

Details of visit

Service address:

Princess Royal Hospital, Ward 10 (Trauma and Orthopaedics), Appley Castle, Grainge Drive, Telford, Shropshire. TF1 7TF

Service Provider:

Shropshire and Telford Hospital NHS Trust

Date and Time:

17th October, 2014 14:00pm

Contact details:

Healthwatch Telford and Wrekin, Meeting Point House, Southwater Square, TELFORD, TF3 4HS

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider - Shropshire and Telford Hospital NHS Trust (SaTH) and Princess Royal Hospital (PRH), patients (service users), relatives/visitors, and staff for their contribution to the Enter and View Programme, and this visit.

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.

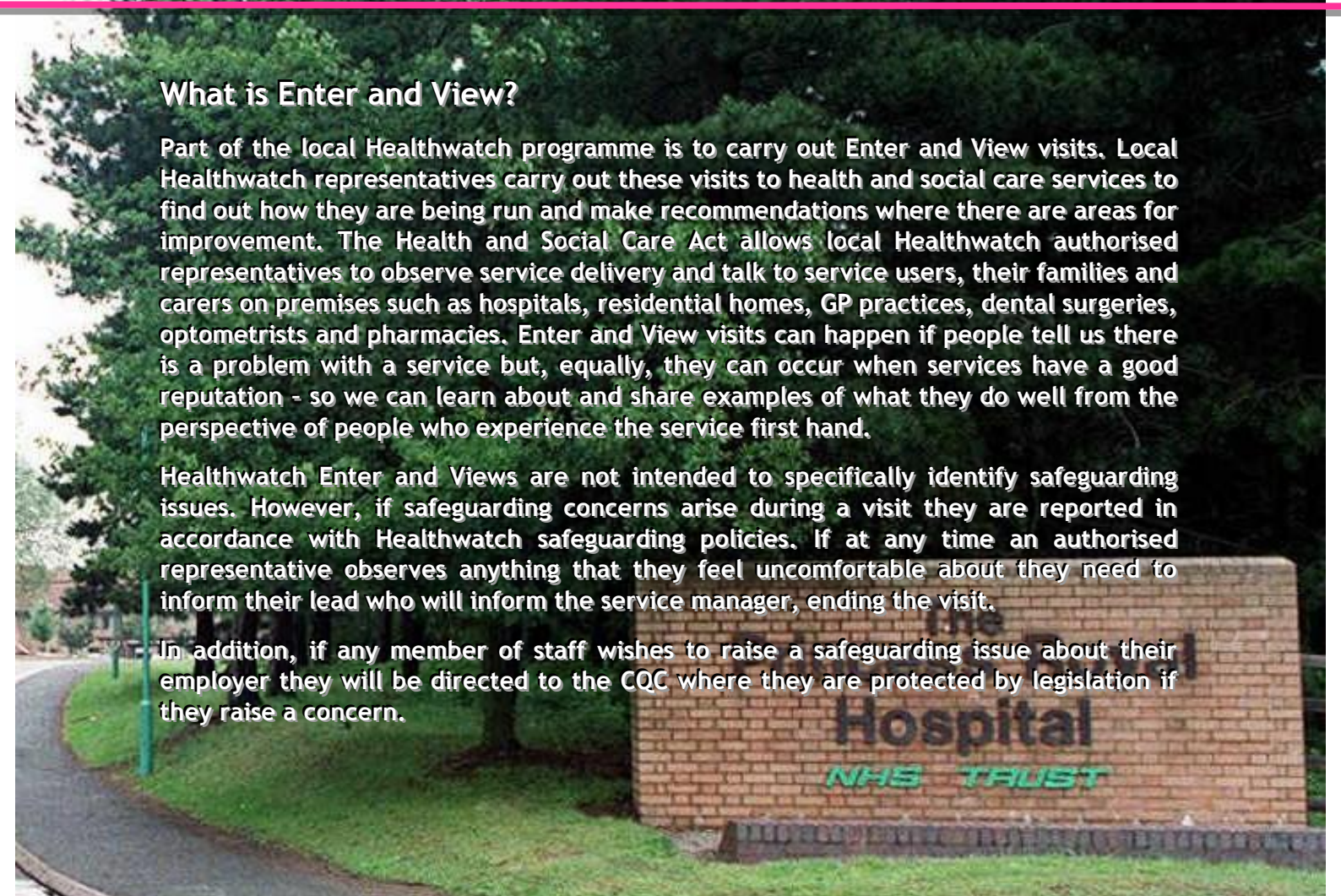


What is Enter and View?

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 (service users) of Ward 10 (Trauma and Orthopaedics) at Princess Royal Hospital, and understand how dignity is being respected in the hospital ward environment where there is a high turnover of patients, or other challenges. Explore patient experiences of the meals on this ward,
- To capture patient experiences and any ideas they may have for change, as well as identifying examples of good working practices.
- Observe patients and relatives/visitors engaging with the staff and their surroundings.

Strategic drivers

- The visit is part of a joint project with Healthwatch Shropshire regarding SaTH involving Wards at Princess Royal and Royal Shrewsbury Hospitals in response to a request, and is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings in response to evaluation of feedback received from community engagements.
- Hospitals are one of the strategic focuses of regional / national programmes of the CQC, Public Health England, and Healthwatch organisations.



Methodology

This was an announced Enter and View visit.

Three authorised representatives were assigned to the visit. They met with a member of management before speaking to anyone in Ward 10, 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, and spoke with 14 patients, and 4 relatives/visitors present with the patients at the time, to ask them about their views and experiences of the Ward 10 hospital services. The team also captured responses to a short question survey on topics that addressed the visit purpose, which was developed before the visit.

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

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

Summary of findings

Patients reported they were pleased with the care and staff support they received on Ward 10, and spoke often of the kindness and good care they had experienced.

