



# Enter and View Visit Report

Sandwell General Hospital

Thursday 29<sup>th</sup> May 2014

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## Introduction

### What is Enter and View?

To enable Healthwatch Sandwell to carry out their activities effectively, there will be times when it is helpful for them to evaluate services directly. Enter and View is the opportunity for Healthwatch Sandwell to:

- go into health and social care premises to see and hear for themselves how services are provided
- collect the views of service users (patients and residents) at the point of service delivery
- collect the views of carers and relatives of service users
- observe the nature and quality of services - observation involving all the senses
- collate evidence-based findings
- 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
- develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels

### Reasons for visits

An individual visit may inherit its purpose from a programme of which it is part, often refining this to be specific to 'Enter and View'. However, a visit does not have to be part of a programme. It could, for example, be prompted by feedback from local service users, patients, their carers and families, which suggests common concerns about performance or aspects of provision on a single ward or care home.

Examples of why a visit may be made include but are not exclusive to the following:

- follow-up on points raised during a prior CQC inspection to establish whether planned corrective actions are being carried out
- to assess the impact of a change
- to observe and make suggestions with regard to a particular matter that is giving concern internally
- to provide support in identifying and sharing 'best practice' in a specific area.

### Authorised representatives

Only Authorised Representatives may undertake 'Enter and View' and then only for the purpose of carrying out the activities of Healthwatch Sandwell.

An Authorised Representative

- is an individual whom Healthwatch Sandwell has appointed as an authorised person
- has undertaken relevant training provided by Healthwatch Sandwell to become an Enter and View Authorised Representative
- has undergone a DBS check
- has provided appropriate references

## Purpose of this Visit

It was agreed to carry out a visit to Sandwell General Hospital following information gained via the local press, contacts with local elected councillors and members of the community which indicated some concern regarding hygiene, nutrition, dignity and respect. It was agreed to carry out a visit at a meeting of Healthwatch Sandwell board members in April 2014.

## Planning

A planning meeting was held on 22<sup>nd</sup> April of all authorised representatives together with a member of Healthwatch Sandwell support staff. At this meeting it was agreed that the visit would be carried out on wards Priory 4, Lyndon 3 and Newton 3. The visits will be unannounced although we are happy to write to Colin Ovington (Chief Nurse) giving one months' notice by letter and confirming an hour before we arrive (appendix 1). The visit will take place all day 29 May 2014

## The Visit

Upon our arrival at the hospital an attempt was made to contact Mr Ovington (as promised) and other senior nursing staff, and the Chief Executive but, unfortunately, nobody was available to take the call. In view of the fact that we had undertaken the actions that we had agreed with the Trust, we continued with the visit. During our visit the Acting Head of Nursing made contact with us, which led to a useful discussion.

## Patient Interviews

Eight patients were interviewed during the visit; three patients in Newton 3, three in Lyndon 3 and two in Priory 4.

	Question	Yes	No
Q1	Do you feel staff treat you with respect?	7	
Q2	Can you choose easily from the menu provided?	7	
Q3	Do you usually receive the meal you ordered?	6	
Q4	Did you enjoy it?	5	
Q5	If you can't manage to feed yourself, are you helped with this?	5	1
Q6	Can you easily get a hot drink during the day?	7	
Q7	Is water available at other times?	8	
Q8	Are you called by the name you prefer?	7	
Q9	Do you feel involved in decisions made about your care?	2	1
Q10	If you need help with washing/dressing, is this easily available	4	2
Q11	Do you need help to go to the toilet, how long do you have to wait?	2	2
Q12	Do you have to pass through the male/female end of the ward to get to the bathroom/toilet?	2	1
Q13	How often are your bedclothes changed?	3	
Q14	Do you think we always treat you as an adult?	5	
Q15	Is there anything you would change about stay in this ward?		

