healthwatch Bradford and District

Enter and View Report

Airedale NHS Foundation Trust – Ward 1 (Elderly Care)

19th August 2013

What is Enter and View?

- Healthwatch authorised representatives carry out visits to health and social care services in our district, to see how a service is being run and make recommendations where there are areas for improvement.
- Enter and View visits can happen if people tell us there is a problem with a service, but they can also happen when services have a good reputation – so we can learn about and share examples of what they do well.
- Any publicly funded service can be visited like care homes, hospitals, GPs and dentists.
- Members of the public volunteer to become authorised representatives, carrying out visits on behalf of Healthwatch. They receive training to deal with sensitive situations and confidential information, and are checked by the Disclosure and Barring Service.

Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Bradford and District.

Enter and View Visit Report

Date:	19th August 2013
Authorised Representatives:	Abbas Ali, Irene Cyhanko, Val Mills
Healthwatch Staff:	Marcella Celli
ANHSFT service visited:	**Ward 1 (Elderly Care)**
ANHSFT staff:	Elaine Andrews (Assistant Director of Patient Safety) and Sara Robinson (Senior Ward Sister)

Background and Purpose to the Enter and View visit

The care of older people with dementia on a general hospital ward presents many challenges which have been recognised nationally and are being addressed by NHS trusts.

This visit was prompted by the opportunity to work with Airedale NHS Trust to look at a few concerns raised locally by the public in relation to the care of older people with a cognitive impairment on Ward 1 (Elderly Care).

The purpose of the visit was to:

- Look at communication between staff, patients and family members of people with dementia and at dignity for all patients.
- Work together with staff to look at ways of improving the experience of patients with dementia and other patients

How was the visit prepared and conducted?

Prior to the visit the authorised representatives had received information on the dementia awareness training and the Butterfly Scheme adopted by the trust.

On arrival, the representatives were greeted by Elaine Andrews (Assistant Director of Patient Safety) and had the opportunity to ask questions of Elaine, Sara Robinson (Senior Ward Sister) and Andrew Catto (Medical Director) before visiting Ward 1.

The representatives were briefly shown around Ward 1 by Sara Robinson and then spent about an hour talking to patients and carers about their experiences. Notification of the Enter and View visit had been on display on the ward for a week in order to give family members the opportunity to be around if they wished to speak to the Healthwatch representatives conducting the visit.

Ward 1

Ward 1 is a mixed ward with a total of 30 beds. It is comprised roughly of 60% female patients and 40% male patients, with the left wing being for male patients and the right for female patients. It is a general ward for older people with a variety of medical conditions requiring hospital care and treatment. Many have cognitive problems, including dementia, as well as their physical care needs, with the average age being over 80, and a few patients even being over the age of 100. All patients over the age of 75 are assessed for cognitive impairments.

On the day of the visit, there were two patients with infections, and so understandably we were unable to enter these rooms; there were clear signs on the doors explaining this.

The ward is open 24 hours a day, with the night nurses monitoring those patients who have been assessed as "wanderers" due to a cognitive impairment. Patients are assessed on admittance to the ward, and if the Senior Ward Sister makes the decision that a patient has a cognitive impairment and more support is required, patients will be assigned a nurse on a 1:1 basis (often a bank nurse). Roughly 50% of patients on Ward 1 suffer with dementia or some sort of cognitive impairment.

The Trust is doing some work around "Patient Flow" (how patients are admitted, assessed and allocated to the relevant ward). This is particularly important for patients with a cognitive impairment, as staff realise that some patients with dementia spend too long on the Medical Assessment Unit after A&E prior to being assigned a ward. The Trust is therefore looking to improve the pathway to ensure elderly patients with a cognitive impairment are moved onto the "final" ward as quickly as possible. This should help the patients to settle down more quickly and reduce the stress.

Members of staff on this ward are aware that this is not the most suitable physical environment for these patients, due to the narrow corridors and shiny floors etc. The Trust has been awarded funding to refurbish this ward, to make it a better environment for people living with dementia.

Elaine Andrews updated the representatives regarding the planned improvements to the environment for dementia patients at Airedale General Hospital, which included a new ward layout, and a new room adapted for use by patients and relatives for end of life nursing care. The new colour scheme should be beneficial to those patients who get confused and wander.

Whilst working on this funding proposal, the hospital has been working with a local organisation which supports both people living with dementia and their carers from a South Asian background (Meri Yaadin).

The Senior Ward Sister leads on discharge, usually working together with Occupational Therapy, Physiotherapy and the social worker. The consultant will also contact the patient's GP before discharge if specific issues need to be discussed and action taken.

Staff and Dementia Awareness Training

The representatives were keen to find out whether the Trust experiences communication issues among staff members whose first language is not English, like other hospital trusts in other parts of the country. The Trust does not seem to have a problem with non-English speaking staff. There are some members of staff who do not have English as their first language, but communication between staff (at handover, etc.) seemed to be good.

The Trust has adopted the Butterfly Scheme, an initiative that alerts the health care staff to the specific and individual needs of any patient with dementia within the hospital. The Butterfly Scheme training is mandatory for all staff, including bank staff.

