

Healthwatch Cheshire West Enter and View Report	
Enter and View Visit to	Ward 34 Male Elderly Care Ward Countess of Chester Hospital (COCH) Countess of Chester NHS Foundation Trust Liverpool Road Chester CH1 1UL
Date	14th January 2014
Authorised Representatives	Joanna Brookes, Pat Lott, Margaret McDermott
Authorized representatives would like to express thanks to Sian Williams (Acting Deputy Director of Nursing) and Stephen Worrall Team Manager of ward 34 and other staff who were extremely helpful during the visit.	
Background	The Countess is a Foundation Trust Hospital covering the Chester and Ellesmere Port area. The hospital also caters for certain admissions and elective surgery for patients from North Wales and the Wirral areas. The specific ward visited provides single sex (male) care for the elderly. This ward has moved location in the last 18 months, from the main hospital building into what was formerly a separate women and children's unit. The ward treats male patients, from the Countess' catchment area (i.e. Chester City Rural Wales); who have been admitted due to an acute medical emergency; either due to a long term medical condition or a new episode-stroke /cardiac illness. Some patients suffer from dementia and other physical illnesses.
Overall Impression	Overall representatives felt that this was a well ordered clean ward providing optimum conditions for patients to receive care for their medical condition. Staff are visibly extremely compassionate, appear to be well led and work well as a team. Safety appears to be given a high priority with evidence of on-going improvement.
Any ideas or suggestions for improving service?	Door stiffness / dampers should be checked with a Newton Meter to check compliance regarding DDA standards. Hospital should carry out risk assessment on use of blue flooring in bathroom / washroom / toilet areas - as might be perceived as water by dementia sufferers.

Welcoming

Representatives were Welcomed onto the ward by the Team Manager Representatives felt that the ward itself felt calm, welcoming and airy and that its individual parts were uncluttered. The corridors had visitors chairs lining the area.

At the time of our visit the ward was quiet but there appeared to be a good interaction between staff on duty and the impression was that all were working well as a team. Staff, who working with a patient were observed clearly talking to the patient and explaining the procedure. Representative's contact with other members of staff was extremely positive.

Visible information on the ward was incomplete regards staff personnel.

The team manger informed us that three trained staff featured on each shift working towards three at night. The up-to-date report on pressure area issues was not on display as at time of visit the ward manager was in the process of updating. Representatives were invited to see this.

The ward itself features 28 male beds in side wards of one, two or six patients per ward. Each ward /side room had access to a shower and toilet at the entrance to its part. Ward lighting was good. At the time of the visit mid morning staffing appeared to be - ward manager, clinical sister, staff nurse (referred to as a band 5-1 nursing assistant, a student nurse and several housekeepers who were cleaning and tidying the ward.

Some signs were makeshift post it notes. All signs were in English and all leaflets appeared to be in English.

Representatives visited the patient's day room which is also the activities room. Evidence suggested that it is well used by patients and visitors as a quiet private area. An activities co-ordinator uses the area at set times during the week.

Visiting Times were displayed clearly.

In terms of accessibility those who could not use stairs the ward is accessed from the ground floor by a lift. Representatives observed that in this, the buttons to access wards are above waist height. Doors into the ward are stiff but would open to allow wheelchair access.

Safety

There were visible notices re fire exits and a nursing assistant could explain evacuation procedure.

Safety is given a high priority and evidence of improvement was observed - ongoing work around the signage for the toilets and showers and work to change the colours on the doors to these areas. Also flooring improvements to aid those with a dementia or Parkinson's condition.

The Team Leader explained the new medication regime which involves live documents on the computer and the use of patient medication lockers. A registered nurse can carry out the drug round and it has reduced risks. Representatives felt that this new process relied heavily on doctors updating information and depends on pharmacy technicians being prompt with checks. The process also seems to have a reliance on a trained nurse to carry out a drug round.

The general environment of the ward was clean and tidy

Hand gels are available at the end of every bed and entrance to wards.

Infection prevention measures appear clear.

General observations -

- I/D badges on staff visible.
- Patient wrist bands were clearly visible.
- Call bells evident

- Drinks and lockers/bed tables appeared clean and uncluttered.
- Equipment and environment appears well maintained.
- Protected meal time for patients visitors encouraged to attend no staff breaks at meal times

The Team Manager was keen to discuss ward improvements with representatives.

Caring and involving

Patient experience appears good. Patient privacy appears to be protected at the time of the visit.

Patient volunteered the information that the staff care and are compassionate in dealing with individual requests. Having spoken to a patient a Representative was told that staff were wonderful, especially with a patient who displayed challenging behaviour difficulties. The staff kept their cool on every occasion. The patient was surprised that none of the staff ever lost their temper with him. They further commented that staff had an enormous amount of patience with all the patients.

Patients are involved in their own care as far as they are able. On admission it appeared that they are assessed for risk of developing pressure area breakdown and placed on a relieving mattress. There appeared, however, no real clarity as to the monitoring of this with a reliance on equipment to prevent pressure area problems.

Staff appears to work very well as a team.

Well organised and calm

Representatives felt that the ward looked extremely clean although corridor space was a little cluttered with chairs and equipment placed under fixed rails. The sluice area was very clean and tidy.

Representatives passed one unlocked cupboard containing intravenous bags. The Cleaner's cupboard was well stocked and tidy. Rooms look well organised.

It was pleasing to see that the Dementia unit had a pictorial calendar which was updated - the ward clerk appeared to have that responsibility. Ward staff do a great deal of fund raising for extras for patient comfort.

Overall representatives felt that this was a well ordered ward providing optimum conditions for patients to receive care for their medical condition.

Additional Comments

None at this time.