### Q1. Do you feel staff treat you with respect?

*"Most of them, the majority of them, do; one or two not sure. Was promised a side room but I have been put on a dementia ward and I'm only \*\* (a young patient on an orthopaedic ward). A nurse closed the curtains for me for privacy but within a few minutes another nurse came round and opened them again"*

*"Staff lovely"*

### Q2. Can you choose easily from the menu provided?

*"Didn't get what I ordered yesterday. Didn't eat anything as there was nothing left I wanted"*

*"A bit repetitive, a few things don't change much"*

*“Meals very good, marvellous”*

**Q3. Do you usually receive the meal you ordered?**

*“Twice I didn't get what I ordered”*

*“When I first came in a couple of times I didn't, now it's OK”*

**Q4 Did you enjoy it?**

*“It's alright, Better than it was when I was here before (14 years ago)”*

*“It's alright, still alive”*

*“Meals lovely”*

**Q5. If you can't manage to feed yourself, are you helped with this?**

*“Use a spoon. Takes some time”*

*“I lift myself up. I try my best”*

**Q6. Can you easily get a hot drink during the day?**

*“3 or 4 times a day. Get a hot drink and a cake”*

*“They come round quite a lot”*

*“If I want one they bring them round”*

*“About 4 times a day”*

*“Morning, afternoon and evening”*

*“Pretty regularly, 2-3 times a day”*

**Q7. Is water available at other times?**

*“Coming round with water all the time”*

*“Always bringing bottles round, sometimes 2 at a time”*

*“Always plenty of water”*

*“Get lots of water, they replace the empty bottles”*

*“Lots of bottles of water, they open them for me”*

*“Bottled water available”*

**Q8. Are you called by the name you prefer?**

*“They stick to it”*

*“The nurses call me (firstname)”*

*“Just call me (firstname) I don't mind that”*

*“It's up on the board”*

*“Always call me by my first name”*

**Q9. Do you feel involved in decisions made about your care?**

*“Told me what they were doing and why”*

*“Too early to say, but I was given the choice of an operation in another hospital or 6 weeks bed rest here.”*

*“Don't know if the doctors talk to my daughter”*

*“I ask as much as I can. The doctors always rush, but they let me know afterwards. Whatever they do sounds reasonable.”*

**Q10 If you need help with washing/dressing, is this easily available?**

*“They ask if I need help to give them a shout”*

*“I am fine washing. I do get the help I need getting changed and toilet.”*

*“They help if I ask for it; they're very good in here”*

*“Do it by myself”*

*“Use bottle, call the nurse if need help”*

**Q11. Do you need help to go to the toilet, how long do you have to wait?**

*“They helped me to start with. Now I do it by myself”*

*“They take me to wash and toilet in a chair. I don't have to wait”*

*“Right outside the bay”*

**12. Do you have to pass through the male/female end of the ward to get to the bathroom/toilet?**

*“Every Day”*

*“But we can use any toilet, wouldn't bother me anyway”*

**Q13. How often are your bedclothes changed?**

*“Not been changed but I said not to bother as I am going home.”*

*“Every day since I have been here.”*

*“Daily”*

*“Every day”*

*“Every day”*

**Q14. Do you think you are always treated as an adult?**

(No comments received)

**Q15. Is there anything you would change about stay in this ward?**

*“Every person from the cleaner to the consultant has been fabulous. I felt poorly recently when I was on the toilet, pressed the buzzer and they were there straight away”*

*“Pity what they do with the televisions, you have to pay for it and it costs a lot of money”*



*“The meals”*

*“Don’t like the television. Very expensive. When you switch it off it still charges. I think it is scandalous really”*

*“Can’t really answer (memory problems)”*

## **Staff Interviews**

**We interviewed 1 member of staff at each of the wards that we visited**

### **Question 1. How do you identify the needs of your patients?**

*“Elective patients’ needs assessed at hip and knee club and preassessment. Step down patients from Newton 3 have assessment on nursing record and this is reviewed on transfer. Needs regularly reassessed and nursing record reviewed at time of daily handovers”*

*“Needs assessed on admission from A&E and regularly reassessed and 8 page nursing record updated”*

*“Daily multidisciplinary meetings allow reassessment and updating”*

### **Question 2. How do you ensure that all staff involved with the patients are aware of their individual needs? (Including changeover of staff and bank staff)**

*“Daily handover. Typed sheet on piece of A4 for all staff. There is a group of nurses trained on needs of patients with learning difficulties who are easily and speedily available for help and advice.”*