Members of staff are also encouraged to undertake the Social Care Institute for Excellence (SCIE) dementia training online (an e-learning programme). There are 7 modules included in this, and staff can work through them at their own pace. At the moment, 8 members of staff have become "Dementia Champions" (approximately 25% of the staff working on the ward). Sara Robinson (Senior Ward Sister) is promoting this e-learning, with the goal being to ensure all members of staff undertake it.

Communication

The "Family and Friends Test" was taking place on the ward, and as such a red box had been placed by the nurses' station. This was not very visible due to the sign being on the side, and we only noticed it after asking about it.

A large white notice board details the staff on duty each particular day (coordinators, senior nurses, health care assistants etc). On this particular day, it appeared there were 8 members of staff on duty in the morning, 6 in the afternoon, and 4 at night.

Other notice boards on the ward displayed information on VCS services, Patients Advice Liaison Service (PALS) and how to make complaints (although no forms were available). We also noticed various Thank You cards from former patients on display.

There was also a useful small booklet relating to Ward 1 by the entrance to the ward (near the disinfectant dispenser). There was also a more comprehensive booklet explaining admissions to Airedale (although this was not clearly visible at the time of the visit as it was among various other leaflets).

If English is not a patient's first language, hospital staff can arrange an interpreter (the hospital has its own interpreting service within the hospital). There are also some bi-lingual staff members working on the ward.

The Trust is now able to access "SystmOne", the computer system used by GPs, which helps to share patient information amongst the professionals involved in their care. This is

particularly important as some elderly patients with a cognitive impairment may have difficulty remembering what medication they are on when they are admitted to hospital. Improving the relationship with primary care services is a priority for the Trust.

The ward is also promoting more active links with various community and voluntary services, and in particular, links to ethnic minority groups which provide social support for the elders.

Interviews with patients and carers

We spoke to a number of patients about the care they were receiving on Ward 1.

Patient A and his carer

The first patient was male, aged 86. When the patient and his son were asked about the care they had received on the ward, they both agreed it was good.

They were both confident with the staff team's ability to take care of the patient's dementia. They both felt that staff were approachable and easy to talk to, but only when a member of staff could be found. On the day of the visit, the patient's son was still waiting to speak to someone regarding his father's health issues, and had been for quite some time. Both this patient and his son were in agreement that Ward 1 was a suitable environment for when/if a patient became distressed, and that staff looked after the safety needs of both patients and staff. They also agreed that there were no external barriers facing this patient in being able to get around the ward – the only thing preventing this particular patient, was his infirmity.

They also said that they were aware of the Butterfly Scheme, but were unaware of the difference it actually made on the ward. The patient's son works within the mental health environment, and so has more experience than most as to whether Ward 1 is a suitable environment for dementia patients. He believes it is, despite being a general ward for patients with different needs (some with a cognitive impairment).

This was the patient's second stay on Ward 1 in a short period of time. Care services after the first discharge had been in place, although both the patient and his father felt that the re-admission of this patient could potentially have been avoided if discharge after the patient's first hospital admission hadn't happened so quickly. They felt this occurred due to low staffing levels at the weekend.

Patient B

The second patient interviewed was female, aged 86. This patient had been admitted to Ward 1 three times within the last 3 months. She was adamant that she was not happy with her care, despite also saying that the staff were fine.

This patient said she knew nothing about the Butterfly Scheme (despite the Butterfly symbol appearing on her notes). She said she felt unable to speak to staff as English was not her first

language and also said that her cultural differences were not taken into consideration. Her son and grandson were not able to speak her native language, and so she felt it very hard to communicate. She was however able to move around the ward by herself, and so felt that there were no barriers in this area.

This patient said that all the staff were friendly and helpful, although when she had been discharged on a previous occasion, she had been told that she would be visited by nurses who would provide follow up care, but this never happened. We didn't feel we could get a full explanation of what might have happened in the past.

Listening to this patient talking, we felt it was appropriate to ask the Senior Ward Sister to arrange for an interpreter to come to talk to the patient.

Patient C and her carers

A small group of family members who were on the ward to visit their elderly mother were also spoken to. They appeared to be angry about the care she had received. Apparently she had been moved by a porter from an alternative ward to Ward 1 in the middle of the night, with no explanation as to why this was happening.

When asked if they wanted to tell the hospital staff about this incident or make a complaint, they said they wouldn't know who to complain to, as there were so many staff, all wearing different coloured uniforms and they felt it wouldn't make any difference. The elderly mother, who was sitting up in bed, did say that she thought the food was all right, and stated that she did not want to pursue any complaints.

Patient D and her carer

We also spoke to the middle aged daughter of a patient, who seemed generally happy with her mother's progress whilst in hospital, and she was actually on her way to being discharged. However, the daughter did say that she did not feel very well informed about her mother's medical care and was not really sure what was going to happen once she was discharged. The patient thought very highly of her local GP and GP practice, although her daughter stressed that she wished her mother's problem had been identified and remedied sooner.

