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Healthwatch Cheshire West Enter and View Report - NHS	
Enter and View Visit to	Children's Ward Countess of Chester NHS Foundation Trust Liverpool Road Chester CH1 1UL
Date	14 January 2014 arriving at 10.00 am
Authorised Representatives	Sue Masterman, Jenny Young, Alan Murphy
Authorized representatives would like to express thanks to Sian Williams (Acting Deputy Director of Nursing) and also Anne Martin, Senior Nurse and staff who were extremely helpful during the visit.	
Background	The Countess is a Foundation Trust Hospital covering the Chester and Ellesmere Port area. The Ward visited is self-contained and situated adjacent to the Paediatric Department. There are 22 beds in a number of separate rooms and 2 High Dependency rooms with en suite facilities. In addition, there is a 6 bed Assessment Area and a 6 bed Day Care area. Male and Female adolescents have dedicated areas each with a small communal space. There is a Sensory Room and a Play Area located in the unit itself.
Overall Impression	The overall impression gained by all of the Healthwatch Team was of a well-organised, caring, clean and positive approach to the difficult and, at times, stressful task of looking after the more vulnerable members of society. We were encouraged by the professionalism displayed by all of the staff we encountered.
Any ideas or suggestions for improving service?	Reduce the cost of parking for parents/carers of children who may be on the Ward for a long time. (See * below). Increase staffing levels or give guaranteed access to supplementary staffing in the case of staff absenteeism or extra high dependency demand. Give teenagers in bed more privacy than just curtains.

Welcoming

After a short meeting with Sian Williams, we were accompanied to the Children's Ward by Anne Martin who gave us a brief tour.

The Ward is decorated with bright colours and many internal windows are painted. One showed the different uniforms worn by the people working on the ward or likely to visit. The Reception Area was welcoming and displayed various Key Messages and data on a Performance Wall which was clearly being used and updated regularly.

All of the staff we saw and/or spoke to were friendly and made a point of smiling and making good eye contact.

There was lots of information on display at several points in the Ward. For example, there was a display about healthy eating and in the older children's rooms there was information about domestic violence and Childline details.

Each bed had access, via the TV monitor, to information - a patient's Mum pointed out that this included visiting times.

Facilities for disabled patients included separate accessible toilets; all showers were 'walk-in' and each had an easily accessible alarm.

Safety

There were many examples of the importance placed on the safety of patients, visitors and staff:

- The Milk Room for preparing bottles for babies and infants was separate from the Kitchen area;
- The Kitchen Area itself was off-limits to patients and visitors;
- There was a clean Utility Room for preparing medication which included a locked Drugs cupboard;
- Frequent use of the hand gel dispensers located throughout the Ward was observed;
- There were extra hand gel dispensers in the High Dependency rooms;
- All staff and patients had identity badges or bracelets;
- The Ward was very clean and cleaning staff are available throughout the day;
- Patients or their parents/carers were encouraged to give feedback (there was even the facility to do this on the TV monitors at each bed);
- The electric switch to allow exit from the Ward was placed out of reach of children.

Caring and involving

We were told that staff would prepare a dedicated programme of care for each child that could include home visits before admission, especially if the child had some impairment or, say, was particularly nervous about being in hospital.

Tutors were engaged if school age children had a protracted stay on the Ward. Patient's dignity and privacy was respected and catered for. For example, there are a number of different room sizes to allow greater flexibility in the distribution of beds and the level of care required. Again, the High Dependency rooms had en suite facilities and patients requiring oncology treatment could be allocated to these rooms. However, expertise in High Dependency care is not 'factored in' to the skill mix on the Ward and we

were informed that this can present problems at times.

General information and information specific to the Ward routine is evident; information about how to complain is available and feedback can be given via the TV monitor at each bed.

While adolescent patients were provided with a separate male and female group room which made it easier for them to interact with each other, we thought they may need a bit more privacy when in bed.

Access to TV programs is free, which is not the case in some other sections of the hospital, where tokens have to be purchased.

All but one of the parents/carers we spoke with were generally positive about their child's experience of the Ward. One commented that she was, "Really impressed," and that it was a, "fantastic hospital." The one exception was a very anxious mother who said she was putting in a complaint, but this appeared to relate to the doctors rather than the ward and to reflect much deeper and long-standing issues outside the ward's remit and control.

Well organised and calm

The Ward, though busy, seemed calm. We were told that staffing levels were at 'the bare minimum' and that this could present problems during staff illness.

Information about each patient was clearly visible at the bed and appeared to be up to date. As noted the Ward was very clean and one of the Domestic Staff told us she had worked there for 17 years. The place was uncluttered and well-maintained with clear signage. There was a good selection of toys, covering different age ranges, in the Play Area.

Additional Comments

*Parking at the COCH can be a contentious issue but some separate provision for parents/carers of children on the ward for a long stay should be considered. A number of parents on the ward mentioned this. They could end up paying for a number of visits each day which seems to add a financial 'burden' at a stressful time. Parents need to be made aware of what concessions are available. This should be the work of the hospital's patients' representatives.