*“Interpreters only available for 1 hour and not when patients go to theatre. Theatre staff asked to attend when interpreters present but may not be on duty when patient goes to theatre.”*

*“Safety briefing concerning all patients for all nurses daily and full handover concerning all patients in bay where nurses are working. All nurses have training in caring for patients with learning difficulties and advice available from group of specialist nurses.”*

### **Question 3. How do you ensure that patients who need help with feeding are given that help?**

*“Red tray system for patients needing help or encouragement in eating. Also red beaker system and tops of water bottles unscrewed when required. Sufficient nurses. Between half and all patients in step-down beds have red trays. If numbers large, mealtimes for these patients staggered”*

*“Only about a third of patients with red trays on an elderly trauma ward.” (Probably an underestimate).*

*“Most patients have red trays as they are usually within ten days of an acute stroke.”*

**Question 4. How do you ensure that individual patients have sufficient nutrition?**

*“Commented on at handover. Gluten-free diet not on general menu sheet but a separate one available. Separate bread and toaster kept for these patients. Diabetic patients identified on headboard. Sweeteners available and offered with hot drinks.”*

*“Commented at handover and food chart started if problem continues. Gluten free menu used if patient in need admitted.”*

*“Commented on at handover. Weekly weighing carried out. Aware of gluten-free menu but not needed yet.”*

**Question 5. How do you ensure that individual patients have access to fluids when needed?**

*“Red beaker system and unscrewed tops of water bottles. All patients have water bottles and input observed. If input low or patient unwell, fluid balance chart initiated.”*

*“Red beaker system, water bottles for all and unscrewed tops as necessary. Fluid charts for all patients until they are going to the toilet and reinstated if input low or patient unwell.”*

*“Red beaker system, water bottles for all and unscrewed tops. All patients on fluid balance chart. Ward co-ordinator aware of problems of positioning of water bottles with visual field disturbance following a stroke and adjusts for this.”*

**Question 6. Do you feel there are sufficient staff on the ward to fulfil the level of care needed for individual patients?**

*“Yes. 6 trained staff and 4 Health Care assistants (HCA). Sickness rate low. Recent recruitment drive to replace staff leaving. Morale good. Student nurses frequently assigned to ward.”*

*“Usually yes. 4 trained staff and 4 HCAs. Vacant posts being filled with recruitment drive. Considerable turnover of staff but reasons for leaving analysed and no evidence of poor morale or other causes of nurses leaving. Number of trained staff within National Institute of Health and Care Excellence (NICE) guidelines but only just enough for a heavy ward”*

*“Yes. New stroke unit open for one year. Morale good and new stroke pathway held in high esteem. 8 trained and 2 HCAs. Only 25 beds. Two staff off sick. Two staff per bay. About 90% patients are stroke ones.”*

**Question 7. How do you ensure that relatives and carers are involved with the care of the patient?**

*“Ward walk round daily to meet relatives and carers. Aware of need to talk to carers who do not come forward readily. Ring relatives if problems arise. Planning for discharge with relatives carried out at hip and knee club for elective patients, and by discharge team for step-down patients.”*

*“Relatives contacted as required and updated as requested. Senior nurse not fully cognisant of walk round policy but ward manager does this and is aware of problem of relatives not coming forward with their concerns.”*

*“Special pack given to relatives of short stay patients. Ward co-ordinator checks regularly that relatives have been spoken to and as a result this aspect of care is well addressed. “*

**Question 8. How many complaints or comments have you received during the last month?**

*“2 complaints and 10 compliments these are logged. Informal complaints upgraded if significant problem complained about.”*

*“2 complaints and 5 compliments.”*

*“Not known.”(Ward co-ordinator, not ward manager interviewed.)*

**Question 9. How have you responded to these issues?**

*“Concerns cascaded on to staff following table top review by concerned parties from all areas. A recent complaint concerned language problems with a patient without English as a first language. As a result interpreters have been requested more frequently. Dual phone interpretation is initially regarded as perplexing by patients but very useful in practice. Day to day care has been facilitated by using staff with the appropriate language or interpreters. Family members are not used as interpreters as conflicts of interest may arise.”*

*“Cascade to staff following table top reviews.”*

*“Plans made for changes and training carried out as a result of this.”*

**Question 10. What features/services of the ward do you feel require improvement and in what way?**

*“Increased capacity especially by making all third floor wards Orthopaedic. 18 elective beds insufficient. Further dementia friendly colouring a possibility.”*

*“All OK.”*

*“All OK.”*

**Question 11. Any other comments you would like to make?**

“No.”

