Healthwatch Cheshire West

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Healthwatch Cheshire West Enter and View Report - NHS	
Enter and View Visit to	Countess of Chester Hospital (COCH) Countess of Chester NHS Foundation Trust Liverpool Road Chester, CH1 1UL Ward 45 Orthopaedic Trauma
Date	**11th March 2014**
Authorised Representatives	**Pat Lott, Pamela Fox**
Service Provider Staff	**Ward Manager Christine Walley.**
Background	Ward 45 is a 28 bedded Orthopaedic Trauma ward comprising four bays of six beds plus four side rooms. There are separate bays for male and female patients also separate bathroom and toilet facilities with push button calls and alarm cords. Bathrooms were equipped with sit-in showers in which patients were assisted by staff. The side rooms are used for either males or females in an infection control situation. Patients present with a variety of orthopaedic conditions - hip fractures, spinal injuries, broken bones due to road accidents. The youngest patient on the ward today was aged 43 and the eldest aged 98. 90% of the patients are aged 70 and over. During the course of the last month 16 of the total number of patients had dementia. Extra staff were needed as a priority to care for these patients on a one-to-one basis.
Overall Impression	The visit was made mid-morning - the busiest time of day for the ward. All staff seemed to be involved in patient related activities. This appears to be a busy ward with high demands on staff time.
Any ideas or suggestions for improving service?	Filling the staff vacancies and where practicable the use of more volunteers on the ward. The Ward Sister said that Family members were encouraged to come in at meal times to help feed their relative. She also said that she had an excellent team but the shortage of staff over recent months was having an effect on her staff. Representatives feel that these comments should be valued.

Welcoming

Visiting times were displayed on the entrance doors to the ward and we were told that written information was given to patients giving visiting times and contact numbers for visitors. In the corridor leading to the ward were various information leaflets, including Patients Advisory Liaison Service. There was a notice board giving information about spiritual care facilities in the COCH.
There was no notice board displaying staff photographs, names, designations or different uniforms. We were told that some of these boards would be available in the next couple of weeks, although the ward manager wasn't sure whether actual photographs would be displayed.

Safety

Medication is kept in patient's locked bedside drawer, the key only being available to trained staff. There are four locked medicine carts, and locked cupboards in the clinical area.
There are two mobile hoists to assist patients, one on this Ward and one on the Ward next door and a Sarah Plus hoist is used to motivate movement.
Patients paper medical records are kept in trolleys in each bay. Only members of staff can access these, although they are not under lock and key. At the foot of each bed in a folder are the observation charts and food and fluid intake charts, to be accessed by staff.
We were told that fire alarms were tested weekly, that fire exits were available in every bay and that staff knew the whereabouts of these exits. However, it was not apparent whether or not there is a detailed evacuation procedure in place.
Charts were displayed on the walls detailing those patients who had fallen or who had pressure sores, and the measures taken.
Hand sanitizers were readily available at the entrance to the ward and in the bays.

Caring and involving

Staffing – We were told that in terms of overall staffing the ward should have 36 whole time equivalents (wte) of trained staff and Health Care Assistants (HCA). At present there are 12 (wte) trained staff with 4.8 vacancies. There are 14 HCAs. Each morning shift comprises four trained staff and four HCAs; the afternoon shift is three plus three, and the night shift two plus two. A housekeeper and a ward clerk are also employed. The unfilled vacancies for trained nurses results in additional pressure on the existing staff. At times of shortage there is some availability of trained staff being resourced from COCH Temporary Staffing.
We were told that if a patient or relative has a concern they can speak to a member of the nursing staff or to a doctor and that the medical records can be explained to them but that if a photocopy of a record is requested an approach has to be made through the legal services department. One patient told us that the staff were very approachable but we were uncertain as to whether many patients knew who to contact in the case of a complaint. However, Patients Advisory Liaison Service literature was on display in the corridor.
Charts were available on the ward showing which patients had fallen, and which

patients had pressure sores, and the subsequent measures taken.
There was a hand hygiene chart and an infection control chart relating to the insertion of catheters, drips etc audited monthly by the ward manager.
All dementia patients had a booklet entitled “This Is Me” issued by the Alzheimer’s Society in conjunction with the Royal College of Nursing. This contained useful information about the patient and photographs of their family. This provided reassurance to the patient in their unfamiliar environment and also gave the nursing staff personal details which the patient, if they were suffering from Dementia, may not be able to convey.
If a patient was not able to get out of bed they were turned every four hours to try and prevent the forming of pressure sores.
We were advised that patients had protected meal times and were assisted with their meals. Shortage of staff meant that families were often asked to assist with this, also staff from other wards, departments and even some of the Clinics were called upon when necessary. A volunteer worker and housekeeper also assisted.

Well organised and calm

Each bay seemed spacious, the area was not crowded. The bedding appeared clean. Bathroom and toilet areas were clean.
We were shown a “Friends and Family” survey leaflet inviting comments. This is part of a national survey. The comments can be found on the COCH website.
At first glance the area around the nursing station seemed crowded but actually items were in the process of being moved into a large store cupboard.
There was a notice board displaying “thank you” cards from relatives.
In conversation, one patient reported that he had a low appetite but that the food was satisfactory. He was happy with the cleanliness of the ward and generally had no complaints. Another patient said he was “looked after very well and couldn’t fault anything.”
There was only one patient on the ward in a younger age bracket. He described the bay he was in as being noisy at night – “The elderly patients were restless.” He had no complaints as such but did mention that on the day of his operation, he had been asked to choose his lunch and evening meal from the menu which he did; expecting to be fed on his return from theatre, but by this time there was no food available. He was given toast.
One patient, a lady in her nineties, remarked on how good the food was. She had fallen at home and had broken her hip. She had an alarm on her wrist and while she was still on the floor the ‘alarm admin’ were speaking to her on the phone and were able to get an ambulance to her and also to call the first person on her list of contacts. She was very pleased about this. She mentioned that a man (she wasn’t sure who he was) had been to give her feet some attention.
A large number of patients appeared to be asleep in bed, and we were unable to speak to them. There were no relatives available to speak to.

Additional Comments

This was a busy ward with a large percentage of elderly patients many of whom had dementia. This category of patient obviously causes an increase in the workload for all on the ward.
The Ward Sister did say that it was important to have more volunteers to help with

feeds, drinks and just to chat with patients as some did not have any visitors.