

Healthwatch Cheshire West Enter and View Report - NHS	
Enter and View Visit to	Ward 43 - Meadows Countess of Chester NHS Foundation Trust Liverpool Road, Chester CH1 1UL
Date	18 th March 2014 arriving at 10 am
Authorised Representatives	Chris Banfi; Andrew Firman; Denise Pritchard
Service Provider Staff	Sian Williams (Deputy Director of Nursing), Sister Emma Rudolfsen - Ward manager, Claire Williams - Matron, and Maria Thomas, Ward Clerk.
Background	The Countess is a Foundation Trust Hospital covering the Chester and Ellesmere Port area. Ward 43 deals mainly with elderly acute medical, including those with dementia. It is a female ward of 28 beds arranged in four, six bed bays and four side rooms.
Overall Impression	Our impression was of a busy, noisy ward, with barely enough space to accommodate the daily routine. Staff were friendly and welcoming. We observed that the door of the ward often stuck in the open position, which could compromise the security of the patients on the ward, many of whom were confused.
Any ideas or suggestions for improving service?	<ol style="list-style-type: none"> 1. Any increase in meeting space or storage space would be extremely welcome on the ward. 2. A new spring on the entry/exit door would ensure that it closed properly. A door that locked and required a swipe card system or number key would ensure better safety. 3. A mirror positioned opposite the entrance to the ward would allow the ward clerk to observe everyone entering and leaving the ward, thus improving security. (At the moment the ward clerk can't see if the door is open or closed). 4. Authorised Representatives felt that introducing a couple of the suggestions outlined below relating to prescriptions, could speed up the discharge process of the patients. 5. An alternative office could be provided either on or near the ward to enable meetings to take place in a more professional and confidential manner.

Welcoming

The ward is undergoing a redecoration. The bays that have already been painted look bright and welcoming. The toilet doors have new signage that is being rolled out across the hospital.

These changes are the result of consultation with Kevin Eccles, from estate services, who, we were informed, has spent considerable time researching improvement in the dementia environment. Emma Rudolfsen told us that they have been involved in a Dementia Steering group, which, together with representatives from ward 34 - the male elderly ward - aim to improve the care for their patients. They hope to relocate to the ground floor - something that would allow them to have a day room and a secure garden area. As some of their patients are with them for several months, staff feel that this improvement would make a huge difference to patient well-being.

There is a notice board that displays useful information. However, because of the lack of space, there are stacks of chairs in front of the notice board making it difficult to read the information. These chairs add to the cluttered feel to the ward entrance area.

There are leaflets available; these give information about the ward such as visiting times. We were told that the leaflets and posters are an initiative of the ward clerk, Maria Thomas. Maria is a reassuring figure who is present in the ward on a full time basis. Her desk is a hub of activity but this to us sometimes seemed overwhelming. Maria told us she had reduced the size of the desk in order to reduce activity and therefore, the noise. She commented that this had worked to some extent.

At the time of our visit, there was a discharge meeting taking place in the office. We were told that this happens weekly. It is a multi-agency meeting involving lots of personnel. We observed that there wasn't enough room for everyone in the office and there were two sitting outside trying to hear what was going on. This added to the noisy atmosphere of the ward.

Safety

We observed emergency equipment located outside the bays opposite the stacked chairs in front of the notice board. Although there was a clear path through to the exit, we felt safety could be compromised if the situation worsened.

There is a large colour-coded board accessible to all staff that displays patient information. In the same area we observed staff meeting to discuss patients and also accessing files. Although this is reassuring, it also increased the noise level and activity on the ward. As it is a ward for the elderly, Representatives felt that this could cause them anxiety.

During our visit, we observed a large amount of traffic in and out of the ward, including staff pushing trolleys of equipment. This meant that the door often stayed open as well as adding to the very busy and noisy atmosphere on the ward.

Representatives feel that a new spring fitted to the door would help in the safety aspect of the ward where many of the patients have dementia and could wander out. Maria Thomas told us that she worried about this possibility.

We were informed that there are three nurses on the ward during the day working a 13-hour shift with an hour's unpaid break for lunch and two half hour paid breaks. There are also four health care workers on the early shift, three on the late shift and two on overnight. Sister Rudolfsen told us that due to a budget review, they were

being allocated an extra healthcare worker per shift. She explained that this would be very valuable because of the high level of patient dependency.

There are also two part-time housekeepers on the ward who make independent checks of stock levels and who deal with menus etc. This aspect of the ward seems to be working efficiently.

Call bells appeared to be accessible. However, one patient told an Authorised Representative that she had had to wait 15/20 minutes for help to get up.

Emma Rudolfson told us that the ward shares a pharmacist with another ward, although we understand that an assistant pharmacist is always on the ward.