- At the time of our visit, the evidence is that the Ward 10 was operating to a good standard of care with regard to patient Dignity and Respect.
- A few patients commented that they thought there were sometimes not enough staff available; requests for assistance were either average or quick most of the time.
- The patients confirmed the operation of the meals system on Ward 10 was successful, allowed them to see all meal choices for the whole week, make their choices for each meal beforehand on that day, and no patient indicated they were not served with their choice. The patients considered it was a good or adequate service.

Results of Visit

Princess Royal Hospital, managed by SaTH NHS Trust, is located on outskirts of Telford town providing a range of acute hospital services for people from Telford, Shropshire and mid-Wales. Ward 10 provides a dedicated in-patient environment for men and women trauma and orthopaedic patients, including accident injuries. Many have transferred to the ward following a period of assessment in the Accident and Emergency unit. The ward is arranged into 4 bays (2 for men and 2 for women) each with up to 6 beds, and there are a further 4 single rooms. A display screen monitor above the central Ward nursing station maps the bays and beds with key patient information indicated by colour coding. The staff used this to assist the representatives to identify those patients they were advised for medical care reasons would not be approached during the visit.



Environment and Facilities

The Ward bays were clean and warm for the patients. In one of the single rooms the patient was able to have a window open for fresh air.

The representatives observed a daily chart of the duty staff (by shift and staff role as a picture of uniform, as well as name of the senior duty nurse) near the ward entrance, but later were told by the manager that the information was incorrect and had not been updated as usual the night before.

Promotion of Patient Privacy, Dignity and Respect

Staff were observed by the representatives drawing curtains around the bed when dealing with a patient's treatment or personal care, and staff voices were kept low to reduce likelihood of being overheard in the bay. Patients confirmed that staff ensured privacy when providing medication.

Several patients said they were not comfortable (this was related to their injuries or operations) and one patient thought their pain relief was not always "kept up". Another patient was unable to adjust their position in bed saying it was very difficult to move on the "air mattress" that had been provided. A further patient said they would like to be able to be out of bed and into a chair.