*“More doctors needed which would help with care and discharges”*

“No.”

## Observations

### Complimentary

The visiting team arrived at lunchtime and were made aware that this was a protected mealtime and were appropriately prevented from accessing Priory 4 and advised to return.

All staff were welcoming and accommodated our visit willingly.

The team were challenged by a medical student to confirm their authority to be on the ward.

### Concerns

#### Patients

More thought needs to be given to addressing particular needs of patients when they are admitted. Although it is not easy to balance the mix of patients, it is hard when young patients are placed together with those with dementia.

It is necessary to ensure that all patients can easily access their food, and be assisted to do so where needed. From our questioning it appears that this is not always the case.

The patients that we questioned were always called by their first name - are patients asked for their preferred form of address?

From the comments received, we have concerns about the effectiveness of the involvement of patients and their carers in the decision making about their care.

Patients do not appear to have access to the appropriate bathroom/toilet facilities without breaching the same-sex guidelines.

The general comments we received identified the need to address the problem of paid television access.

#### Staff

Staff identified that they were aware of the processes to identify the individual needs of patients. Some more work needs to be done to support those whose first language is not English.

We wonder if there is an underestimation of the need for red trays. Staff need to ensure that this process is working to meet patients' needs.

Guidelines provided by NICE indicate the minimum standards for staffing. The dependency of patients on some wards necessitates a higher level than the minimum.

A concern was raised regarding the number of elective orthopaedic beds.

Some work has been done with ensuring that dementia care needs are addressed. Further work is needed on décor.

Is there the appropriate level of medical support on the wards, particularly for discharges?

## Recommendations

The concerns that we have identified all need to be addressed but priority should be given to:

1. Staff ensuring that the red tray system is working effectively and that all patients in need of support are properly assisted.
2. Patients should be involved in all aspects of their care and be able to recognise that this is being done. Where this is difficult their families and carers should be properly consulted.
3. There needs to be a process for assessing the dependency of patients on individual wards and appropriate staffing provided.
4. Staff should be congratulated for their adherence to protected mealtimes and their ability to challenge visitors to the wards outside of normal visiting hours.

**The visiting team would like to thank all patients and staff for their support during the visit.**

Appendix 1



|

Dear Mr **Oxington**

12<sup>th</sup> May 2014

I wish to confirm a forthcoming Enter and View visit by Authorised Representatives of Healthwatch Sandwell. This visit is in accordance with The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, to enter and view and observe the carrying-on of activities on premises owned or controlled by a services-provider and premises where NHS or social care services are delivered by independent providers under contract to services-providers.

The authorised representatives for this visit are **Pam Jones, Jon Egan** and **John Clothier** and will be accompanied by Healthwatch Sandwell Staff Member, **Ian McGarry**. Each person should be carrying ID and should not be admitted without it.

This visit will be to the following wards: **Priory 4, Lyndon 3** and **Newton 3** and will take place **within the next two months**. You will be contacted by telephone on the morning of our visit to confirm it is taking place.

The visit has the following objectives:

- To ascertain patient experience concerning Hygiene and Nutrition.
- To ascertain patient experience concerning Dignity and Respect.

Please be assured that you will be supplied with an opportunity to review and comment upon the visit report, before it is formally submitted elsewhere.

If you have any questions about the forthcoming visit, please contact Ian McGarry on 0121 569 7214. If you have any issues during the visit that cannot be resolved by the member of Healthwatch staff present or through the evaluation form, please contact Healthwatch Sandwell on 0121 569 7210 and ask for myself,

Mark Guest  
Chief Executive Officer  
Healthwatch Sandwell

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