

Details of visit

Service address:

Princess Royal Hospital, Ward 4
(Gastroenterology), Apley Castle, Grainger
Drive, Wellington, Telford TF1 1TF
Shrewsbury and Telford Hospitals NHS Trust
2nd December, 2016 14:00pm
Healthwatch Telford and Wrekin, Meeting Point House,
Southwater Square, TELFORD, TF3 4HS

Service Provider:

Date and Time:

Contact details:

Publication Date:

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider - Shrewsbury & Telford Hospitals NHS Trust (SaTH), 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 and visitors of patients to Ward 4 at Princess Royal Hospital; and to understand how dignity is being respected in the Hospital environment.
- To capture their experiences and those of relatives/visitors, and any ideas they may have for change.
- Observe Patients and relatives/visitors engaging with the staff and their surroundings.
- Identify examples of good working 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 Departments 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

This was an announced Enter and View visit.

One authorised representative and one trainee were assigned to the visit.

Representatives met with a member of management before speaking to anyone in the ward at Princess Royal Hospital 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 13 patients, and 11 relatives/visitors/carers present with the



patients at the time, to ask them about their views and experiences of the Ward 4 services.

We talked to 3 staff, management and other professionals present to hear about their contributions to service provided - quality of care, safety, dignity and respect, and acknowledging patient and families' wishes, and 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 ward actually works and how the patients engaged with staff members and the ward facilities. A guidance-list of dignity and respect topics was also prepared to support the observational activities.

When the representatives had finished speaking to staff, the patients who received the services, family members and visitors/carers, they left them with explanatory leaflets.



Summary of findings

- At the time of our visit to Ward 4, we received no evidence of patient dignity not being respected.
- Most Relatives told us that their family member was well cared for by staff and there were good interactions between staff and patients, even though staff were very busy. Patients and relatives felt they were involved in planned care and treatment, and most felt well informed about this.
- Patients and relatives found the ward was clean and tidy, however the corridor to the Ward was cluttered with a metal cage, trolley, and other items.
- Most Patients felt the food was good, and menus offered a good range and choices.
- Patients felt the ward was generally calm, though some indicated that patients with dementia caused noise at night, and can keep some other patients awake or disturb their sleep. Patients had not been informed about the availability on request of ear plugs and eye masks to aid sleep.
- Relatives indicated that visiting times are not always clearly communicated to the patient or relatives/visitors.
- Staff and some relatives informed us that car parking can present issues for both staff and visitors. Information on parking tariffs, rates etc is not easily accessible to pass on to visitors.
- Staff are very busy in their shifts, and sometimes shifts are not fully resourced. Regular staff work load has been further negatively impacted, on occasions, by the lack of skills/capabilities of agency staff replacements. Sometimes there is a lack of 'ad hoc' support staffing available to the night shift which impacts care for dementia patients, and thus other patients. Though patients have not noticed their care having been impacted, there is concern for the health and wellbeing of regular staff if continued.

Results of Visit

Princess Royal Hospital is located on the outskirts of Wellington, and is managed by Shrewsbury and Telford Hospitals NHS Trust (SaTH). We visited Ward 4 and at the time of our visit, this Ward supported patients with Gastroenterology conditions and other medical problems. The ward caters for 27 patients in a mixture of 4x 6-bedded bays, and 4 single side rooms.

We met the ward manager who was due to leave at that time for the end of her shift, and staff appeared surprised to see the Healthwatch team. We agreed to come back later at 2pm to meet patients and visitors.

The visit was announced and pre-planned, and we had left some leaflets, feedback-forms and a poster announcing the visit - for patients and visitors for information and prior to our visit leave any feedback in a post-box'. However, we found the leaflets, poster and box were not clearly visible or easily located and accessible. The post box (with leaflets on top of another box on the floor) was tucked behind some oxygen cylinders. We found no Feedback/comments had been left in the box. We asked patients and visitors if they knew we were coming to speak to them and gather their views. All patients and visitors confirmed they had not been made aware of the visit, and had not seen any posters.

We were informed that the ward had shifts as follows: 5 trained nurses and 4 care staff on early duty; 5 nursing staff and care staff on late duty, and 3 nurses and 2 care staff on at night duty for 27 patients. Upon leaving the ward, we noticed information on planned staffing levels on the ward for that day and this was as described by the ward manager.

