healthwatch Isle of Wight

Healthwatch Isle of Wight – Enter & View Report

Ward visited: Colwell

Date of observation 1: 2nd December 2013
Start time: 07.00 **Finish:** 08.30
Date of observation 2: 3rd December 2013
Start time: 19.15 **Finish** 20.30
Names of Enter & View panel members involved in the visits:
Rose Wiltshire, Pam Fenna, Tina Stuart, Gilly Holmes

About the Healthwatch Isle of Wight Enter & View function

Healthwatch is the independent consumer champion created to gather and represent the views of the public on health and social care. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

'Enter and View' as laid down in the Healthwatch regulations of 2012, allows Authorised Representatives:

* To go into health and social care premises to see and hear for themselves how services are provided.

* To collect the views of service users (patients and residents) at the point of service delivery.

* To collect the views of carers and relatives of service users.

* To observe the nature and quality of services – observation involving all the senses.

* To collate evidence-based findings.

* To report findings and associated recommendations – good and bad – to providers, CQC, Local Authority and NHS commissioners and quality assurers, Healthwatch England and any other relevant partners.

* To develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

Methodology

Healthwatch Isle of Wight are looking at inpatient experience at St Marys Hospital as one of their priority workplan areas. Visits to Colwell, MAAU and St Helens wards took place during the week of 2nd December 2013 through 8th December 2014 to find, highlight and share examples of good practice alongside providing evidence to contribute to the ongoing programme of development at IW NHS Trust. The visits were also designed to allow patients and their families voices to be heard.

St Marys was written to in advance explaining the project in full. The hospital was informed which week the visits would be taking place in, but not specific dates and times. Posters explaining about the visits were given to the hospital to put up to let staff, patient and visitors know what was happening and how to get in touch with us.

<table>
<tr><td colspan="2">Number of Patients on ward at each visit</td><td colspan="2">28 on both visits</td><td colspan="2">Were all beds full?</td><td>Yes</td></tr>
<tr><td>Total numbers spoken to:-</td><td>Patients</td><td>7</td><td>Staff</td><td>6</td><td>Visitors</td><td>12</td></tr>
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Summary of staffing structure on the ward at the time of visits and whether it appeared to be adequate.
There was a deputy sister and 2 staff nurses on duty with 3 health care assistants at the time of the visits. There are allocated named doctors to the ward, each consultant have their own team of doctors. On call doctors do not complete a daily ward round, the team carriesd out daily reviews of all its patients.

Staffing structure at night on the ward – There are named doctors allocated to the ward that may be on call but are available at all times including: medical team registrar consultant, house doctor, senior house registrar (generally at home but on call). There will be 3 nurses and 3 health care assistants on duty. Everything works fine until a problem arises, we were told that medical support can be a bit of a problem throughout the night as they are spread between a few wards, however there is a critical care team based at the hospital.

Staffing structure at weekend on the ward - There are 3 registered nurses and 5 health care assistants on duty and 3 registered nurses and 2 HCAs on the late shift. Staff told us that the best out of hours support is the critical care team, they are based in the hospital at night and provide a good safety net, also the adult emergency team.

Other comments on staffing - We were told that:
'Last Christmas was fabulous as we had a team on call and it just worked, but they won't do this all year round because of the cost.'

'This ward has a lot of high need patients who require a lot of support some days I feel that yes there is enough staff, other days I think no definitely not.'

'We have excessive paperwork to complete, A & B forms need doing, they will not always inform you if something is wrong. The communication between departments can be really bad, and on discharge if something simple hasn't been completed they will discard the paperwork and you have to start again. It can be very frustrating, and there are massive issues around the transport side of things'.