Authorised Representatives feel that there may be a problem here that impacts on the protracted wait for discharge. The doctors wait until the end of the ward round to write the patients' prescriptions. If they did this as they made their rounds, the prescriptions could be sent to be filled immediately and would be ready for the patient on discharge. **We were told that the best ward round was one when the pharmacist was on the round with the doctors and could prescribe as they went.**

There is a protected meal time policy on the ward. Feeding so many dependent patients appeared to Representatives as a challenge. We were told that in extreme cases staff can call on specially trained clerical staff to help with feeding.

Healthcare workers we spoke to told us that patients were usually happy with the food and everyone was helped or encouraged to eat.

Although this policy is in place, Authorised Representatives were told that staff have to be careful not to become complacent because sometimes visitors can prove a distraction at meal times. In some cases, though, a relative would be welcome who could help with feeding.

The ward seemed clean and well cared for. Hand gel was available and was used. Staff were wearing name badges.

Caring and involving

Authorised Representatives observed staff working hard and communicating well with the patients. They seemed caring and considerate. The shifts are long but the staff we talked to, said they were happy with this as they then had days off. They did not always work on the same parts of the ward each shift but staff told us they enjoyed the relationships they had with the patients.

Staff members told us that they enjoyed working on the ward and felt it was well organised and happy.

One patient was observed, whose blanket had slipped from her, leaving her dignity compromised. When this was mentioned to a member of staff, the situation was immediately rectified.

Other observations included - When a patient was using the toilet, with help from a member of staff, the occupied/vacant sign was not changed on the door, nor was it locked. This meant that someone else was able to push open the door. This could compromise the dignity of the patients.

There are leaflets available on the ward which inform patients/relatives who to speak to if they have any concerns. Patients we spoke to told us that they were unsure how to complain.

Two patients told an Authorised Representative that a male member of staff had been unpleasant to them on separate occasions. One was told she was being too

slow getting up, another was criticized for using a mobile phone to contact her relative. They had been upset by being spoken to sharply but had not seen the staff member in question since.

Another patient mentioned that the windows on her bay had been left open all night and that she had been cold. However, she had not liked to say anything because staff, "Have enough to do!"

A health worker told us that she had been concerned about a patient who was confused about the situation she was in. Her son had then visited her and the member of staff was able to discuss the situation with him. He could then reassure his mother. This appeared to demonstrate good interaction between staff, patients and relatives.

Staff comments from conversations with Representatives indicated that the provision of physiotherapy and occupational therapists for the ward was inadequate to meet patient need.

Well organised and calm

The ward seemed initially chaotic but by 11 o'clock it had calmed down. This is because when we first arrived, the area near to the desk was filled with staff, cleaners etc. and also the discharge meeting was spilling out into this area.

Representatives felt that the multi-agency discharge meeting, held each week, was reassuring and shows a good level of communication. However, there appears to be inadequate space for such meetings to be held on or near the ward. We, therefore, recommend that staff need a bigger office or an alternative meeting place

Staff told us that it was the only office space available and it has to be booked in advance. Authorised Representatives felt that this could be difficult, particularly if it involved meeting with bereaved relatives.

There is a large colour-coded board accessible to all staff that displays patient information. This allows for easy access to such information by staff. However, Authorised Representatives noticed that in the bays, not all of the individual patient boards were filled in.

Staff told us, "Storage is a nightmare."

A small new cupboard has been built in the one area of the ward where this was possible and this has helped slightly. However, there is not enough storage room on the ward for all the equipment. There is an area adjacent to the ward that serves as a secretarial staff base. Sister Rudolfsen told us that she hoped that in the future they could use this area for a day room for the patients.

Some of the elderly female patients are on the ward for a few months. In some cases, we were told, they could be discharged but they are waiting for a placement in care homes. We were told that they were often waiting for social services regarding this aspect of discharge. We were told by a member of staff that their patients were often, "Left on the ward," when beds could be freed for acute cases. A doctor told us that Welsh social services were more difficult to access.

The ward is undergoing a redecoration, although this has been delayed due to illness on the ward. The bays that have already been painted look bright and welcoming.

The toilet doors have new signage that is being rolled out across the hospital.

Additional Comments

Many of the problems on this ward will be solved when the new building on the site is completed - then decisions can be made as to where the ward will be located and more storage space and a better environment can be achieved.

Whilst discharge times can be so lengthy, it would be beneficial to the patients to have a day room and an outside area to aid recovery.

Sister Rudolfsen pointed out the benefits to the patients of their getting dressed and going out of the bays. At the moment this is difficult because their only shared day room is some distance away and would require staff time to transport the patients.

This would also be more traumatic for the elderly patients.