospital/Ward actually works and how the patients engaged with staff members and the hospital facilities. A guidance-list of dignity and respect topics was prepared to support the observational activities. These observations and the guidance list were separate from those gathered as part of the “Sit and See” activity.



## Summary of findings

- At the time of our visit, Ward 7 was mostly operating to a good standard of care with regard to Dignity and Respect despite the Winter-seasonal stresses the hospital was handling.
- Patients described the staff as very good, kind and helpful, they made the patients stay comfortable, respected the patient’s dignity, there was good regard for privacy, and requests were promptly attended.
- On a small number of occasions when busy, some staff actions did not give due regard to their patient’s needs at the time.
- One patient observed that she did not get much staff attention as given to others, and she felt ignored. It appeared the staff had not recognised the patient’s high level of anxiety.
- Though all patients agreed the ward bays were kept very clean, on one occasion the toilet was not.
- Meals were ‘alright’, but evening/night-time snacks on offer was just plain toast.
- One patient did not find visiting times convenient for their family’s needs, though most found this acceptable. Most were not aware of parking concessions when patient stays were lengthy.
- Though staff appeared to know about the Carer’s Passport, few patients were aware.
- Staff told us they felt supported by management, and training was provided which included caring for people with dementia.

## Results of Visit

Princess Royal Hospital is part of Shrewsbury and Telford Hospital NHS Trust providing general hospital services. Ward 7 is an Acute Medicine/Short Stay Medical Ward. The Hospital was experiencing high levels of use, and Ward 7 was observed to be very busy. Despite this there was a calm atmosphere, and the nursing and care staff were observed to be pleasant and courteous to patients.

### Dignity and Respect

In most cases, patients and relatives described the staff as kind and helpful. Comments included “staff have all been lovely, regard for privacy is excellent, and they respond promptly to call bells”. Two patients said the staff made time to talk with them, the staff are really helpful and try to make you comfortable. One patient commented ‘they’re all right’. Another patient commented that the ward staff knew she was coming and the bed-space was well prepared. Staff had taken time to show her how the bed controls worked. She had noticed that staff respect privacy and respond quickly to call bells. They would settle her down at night, to make sure she was comfortable. A patient added although the bay could become rather warm, the nurses will open or close windows to keep patients comfortable. Asked whether a patient felt comfortable in a bay with other patients, the patient replied that ‘patients are considerate of each other in a bay like this’. The patient said she hadn’t been encouraged to do things for herself, but ‘it has been a short stay’, and the staff had kept her well-informed about her care. The patient was waiting for her daughter to take her home that afternoon. We later observed a nurse seated with this patient telling her about her medicines and what to do when she went home. A porter arrived at a patient’s bedside with a chair to take the patient elsewhere - he spoke calmly and settled the patient in the chair before going to the nursing station to collect the necessary paperwork.

One patient commented that the ward had been very short-staffed that week. The patient said the best thing about her stay in hospital is confidence ‘they won’t send her home until they’ve put her right’. She was relieved to be transferring to the cardiac ward; she didn’t feel there had been much treatment for her in the five days since her admission. She also said the time does drag, so friendly patients in other beds in the bay makes it much nicer.

We observed patients being treated with respect by staff in the Ward - one patient who needed to go to the toilet called out to a nearby staff member who was cleaning the bed of the patient who had recently left the ward. Though she had not finished the job, the staff member stopped her task immediately and came over to assist the patient, chatting to her in a pleasant tone, and giving the patient her time while assisting her to the facilities. A patient described that in her experience the staff treated her with respect and drew the curtains around the bed when the doctor did his rounds and when discussing her medical condition/treatment, and in any personal care situations. Another patient agreed, but also had observed occasions in the bay when some of the doctors talked with loud voices behind the curtains, and their conversations with patients on the patient’s medical situation was clearly overheard by others in

the bay. A further patient's experience was that her doctor spoke too quietly, and was sometimes difficult for her to hear.

During the visit, a team member also observed an occasion when a patient was not treated with respect. A care assistant who was collecting a patient's order for the evening meal was observed to appear to be in a hurry and quickly listed a number of main meal choices and wanted to know the patient's selection, asking repeatedly. She did not provide a written menu for the patient to read. The patient responded that said she did not like any of them and would not decide. The patient was then asked what dessert she wanted, but again the options were listed quickly and response requested several times. Finally, the kitchen staff member left saying she would call by again later, to try again.

A nurse was also observed who came to a patient's bed to connect a drip bag. The nurse did not introduce her intentions nor address the patient by name, and it was a while before the nurse said what she was going to do and why she was there (*it was unclear if this was because someone was with the patient, or not*). Just before completing the connection the nurse did speak to the patient to confirm this was the correct patient for the treatment. When finished the nurse did not ask the patient if she was alright or whether she needed anything - the nurse just left. The patient looked mildly perplexed at the lack of interaction and explanation from the nurse.