When we returned to talk with patients it was Ward visiting time and was extremely busy. We observed 1 staff member very busy attending several patients.

Patient Care and Dignity.

Patients told us they felt care was good, kind, and very caring, and that nurses and care staff respond to their needs, and nursing staff explained the patient's treatment to them. Patients were appreciative that staff spoke to them so they felt cared for and didn't feel lonely. Patients stated that if staff needed to carry out any examination or personal care work, then staff close blinds and curtains around the patient bed.

Many relatives told us that their family member was well cared for by staff - staff are 'marvellous', and we observed good interaction between patients and staff. A few relatives expressed mixed feelings about their experiences with staff, and one commented their experience with staff was not generally good.

Many patients and relatives said staff were 'terribly rushed'. Patients commented that their admittance to the Ward was good, and their medication was discussed and they could ask questions. We were told that medication is given to patients as required.

Call bells are answered promptly but on the odd occasion when staff have taken more than a few minutes to respond, we were told that staff apologised and

explained to the patient why they were busy at time. During the night response times were longer, and some told us they were sometimes left longer on the commode.

Patients we spoke to informed us that they are encouraged to eat for themselves, however they could ask nurses or care staff on duty to support them while eating if required.

Patients said they felt safe on the ward, despite some patients being loud and 'having an episode'. Staff responded quickly to patients who were upset about something, and patients reported that staff could calm those confused or anxious patients, though sometimes this it takes a while particularly at night.

Patients at risk of falling were clearly identified with a yellow band on their arm. Patients with a yellow band received specific support from staff while they were out of the bed and mobile.

Some patients did not have the capacity to speak with us as they have Dementia. We observed the 'Butterfly approach' in operation on the Ward. For some patients, this was evident on the patient information board on the wall above the head of the bed. Use of a blue Butterfly on the board informs Ward staff that the patient has a confirmed diagnosis of Dementia, while a butterfly symbol with blue outline only was used for a patient with 'confusion' - without a diagnosis of Dementia.

We were told by a relative that they and their family member made a complaint to the ward manager last time they had visited the ward. They reported that the ward manager had dealt with their concern promptly.

Information

Most patients and relatives told us they felt that they were involved in planned care and treatment, and felt well informed - one relative said that staff had explained the patient's treatment plan. Some indicated during patient admittance, staff involved the relatives in giving information when needed/appropriate.

One relative explained about an information sheet (provided by Alzheimer's Society) that was given to them to complete to provide staff with important information about the patient to assist in their caring. Topics included - my hearing and eyesight, how I communicate, my mobility, my sleep, my personal care. The relative commented that they were given unlimited access to visit as this helped keep the patient calm, meet needs, and help encourage the patient to eat and drink. Staff informed the relative about the concession parking and this had helped.

Another relative stated they had not been asked about their relative's 'likes and dislikes' during admittance to the ward

Staff informed us that car parking can present issues for both staff and visitors. Parking can be very difficult and visitors had informed us that they did not know about the tariffs, rates etc. however some relatives are given information on concession parking if an extended length of stay was expected. One relative had paid twice on one day without the necessary information about the availability of a 'daily tariff'. Another visitor observed that the car parking pay machines

needed to have bigger screens and more lighting 'so people can see what they are doing'.

Environment and facilities

Nearly all patients and visitors told us that they felt the ward and facilities were clean and tidy. The ward was nice and warm. One patient explained that 'other patients can defecate on the floor or drop litter which can leave a mess but staff clean the area quickly'

We observed that the corridor leading to the Ward was cluttered with a bed, and a large metal cage, as well as other various items. This made it difficult for visitors or patients to access the information provided on notice boards, and made access to the ward more restricted.

Ward atmosphere

Some Patients felt the ward was generally calm, though several patients in 2x bays commented they were disturbed at night by dementia patients creating noise, sometimes using bad language, throwing things, and 'hallucinating'.

We found that Patients had not been made aware that they can request ear plugs and eye masks to aid sleep.

Food and Drinks

Most patients said the food was either good or 'ok', menus offered good range of choices, and the food appeared nicely presented. A small number of patients did not like the food or choices offered. Patients commented they were offered drinks throughout the day.