Other comments

We also spoke to another four elderly female patients, who at the time of the visit did not have any visitors. The ladies were all elderly white British women, appearing very frail; some had some bruising on their hands and arms, which could have been the result of falls, blood thinning medication, or from needles used to administer drugs. They looked clean and well cared for within the ward. Some of them were sitting on the more comfortable chairs by the side of their beds, and they all seemed quite pleased to chat and several commented on how good their GPs and local medical services were.

Another elderly female patient was confused about her discharge – not knowing if it was going to happen on that day (despite being prepared with a bag packed), and if her family had actually been informed.

Hearing loss was a problem for most of the patients. One lady said that she was very deaf but did not seem to be wearing a hearing aid. She did think very highly of her consultant who had sat next to her to have a chat and made an effort to communicate with her despite the hearing impairment.

Noise at night, leading to sleep disturbance was mentioned several times. The Ward Sister, Sara Robinson, had explained that dementia patients were not given sleeping pills as a rule (unless they had previously been prescribed) as this would make them more confused the next day.

Even though a notification about the visit had been on display on the ward for a week, we didn't get to speak to many carers. Healthwatch is planning further work to gather more views from carers of patients with dementia.

Conclusions

The Healthwatch Enter and View representatives would like to thank Elaine Andrews, Sara Robinson, the rest of the staff and the patients and carers for the warm welcome given to the Enter and View Team and for their time.

Generally from what we saw and experienced on the day we were impressed by the commitment of the staff we met at the hospital, the general conditions in the ward and the care of the patients.

Enter and View representatives' observations

- The complaints box was located in one of the side corridors and it could possibly be placed in a more prominent location. The Family and Friends box, at the nurses' station, was positioned sideways and wasn't very visible.

Enter and View representatives' recommendations

- **Butterfly Scheme:**
  - The Butterfly symbol is in patient notes. It might be useful to find a way of making the symbol more visible, instead of having to open the patient notes. A magnetic butterfly placed at the end of the bed would be more visible to all staff (e.g. porters, cleaners). We felt it is important that all staff can see at first glance the butterfly symbol and be aware that the patient has a cognitive impairment and therefore might have additional needs.

- To prevent communication issues, a question box in the Butterfly form might be beneficial, asking for the patient's first language as dementia patients who have English as a second language often revert to their mother tongue.

- **Information and Communication:**
  - The small booklet on Ward 1 and the general All Admissions - Information for Patients booklet are good resources. However they could be updated and be more user friendly. The PALS comment form at the end isn't very visible. Simpler information (and possibly forms) relating to how to make a complaint, especially for people from the BME community should be available. It might help also if PALS officers were available in their offices during visiting times (including early evening) so that family members would be able to speak to them.
  - It might be helpful to have a dedicated notice board for patients and family members with information on support services available in the community, information about staff on duty, how to give feedback, etc.
  - Carers and relatives need to know who to approach on the ward to get up to date information relating to the patients, and when they can approach these staff members. A leaflet does seem to address this issue, but it should be more visible on the ward. A display of members of staff on duty and what role they cover would help patients and carers to know who to approach.

- **Support to and Involvement of Carers:**
  - When admitted, elderly patients may feel confused and benefit from having a "friendly face" nearby. We are very pleased that the ward has adopted a more flexible attitude about allowing one family member to spend more time with the patient and often provide a comfortable chair by the patient's bed. We encourage the Trust to continue to make family members welcome. Particularly when there are language barriers, family members can provide an invaluable support to the patient and the staff.
  - As part of the refurbishment, a family room with reclining chairs will be a much appreciated facility to have, making it easier for family members to spend time on the ward and be around to spend time with the patient throughout the day.

- **Communication at discharge**
  - A number of people felt more staff were needed on the ward, in order to make it easier to discuss any concerns relating to patients, to keep carers informed about patients' medical conditions and to prevent patients being discharged too quickly, which can result in unnecessary re-admissions. Could each carer/relative have a booked 10 minute exit interview, supported by clear written information, prior to the discharge of a patient to explain what follow up procedures will be followed? Some patients and carers also felt that there can be long waits for prescriptions at discharge (experience from previous admissions).
  - More information on notice boards relating to VCS services which can support people with dementia and their carers in the community would be helpful. A full list and contact details of the Well Being Cafes, some run by the Alzheimers' Society, have now been passed on to the Trust.
  - On discharge, could those patients with no carer/family member be visited by one of the hospital volunteer services? Or volunteer visitors from relevant community groups? Could the person responsible for discharge make sure that the social worker is aware of support services in the area and the link is established before the patient is discharged?
  - There are various support services in the community (Home from Hospital, Health Maps, etc.) and it can be difficult for hospital based staff to be fully aware of all the options. Healthwatch Bradford and District provides a telephone/email information service about health and social care services which could be a central point of contact to access all the above resources.

Abbas Ali, Irene Cyhanko and Val Mills 20th September 2013

For more information about this visit and Healthwatch Bradford and District Enter and View activities please contact Marcella Celli on 01535 6625258 or email marcella@healthwatchbradford.co.uk