Several patients were observed to have a mobility frame, parked at the end of the bed, but one patient had had difficulties reaching for the frame positioned there, when they had wanted to get up.

Representatives saw no occasion of dignity not being respected when staff were

observed interacting with patients and relatives/visitors.

Interaction Between Staff and Patients

Staff interacting with the patients and their visitors during the visit were observed by representatives to address patients by name, and adopt a warm and encouraging approach. A staff member was observed in each bay during visiting hours, updating paperwork while also frequently looking up to check if any patient or their visitor needed assistance or had a query.

Most patients reported that staff were good communicating with them including about their treatment, though a few said this was variable. One patient indicated that staff came to check on them during the night which they appreciated, and also that the staff provided them with a cup of tea if requested,

Patients Experiences

Patients were pleased with the care they receive from staff and spoke often of the kindness and care they experienced.

Many patients described staff responding to their calls for assistance quite quickly, though a few indicated that sometimes responses were average, and that this usually depended on the individual staff. A few patients commented that they thought there were sometimes not enough staff.

Several patients commented that night staff were very good, responding promptly and helpfully to calls for assistance, including providing assistance to reach mobility aids placed at the end of the bed. One patient said they would like to be able to get out of bed and be seated in a chair for some of the time, but was not able to do this.

Most patients said they felt they were able to complain to the ward management if they had the need to. Only one patient was able to refer to a leaflet received about making a complaint, and several did not know about the hospital patient liaison (PALS) service or that support on offer.

Patient Relatives and Visitors

Some of the relatives and visitors also provided feedback to the representatives. They agreed the patients were receiving a good standard of care, and some visitors added they were appropriately acknowledged by the staff and involved in communications too.

Food

The representatives observed the patients meals menu with food choices for the whole week; this also included instructions for the patients about meals and making their choices, and about special needs. A care staff member was observed collecting patient meal choices during mid-afternoon for the evening meal later that day. Most patients reported the food was good while some said it was acceptable. Patients said the food was appropriately hot when delivered, and all patients spoken to had made their own meal choices and received the meal chosen. One patient was pleased to be able to have a cup of tea and a sandwich when requested, and another had been given sandwiches when they had been admitted to the ward in the evening having missed a meal.

The representatives observed that all patients had a jug of water, and some had squash, and patients confirmed the jugs were regularly replenished.

Staff

Management briefed the representatives that the ward staffing compliment was nearly up to the desired level, and though some staff were not yet qualified in all of the procedures needed on the ward, training was planned with their staff manager. Training

undertaken by ward staff included safeguarding training - a 1 hour class, and Dementia - Memory Loss - a 1 hour class. The manager confirmed that senior staff, based on experience, would notice and escalate concerns about patients from the same address admitted to the ward resulting from falls or injuries, or a case where a patient was admitted several times over a period of time.

Management praised the strong and supportive team culture of the ward, and that was in part attributed to a more stable workforce. The representatives observed this in the interactions between the various staff teams, and management, and during shift handover that coincided with the visit.

Survey Results

		Quick	Average	Slow	Unsure
Q1	When requesting assistance, would you say your response is?	4	7	0	1
		Yes	No	Sometimes	Unsure
Q2	Do you get to pick your own meals?	11		0	1
		Yes	No	Sometimes	Unsure
Q3	Are your belongings safe and accessible?	11	1	0	0
		Yes	No	Sometimes	Unsure
Q4	Do you have all the required equipment to be mobile at all times?	9	0	0	3
		Yes	No	Sometimes	Unsure
Q5	Do you feel you can complain if you are unhappy about the treatment / service you are receiving?	11	0	1	0
		Yes	No	Unsure	
Q6	Was the ward expecting you and prepared when you were admitted to hospital?	8	1	3	0
		Yes	No	Sometimes	Unsure
Q7	During your stay, do you feel comfortable?	8	1	1	2