Staffing

Staff commented that the Ward was very busy, and at times hectic. They felt supported by other staff members - part of a team working well together.

Staff raised issues about staffing levels. Staff said they can 'put out a call' for additional support during a busy night, but that this was not always available. We were informed that some shifts are not fully covered by staff or agency staff which placed additional strain on those present working on the shift. We were also told that some agency staff on shifts are not trained to do certain procedures, and "end up being just a 'body' on the ward. Occupational Therapists and Physiotherapists were part of the care team for the Ward, and Physiotherapist also covered Ward 11. Staff observed that there was limited weekend support or equipment for these needs.

Staff are requested for those patients who require one-on-one support, for example patients with dementia or who are confused. However, not all shifts are covered for this, which placed an additional strain on the shift staff. Patients we spoke to did not raise concerns that this had affected them, and said that staff responded to their calls and requests when needed, though we did hear that sometimes patients had to wait on a commode for longer than they thought appropriate.

Additional Findings

Some patients remarked that they had spent several hours (some more than 24 hrs) on a trolley in various places including A&E, and/or 'AMU' / 'Ward 1' / 'holding ward', before admittance to Ward 4.

Recommendations

- Consider ways in which patient relatives and visitors can be provided with more accessible information about Ward visiting times and options, and car parking tariffs and concessions.
- Include in the information given to patients on admission, notice of the availability of ear plugs and 'masks' to assist them to sleep when nights are disturbed.
- Look for more ways that patients with dementia can be supported to reduce impacts on other patients, particularly during the night.
- Consider capturing data on instances of using agency staff without necessary 'procedural capabilities' to fill shift-vacancies, to support consideration of problem scale and improvement solutions.

Service Provider response

Thank you very much for the feedback following your recent E&V visit to Ward 4 at PRH. We have taken on board your feedback and are now working hard to make the improvements happen. Our action plan outlining the improvements planned is included below.

Recommendation	Action	Who oversee + Target Completion Date	Progress
Consider ways in which patient, relatives and visitors can be provided with more accessible information about ward visiting times options and car parking tariffs and concessions.	To display on notice board on corridor to ward information on visiting times and options for visiting.	Ward Sister March 2017	Completed March 17
	Car parking tariffs are clearly displayed at every entrance exit to the hospital from the public car parks. Ward clerk is aware of the tariff system and concessions for long term patients.	Car park plus Ward Clerk Already in place	Already in place

Recommendation	Action	Who oversee + Target Completion Date	Progress
<p>Include in the information given to patients on admission, notice of the availability on request of ear plugs and night eye masks to assist them to sleep when nights are disturbed.</p>	<p>Packs are available on the ward and staff have been briefed on the daily team brief.</p> <p>Ward to develop a poster, information for display on the ward and patient areas.</p> <p>In the future, the ward is to develop an admission information leaflet that displays this information.</p>	<p>Ward Manager & Housekeeper</p> <p>March 2017</p>	<p>Packs available on the ward and information supplied to patients on how to obtain. March 2017</p> <p>Ward information leaflet to be developed by Sept 2017</p>
<p>Look for more ways that patients with dementia can be supported to reduce impacts on other patients, particularly at night.</p>	<p>Staff to have an update on the principles of the butterfly scheme and REACH principles during their yearly Gastroenterology training day.</p> <p>Link nurse for patients with dementia put in place from February 17, who regularly updates staff on how to support dementia patients</p>	<p>Ward manager October 2017</p> <p>Link nurse & SATH Lead Dementia nurse April 2017</p>	<p>Oct 17</p> <p>Link nurse in place February 2017 updates on going.</p>
<p>Consider capturing data on instances of using agency staff without necessary procedural capabilities to fill shift vacancies, to support consideration of problem scale and improvement solutions.</p>	<p>Since Dec 2016 we have been able to block-book 4 agency staff who have the necessary skills. This block booking is in place until the substantive staff are recruited.</p> <p>All staff have a local induction to the area and receive the training they require to carry out the job, and support them in their role.</p> <p>There is an ongoing recruitment programme in place.</p>	<p>Ward Matron December 2016</p> <p>Ward sisters and ward team December 2016</p> <p>Ward Matron Ongoing recruitment events.</p>	<p>Completed December 2016</p> <p>December 2016</p> <p>Ongoing</p>