One patient had a relative visiting and wanted to share her experiences on the ward which she described had not been good; some of these were confirmed by her relative. The patient felt anxious about her condition and her stay in hospital, and said she felt she was being ignored by the staff. The patient indicated she had raised with a nursing staff member her feelings of being ignored by staff and asked to chat with staff occasionally during the long day, even if briefly, but said she was told they were too busy to spend time talking. The patient had observed that staff stopped often to chat with other patients in the ward, particularly the older patients, and said this added to her feelings of being ignored, and she felt they could therefore make some time to talk with her too.

On several occasions the patient thought that nursing staff and doctors had not explained sufficiently clearly what was being done to establish the nature and extent of her medical condition, or what treatments were being given to her. As an example, the patient described occasions when staff came to her bedside because the heart-monitoring machine was showing elevated heart rates; the patient's experience was that staff did not spend time talking with her about this, but just said "it needed to come down", and this made her more anxious.

## **Meals and Hydration**

We asked a patient about the meals and was told they were 'alright' - but choices were sometimes limited. Another said the food is good, with quite a lot of choices. The meals were described by another patient as "ok, like food on aeroplanes". Some options were not possible if all of the quota for the ward of a particular meal option had been taken by other patients. The patient described breakfast as cereal and toast. Asked if the patient misses a meal because of treatment or if hungry during evening or at night, whether staff would provide sandwiches, or a snack? The patient confirmed staff offered toast,

but added the Ward did not have any 'spread' nor any jam to put on the toast. The patient had been told the ward should get these from the canteen, but this had not been done. The patient also confirmed no other food was offered (e.g. sandwich or yoghurt). The patient was not aware if these things could be obtained from canteen if not available on the ward. Most patients asked were not aware of any snacks available if wanted during the evening or at night, and one said she had not been offered any food when arriving on the ward, having spent a long time in admissions.

All patients had a water jug and beaker on the bed-table and agreed the jug was checked and filled periodically during the day. A patient had a water jug by the bed but we observed there was little water left; the patient was able to drink unaided from the beaker left within reach on the table beside her. One patient had a jug of squash on her bedside table and indicated she had bought this as she found the squash more palatable than just the water provided.

### **Ward Environment**

Though many patients said they had slept well at night, or it was generally quiet at night, some said the Ward /Bay was very noisy and one patient observed "patients go home to sleep better". Another patient described her nights had been disturbed by the sound of crying babies.

Asked if the ward and facilities were clean, patients commented that the ward was kept 'clean' or 'very clean'; we observed a staff member cleaning a bed very thoroughly after the occupant had been taken away.

However, one patient said she had found the toilet floor in a poor state of cleanliness during a recent visit - the floor was wet with what seemed to be urine, and there was an un-emptied bedpan left in the room. The patient and her relative had reported this to staff at the nurse's station who arranged for the wet floor to be cleaned. When told the room was ready for use, the patient and relative said it did not smell clean, there was still a smell of urine, and the bed pan had not been emptied. When this was raised with staff again, the patient and relative were told the bed pan would not be emptied until staff knew which patient was the last one to use the facility; staff did not move the pan elsewhere in respect of the other patients using the toilet facility.

### **Visiting**

Asked about the visiting hours, a patient said there was no evening visiting which she found sad, because her daughter and son in law couldn't get to the hospital after work before the 7pm deadline when visiting to this ward finishes. However, the patient added, the day timings mean that other elderly friends can get to the hospital to visit by bus before it gets too dark. Asked what another patient and her visitors thought about the ward visiting times, the patient said none of her visitors had mentioned anything about visiting hours.

We asked patients and their visitors if they were aware of concessionary parking offers for stays longer than a week - no none spoken to about this was aware of this. *(In many cases the patient's stay was too short)*

## Staff

We spoke to one care assistant. She said she had been a member of the same nursing team for four years, although they had moved several times to different locations in the hospital. She thought they worked really well as a ward team. Asked whether the Ward was usually fully staffed, we were told there were more staff on duty today than listed (the list probably reflected yesterday's levels), both trained nurses and care assistants, as well as student nurses (who weren't listed on the board).

Staff said the hospital management were very supportive of development and training. A staff member said they quite often have patients with dementia and she had attended several sessions on caring for people with dementia. A team member drew the attention of a staff member to a notice in the office window about carers' passports. We asked whether she got involved with these, or ever gave them out. The answer to both was yes, and she readily explained their purpose and how she would involve the family in creating one. However most of the patients we talked to did not know about the carer's passport.

## Recommendations

1. Review staff practices (nursing and care assistants) to ensure individual patients do not suffer feelings of isolation during their hospital stay which might affect their recovery.
2. Ensure Ward toilet facilities are checked and effectively cleaned regularly.
3. Ensure the Ward fridge is supplied with appropriate supplies ('spread', jam, yoghurt) to meet patient evening/night-time snacks needs.

## Service Provider response

*The draft report was provided to the manager of Ward 7 for comment, but Healthwatch Telford and Wrekin received no response.*