



**Details of visit**  
**Service address:**

Ward 9, Princess Royal Hospital  
Appley Castle, Grainger Drive, Telford  
TF16TF

**Service Provider:**  
**Date and Time:**  
**Contact details:**

Princess Royal Hospital  
18<sup>th</sup> December 2015 & 2<sup>nd</sup> March 2016  
Healthwatch Telford and Wrekin, Meeting Point House,  
Southwater Square, TELFORD, TF3 4HS

**Publication Date:**

## Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider -Princess Royal Hospital Ward 9, service users, 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 need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of 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 9) to hear about their experiences of care, and understand how dignity is being respected in the Hospital environment.
- To hear about the experiences of relatives/visitors.
- Observe the Patients and relatives/visitors engaging with the staff and their surroundings.
- Identify examples of good care practice.

## Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings.
- 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 Care & Nursing Homes are a strategic focus of regional / national programmes of the CQC, PHE / NHS, local Councils, and the local Healthwatch organisations.



## Methodology

Both visits were announced Enter and View visits. Two Healthwatch Telford and Wrekin and one Shropshire authorised representatives were assigned to the visit. Representatives met with a member of management before speaking to anyone in Ward 9 and took their 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 representatives explained to everyone they spoke to why they were there. They spoke with 8 patients, at the time, to ask them about their views and experiences of the Hospital Ward 9 services. They also captured responses to a short question survey which was developed before the visit.

We talked to the 4 staff, management and other professionals present to hear about their contributions to the service provided - quality of care, safety, dignity and respect, and acknowledging patient and families' wishes, During the visit we would also observe the delivery of the service. Observations were gathered while walking around the Ward (public/communal areas) to gain an understanding of how the Hospital/Ward actually worked and how the patients engaged with staff members and the hospital facilities. A guidance-list of dignity and respect topics was also prepared to support the observational activities.

## Summary of findings

- Ward 9 was operating to a good standard of care with regard to Dignity and Respect.
- Curtains were drawn around beds when people were being treated or spoken to by staff.
- Patients told us the care they received was good and they felt listened to and that any treatment they were going to have was explained with them.
- One member of staff was feeding a patient, speaking with gentle tones.
- Patients told us it could be noisy at nights and some patients seem to get a bit confused.
- Staff told us they had heard of the Carers' Passport, and the concessionary parking for friends/relatives if the patient stay was longer than 3 days.
- A poster of the DOLS pathway was displayed

## Results of Visit

Ward 9 is for patients with respiratory conditions and is an acute medical ward. Our initial visit was at a busy time for staff, patients were being given their lunch and medication administered in a couple of bays. We waited in the outside corridor to give staff time to carry out their work. We were later invited onto the ward, 1 member of our team went to speak to the male patients. The other 2 representatives went into 2 bays; but it was not possible to speak with patients as they were either asleep, taking medication or eating lunch. We observed curtains drawn round patients' beds when personal care was undertaken or they were spoken to by staff. One patient was being fed by a member of staff who was talking to them with gentle tones. Most of the patients we saw were frail, some with walking aids at the foot of their beds and out of reach. We did not observe the Butterfly symbol on patients' white boards above their beds, even though we were told some patients had Dementia. We observed that if patients were up and in their chairs, their beds were made.

During the second visit we noticed that the atmosphere was calm but busy with staff taking time to talk to patients in a relaxed way. Patients we spoke with told us staff explained their treatment and asked them if they had any questions. One patient told us the information above their bed was not updated, it didn't show their allergy or diet; also it didn't have a discharge date. They felt it wasn't relevant to them and was possibly referring to a previous patient. Patients seemed to have a good relationship with the staff and they felt sufficiently confident to ask staff any questions. One staff member mentioned that in their previous nursing position they used tablets to record patient data and it was easier to record information in this way.



## Staffing Levels

## Actual

Early shift 5 nurses 4 care staff.	5.3
Late Shift 5 nurses 4 care staff.	5.3
Night shift 3 nurses 2 care staff.	3.2
We were told 1 nurse had been sent home.	

## Carers' Passport

We were told by a member of staff that they had heard of the 'Carers' Passport' and some patients came in with it. We asked if a copy was available for us to see, but they didn't have one available on this occasion. We were told that there was a Pathway for patients with learning difficulties, which included asking if there was a Patient Passport.

On our second visit we were told that some patients with Dementia came on the ward with their own Patient Passport, which gave the staff useful information on; support needed/ likes/dislikes/ preferred name/family members etc. The staff found this extremely useful in caring for the patient.

## Comfortable an Able to Relax

Bay 1 was noisy during our visit with staff treating patients, patients talking to each other and visitors arriving. One patient said it is 'quiet sometimes'.

There was a patient in the bay who had Dementia. The Ward Sister said that it was difficult for patients with Dementia to be in hospital because they were either put in a room with strangers or put in a room on their own. Both could be very frightening. Symptoms could be made worse by their medication. Staff managed this by reassuring and comforting them. A patient told us that other patients were usually very understanding. When asked if staff could give other patients ear plugs and eye masks at night she said she had heard that these were available, but as far as she knew they did not have any on the ward.

One patient we spoke to said that staff tried to be quiet at night after the main lights were turned off. She chose to keep her over-bed light on so she could see her drinking cups in the night.

One patient told us that the ward could be very noisy which made it hard for them to relax unless they took a sleeping tablet, although 2 patients told us it was quiet at night.