Patient/Visitor feedback

Summary of comments/observations re: Communications
One patient was hard of hearing and said staff did not always remember this. Staff were observed addressing patients appropriately and with respect. One patient had reverted back to their first language (not English) which made it hard for them to make their needs known, but the staff tried very hard to understand the patient. We were told by some families that doctors were not readily available to speak with family members and one family said they had to wait several hours before speaking with a doctor who they reported only spoke with them for a few minutes. Other families said that doctors were available to speak to and they were kept fully informed of the patient's care. One patient said that they had no family on the Island and they did not know who their doctor was and did not feel as though they had been actively involved in their treatment. Although no patients were seeking to make a complaint some were aware of how to raise a complaint and others were not.
Summary of feedback re: Care
Most patients and relatives were happy with the care that was provided. One patient said they had been 'pulled' out of bed by 2 staff members. The patient's relative advocated for a Pedi turn to assist with standing which is now in situ. They also said that the patient had to ask for pain relief on more than 1 occasion. The patient had been on the ward for 5 days and had been moved 4 times. The family were only informed of 1 move. Call bells were always in reach and the staff responded to them in a timely manner. In general patients were happy with the pain relief they were receiving.
Summary of feedback re practical assistance/aids
In one patient's experience a family member had to ask for a Pedi turn as one had not been provided. Another patient had been provided with a frame to support their walking and another patient had a 'pressure mat' on their chair which alerts the staff when she gets up. The family of this patient thought this was 'great'. There were yellow waste bags outside of toilets, some of which were quite smelly. One patient had been given all of their drinks in a beaker with a spout lid and a straw. The patient felt they were able to drink from a normal cup and did not want the beaker but had to have it anyway.
Summary of feedback re: mealtimes
Some patients said that the meals were not always as hot as would like (soup was mentioned). There were no concerns with the delivery of meals and if they were not wanted at the time they were offered later. The food described as 'edible' and 'not too bad most of the time'. Beakers with spouts were provided for patients. Patients sometimes needed help with cutting food – we were told that staff always helped when asked.

The patient’s breakfast likes and dislikes were recorded by staff.
We witnessed a patient lying awkwardly on their side with a breakfast bowl on their chest. Food was falling onto the patient’s chest so the patient asked if we could find someone to assist them with their food. We approached the staff member serving the food who responded by saying ‘that patient does it themselves’, we explained that the patient was struggling and an auxiliary went and informed the patient that they ‘may need to wait until handover’. The patient was however helped before handover. Relatives commented that they make sure they are on the ward during meal times so that they can assist the patient with their meal.

Summary of feedback re: hydration

Patient and visitors confirmed that regular drinks are offered. Jugs of water were observed on each bedside table. Patients said they could ask for a cup of tea and staff would bring one outside of ‘normal’ times. The drinks were all served in beakers which gives the impression that a ‘one size fits all’ approach is taken with the type of cup used.

Summary of feedback re: discharge from hospital

Discharge had been discussed with patient 1 and forms completed for a referral to Social Services. The patient’s relative also discussed ongoing medical intervention for the patient with the ward Doctor. Another patient’s family reported they were very pleased at the speed with which items needed to support the patient to return home had been provided by the OT. Another patient had only been admitted that afternoon with no planned discharge date.
One of the patients said that during a previous stay, they were only informed that they were going to be discharged on the actual day of discharge and that no prior discussions took place.

Observations / questions for staff

Summary of communication

Staff confirmed that there is a learning disability liaison nurse to support patients with a learning disability. A dementia link nurse and 2 assistants are available to support those patients with dementia, and staff reported that they would come to the ward quickly as soon as a need with a patient is highlighted.
Staff told us that in April, the ward is having a ‘refurb’ which will include a hearing loop being installed and additional support items for those with a visual impairment being made available.
Staff reported that access to interpreters needs to go through the Switchboard to be arranged.
Staff always ask patients how they like to be addressed and request permission before writing this on the board behind the bed and at the beginning of their notes.
Pre-assessments are completed and will specify individual needs such as communication needs, learning disability, personal hygiene needs etc.
Family/close friends are able to make an appointment to speak to doctors and can speak to the ward team whenever they need to.

On one occasion, a nurse was attending to a patient in the bed next to the patient we were talking to. The curtains were pulled for privacy, and we heard the nurse giving clear instructions and speaking appropriately to the patient they were assisting.

Summary of personal hygiene support

We were told that in the morning there are 2 teams of assistants who support those with high needs. Patients are able to have personal choice with their routines.
Longer term patients are not common on the ward, but if there are needs around nail cutting/hairdressing, nurses can help (2 nurses on the ward can cut nails) and a hairdresser can be called.

Summary of support with practical assistance/aids

Staff told us that they felt all manual handling aids are available to them. Beds with red ends can go very low for access needs.
The ward has cups and beakers with lids in stock, but 2 handled cups have to be requested from the Physio.
The ward has cutlery and crockery for a wide range of needs and report that they can get more quickly if needed.

Summary of support at mealtimes/with drinking

Staff told us that they assess patients for their support needs at every mealtime as they can get better or deteriorate. They do not have a red tray system or similar.
Records are always kept of what patients have eaten and drunk – the HCA keeps an hourly checklist and observation sheet of fluid intake and will try different cups with patients to try and maximise their hydration.