		Yes	No	Sometimes	Unsure
Q8	Do you feel that you are listened to and understood?	10	0	1	1
		Yes	No	Sometimes	Unsure
Q9	Are you confident in the staff ability?	12	0	0	0
		Yes	No	Sometimes	Unsure
Q10	Do you feel that the staff communicate with you well?	10	0	1	0

Additional Findings

One patient mentioned difficulties with using the television provided, considered it was expensive, and regarded this as a negative aspect of their stay in hospital.

The representatives heard from a relative who lived a long way from Telford, who was very upset and frustrated with the difficulties they had experienced parking at the Hospital in order to visit a patient- finding a space before the limited visiting period had finished, and then the unforeseen payment mechanism in operation at the time. The relative was particularly distressed at the lack of prior information available for them to plan appropriately, and the resulting stressed and anxious state they were in when finally meeting up with the patient when admitted to Ward 10.

Recommendations

This report reflects the appreciation that patients expressed about the care and support they received from staff of Ward 10 while in the hospital.

- The patient meals approach on the ward including the week's menu, obtaining patient choices for each meal and success in providing that choice, was observed by representatives to be a successful operation of the meals service, and we recommend this practice be shared with other wards to benefit the patients.
- We recommend management review the timeliness of staff responses to patient calls for assistance.
- We recommend patient comfort checks are reviewed where discomfort is reported or air mattresses are in use, to assist patients towards effective relief and improvement in comfort levels.
- We recommend checks are routinely performed to verify that the Staff Chart is correct, so that visitors and relatives can identify the name of the senior nurse on duty.

Service Provider response

Thank you for undertaking a Healthwatch Telford and Wrekin Enter and View visit for Ward 10 at the Princess Royal Hospital on the 17th October 2014.

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 now had an opportunity to review your report with the Matron and Ward Manager for the area and I am pleased to be able to provide our response.

Patients and relatives reported that they were pleased with the care received and it was observed that patients were provided with respect and dignity. Many patients reported that communication with staff was generally good, with staff adopting a warm and welcoming approach.

The majority of patients were satisfied with the meals and the system for collecting patient meals was felt to be an example of good practice that could be shared across the Trust.

Overall patients felt staff responded to call bells in a timely manner but could depend on the individual staff.

Some patients made comments about the discomfort of the mattress and on occasions the timeliness of staff response to them being in discomfort and pain. The Ward Manager has reinforced to staff the importance of this being identified on the comfort rounds and for staff to respond accordingly, she has included this in her monthly newsletter and will ensure she continues to monitor on her ward observation rounds.

Pain management and response time to call bells forms part of each area's monthly KPI's, which are monitored and reported within each care group and discussed on a 1:1 with the Ward Manager monthly and feedback to staff.

The airflow mattresses are standard for many Orthopaedic patients who have limited ability to reposition themselves and who are at a higher risk of developing pressure sores. The mattresses can sometimes be a bit difficult for patients but once the preventative measures are explained most patients are happy to continue using them. However if a patient cannot tolerate them a normal mattress will be provided.

It was noted that the ward staffing board had not been updated at the time of the review. The system had been recently introduced but the Ward Manager has reiterated to staff the importance of keeping it up to date and makes it her responsibility when on duty to check the board.

Plan of Action

The contents of this report has been shared with Ward staff and the Ward Manager and Matron will pick up and follow through the key findings and recommendations

- To continue to monitor and report on call bell response times and to address issue with individual staff and the team.
- To ensure staff respond in a timely manner to patient discomfort to continue to monitor and address issues with individual staff and the team.
- To ensure staffing levels board is kept up to date.
- To share the good practice around mealtimes and menu choice with others wards in the Trust

Sarah Bloomfield

Director of Nursing and Quality, Shrewsbury and Telford NHS Trust