Patients said that the temperature on the ward was ok and that the beds were comfortable.

## Privacy

On our first visit we observed that for patients receiving personal care, curtains were closed around their beds.

## Choice and Quality of Food

One patient told us that the food was edible and generally alright although a little bland; it had been what they expected from hospital food. Another patient said the food was 'atrocious'; they had hardly eaten since they came onto the ward and so had lost weight during their stay. Another patient said they didn't

like the choices on offer, so they tended to have the same thing for each meal because it was plain; a jacket potato and a yoghurt. Other patients remarked that the food was good and they had a choice.

## **Visitors**

One patient told us that there was a sign saying that there could be a maximum of 2 visitors around each bed. They went on to tell us that this rule was not implemented, as sometimes there were up to 6 visitors at one time. Visitors told us that the staff were polite and friendly, and they did their best to inform them of their loved ones' condition and care.

We observed a member of staff talking in gentle tones to a patient which quietened and calmed the patient. Another patient offered the member of staff their bottle of squash to give to a disruptive patient, which it transpired the patient in question wanted.

## **Do patients have the equipment they need for other/existing conditions e.g. Zimmer frames, wheelchairs?**

On our first visit we observed patients' Zimmer frames at the foot of their beds which seemed out of the patients' reach. However, this could be for safety purposes. We did notice patients with yellow bands on their wrists, which denoted that they were at a risk of falling.

## **A patient's experience of admission into the Ward**

Two patients told us they couldn't really remember being admitted to hospital, because of the severity of their condition. However, another patient's relatives told us that the staff were extremely good and efficient with their family member; as they were really poorly on admission to the ward. They couldn't fault the care or the staff who had been caring for their loved one.

## **Ward Staff**

Two patients we spoke to said the nurses and HCAs were very busy and always 'rushing about'. One said 'The nurses were marvellous. They worked really hard'. They both said that there were too many patients for the number of staff in the ward. One patient said that more staff were needed on the ward because they couldn't always respond quickly to patients. Although nurses answered call bells 'pretty quickly' sometimes patients were left longer on the commode than they needed to be and some patients were left with their food in front of them waiting for someone to help them to eat. Both these patients told us they had personally sat with the patient with dementia at night, to hold their hand and comfort them so they could fall asleep. Both patients had been tired, but one explained that they felt responsible for the other patients in the bay. We observed a member of staff talking in a gentle voice to a patient which quietened and calmed them. One patient in the bay offered her bottle of squash as they were being discharge that day. As the other patient requested a drink of juice it transpired.

One patient told us their consultant was 'fantastic' and 'the important stuff is spot on'. During their stay they had seen specialist nurses including the Respiratory Nurse and been offered support to stop smoking. They had been told

they could be discharged on the day of our visit and they expected to leave at 10 am but it was now 2.30 pm and they were still waiting for a letter listing their medication before they could leave. They said that they had heard from other people that there were 'hold ups over Pharmacy'.

### **Feeling Supported**

One patient we spoke to told us they had been given a lot of information. They knew where to go if they needed support to stop smoking and all the 10 options available to them to help them stop. Call bells were answered in a timely way whilst we were on the ward, a couple of patients commented that sometimes there was a short delay in staff answering the bell, as they were busy.

### **Feeling Listened to and Understood**

One patient told us they were going through a difficult time so it had been arranged for them to speak to a counsellor which they had found very helpful. They appreciated the fact that this member of staff had had the time to listen.

One patient told us that they had gone to the main desk three times to ask for some painkillers before they were given any.

### **Staff Communicated Well**

We were told by one patient that in general the staff were 'OK' but some had got an 'attitude'. This left the patient feeling uncomfortable. They said they didn't want to be apprehensive about asking for information and they just wanted to be reassured that they would be OK.

One patient told us that on the day of our visit they had been told by a member of the reception staff that they were being discharged and the nursing staff were not aware of it. The patient had been given a letter about their follow up treatment but so far a member of staff had not explained it to them. At the time of our visit they were waiting to be seen by the doctor. This patient said they did not feel ready to go home but did tell us they would tell the doctor how they were feeling. Another patient told us that Doctors were not communicative and that they had to prompt them for answers.

### **Hospital Parking**

If a patient was likely to be in for more than 3 days the ward sister gave them a copy of the Parking Concession Form, staff were also able to print off a copy via the hospital's internet site. This allowed the visitor 10 visits for £8.00 and was valid for 12 weeks.

### **Patients told us**

Patients told us that the ward was friendly and the food usually warm and of an acceptable standard. Although Staff were short in numbers at times, they were friendly and helpful to patients. Doctors explained things well to the patients. Pain management was under control and call bells were usually answered quickly. Staffing levels at night appeared to be variable and the ward could be a bit noisy on occasions, with some patients seemingly confused.

## Additional Findings

- We observed that staff treated patients with dignity and respect.
- Staff gave time to people with Dementia by reassuring them and talking to them in a calm soft voice.
- The bays were clean and tidy

## Recommendations

1. Ensure that patients have access to ear plugs/eye mask to improve their quality of sleep.
2. Bay's to be made more Dementia friendly.
3. Tablet devices should be charged during the night so that the nurses could use them in the day time.
4. Discharge of patients to be made more streamlined and information provided to patients should be kept current.

## Service Provider response

*The draft report was provided to the manager of Ward 9 for comment, but Healthwatch Telford and Wrekin received no response.*