Summary of physical environment

Reception area

The nurse's station was well manned and the staff were very welcoming. When entering the ward early on the morning the lighting was low in areas but staff work stations were well lit. Night staff that were leaving introduced themselves and were very friendly. They were all wearing name badges with job roles on.
There was lots of equipment around due to obvious lack of storage areas including a computer (obs) machine on charge and placed in the doorway of a toilet which then prevented patients from accessing that room.
Upon speaking to the domestic we were informed that there is only 1 domestic coming in from 3pm-8pm to do spot cleaning on 4 wards, This has been mentioned to management but they just 'shrugged their shoulders'.

Staff identification

We observed staff ID being worn and staff were introduced to us when we arrived.
We did not see a staff 'picture board' identifying staff to patients and visitors.

Ward facilities
On arrival there was some general waste on the floors, tissues, gloves (which appeared unused) bits of cardboard etc. These were quickly removed when the domestic arrived. The general decoration and walls appeared clean. There were various general and hazardous waste bins throughout the ward, with most of the hazardous waste bins being situated outside the toilet areas. 1 bin outside bay D was particularly offensive smelling even though the lid was closed and food was in close proximity. In each bay fire exits were partially or fully blocked by the bins and in bay B there was also a monitoring system blocking the door. The bays were clearly marked. Hand gels were provided and it appears that these are used as a matter of course.

Conclusion

We feel that the visits were very positive. The ward was full at the time of both visits, many patients had high needs and were unable to communicate - 16 patients were 'confused', 10 were classed as being at 'high risk of falls'. The ward had only 4 staff on throughout the night only two of which were trained nursing staff which could be challenging if there was an incident. The staff were friendly, welcoming and passionate about their roles even though there were frustrations over staffing levels and the high needs of some of the patients. Everyone that we approached was happy to speak with us.
Although cluttered, the ward appeared clean and well lit. Most patients and relatives were happy with the food available and drinks are readily available with water jugs being on tables.

Recommendations

1. The ward needs de-cluttering with more space being made available and equipment not obstructing the fire exits and corridors.

Response:
Funding has been established for the refurbishment of Colwell Ward from the King's Fund for "Creating a Dementia Friendly Environment" included in this work is the removal and relocation of the current nurse base to a reception area on entrance to the ward. This will create more space on entrance to the ward, a work station for staff and room underneath this will allow note trolleys to be housed. Other works include a new automated medicine storage/dispenser unit, this negates the need for the amount of storage we currently have. To summarize this refurbishment creates an ideal opportunity to de-clutter the ward. Daily checks to be made of fire exits to ensure bins have not been moved causing obstruction to fire exits.

Not yet started on 10-4-14, to be completed by July 2014.

2. Yellow bins need to be placed within bathrooms.

Response:
All small clinical waste bins to be removed from outside ward bays, where room allows small clinical waste bins to be put into toilet/areas. Where this may create a hazard, staff to be reminded when attending to patients in the toilet area a small bag to be used for soiled items, and deposit to the nearest clinical waste bin.

Completed 10-4-14.

3. Introduce assessment for 'red tray' (or similar system) to support patients who may have difficulty with eating/feeding at mealtimes.

Response:
Following this visit it has been agreed at the Matrons Action Group that those patients identified as requiring assistance will be issued with a "red serviette" from the kitchens.
The ward process for Colwell ward is that prior to meal times staff are to ensure patients are sat out/up ready and do not require the toilet, staff to ensure normal tasks are completed and there is enough staff to distribute meals. For those patients requiring assistance they were will distributed last to ensure their meals are being kept warm and staff are available to help. This is also part of the Enhanced Recovery programme.

Ongoing.

4. Introducing named staff to wear colour coded tabards for set time throughout the mealtime process, ensuring that they designated for assisting at meal times and not undertaking other duties – such as the protected mealtimes system on St Helen's.

Response:
Staff distributing meals wear green aprons
The regular housekeeper wears a green tabard but these are not availability for other staff who may be covering in her absence.

5. Review the amount of night staff available given the complexities of the patients' needs.

Response:
The agreed levels of nurses for night duty is 2 registered and 2 non registered, (the report gives different figures)
A "safe staffing" review has been carried out by the deputy executive director of nursing, the results of this recommend the nursing team to be increased by 1. Funding for this has not been agreed by the Trust.

Ongoing.