

Healthwatch Cheshire West Enter and View Report

Enter and View Visit to	Countess of Chester NHS Foundation Trust Liverpool Road Chester CH2 1UL Ward 43 - Meadows Ward
Date	27 th January 2015
Authorised Representatives	Chris Banfi, Alan Murphy, Lynda Kenny and Pamela Fox
Service Provider Staff	Emma Rudolfsen, Ward Manager - Who spent some time with us to answer our questions.
Background	<p>Ward 43 is an elderly acute female medical ward. The ward is often full. It is not regarded as a dementia ward though does cater for dementia patients. There are plans to incorporate the care of certain orthopaedic patients who will have different therapy needs. At present a physiotherapist visits the ward every day either morning or afternoon and this would need to increase if plans are implemented.</p> <p>This was a repeat visit following the initial visit on 18th March 2014. Representatives' intentions were to check whether or not recommendations made then had been implemented. Only one of the five suggestions had been acted upon, although the ward manager commented that she had wanted them to be done.</p>
Overall Impression	The improvement noted was that a pharmacy technician was now on the ward each day and that this had resulted in speeding up the discharge process. We were told that the only reason a patient had to be discharged late in the day or even during the evening now would be because of transport difficulties. If on occasion a patient had to leave without medication this would now be delivered to them. Sister Rudolfsen commented that patients would not be discharged after 9pm.
Any ideas or suggestions for improving service?	<ul style="list-style-type: none"> • Day Room facilities had not been improved (the male ward has them and it was hoped these facilities were replicated) neither had storage space been enhanced. Representatives feel that if orthopaedic patients are to be admitted then serious considerations will have to be made re storage - these patients needing more mobility aids thus requiring more space to store them. • The ward has been redecorated but some patients are on the ward for months at a time; as a result Representatives feel that the environment still needs to be brightened/improved to help with their well-being and stimulation. Lighting and flooring suggestions had not been attended to. We understand that plans are in place to replace the flooring with a softer material and install a lighting system which replicates natural daylight. Representatives feel that these measures would help greatly the well-being of the patients. • We were informed that funding is in place for these actions but that the

	<p>'Site Strategy Plan' has not yet been finalised, leaving patients at a disadvantage.</p> <ul style="list-style-type: none"> • There is no dedicated staff member who can organise and manage activities for the long term patients, especially those with dementia. This is worsened by the fact there is no day room for patients to access - Representatives feel that patients' well being is once again being compromised by the fact that long-term planning is stopping these facilities being put into place and that patients who are mobile should be able to dress and move around as they would in a home. • The main door is still a problem as it stays open when trolleys are being wheeled in and out of the ward. This is inevitable as it has to be fire safe and allow access. However, the danger is still that a patient could wander off the ward. In terms of risk management, a mirror positioned opposite the door might help this as you cannot see the door from the ward. • Urgent consideration should be given to resolve the problems of storage highlighted in this report under additional comments.
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Welcoming

The ward was busy but welcoming.

Ward notice board: notices about colour-coding of staff uniforms, completed *Friends and Family Forms*, etc. are displayed. However, the notices are in small writing and are partially obscured by chairs. Other notices included information on the availability of a Spiritual Care Centre. Chairs were still stacked in front of the main notice board but there was nowhere else for them to go. There was a sign giving the visiting times, 11.00 a.m. until 7.30 p.m. Representatives understand that this increased length of visiting time had proved to be very beneficial with a lot of positive feedback received. It meant that relatives could help at mealtimes (though mealtimes could still be difficult with so many dementia patients - extra staff had to be called in sometimes) and there was also more time for a relative to speak to a doctor. A consultant could also speak to a relative by phone, if they were unable to attend in person.

One relative told us that she was pleased with these extended visiting hours as, ***"It means the family can take it in turns to be with the patient as much as possible especially as help was needed with feeding."*** In addition she commented that the availability of the doctors was an important point for her.

Thank you cards were evident in the office.

Safety

Representatives were told that challenging behaviours are often exhibited by patients at night time, and in November and December this had been particularly bad. Staff told us that patient safety was a priority at these times and the Trust would authorise extra staff. Medication would be given only if a patient was at risk of harm due to their behaviour.

Other conversations indicated that a second band six (deputy sister) has now started on the ward and an extra health care assistant per shift is now in place and it is hoped that more will be available. The nursing staff have support from the Dementia Team who have developed specific care plans for patients with challenging behaviour.

Shower rooms and toilets observed were very clean.

An electric cable was seen snaking cross the floor, causing a tripping hazard but this was soon removed.

Staff were observed paying great attention to infection control by using plastic aprons and gloves and masks to tend to one patient. "Standard and Contact Precautions in Progress," notices were posted on a number of single rooms. Porters were seen wiping down a trolley used to bring a new patient to the ward.

Caring and involving

One patient spoken to said that she liked the food, "*It was good,*" and that the staff, "*Were pleasant.*"

Another who said she had been there for eight weeks also commented that she enjoyed the food and had no complaints other than that, "*There was nothing to do during the day.*"

When Representatives asked about this we were told books and jigsaw puzzles were available - It would seem that these were not well used by relatives.

Representatives understand that a recent appointment - a 30 hours a week Care and Comfort Worker will help regarding activities for patients. This is a non-clinical position, band one. We spoke to her and her role seemed to be to act as a friend to patients, talking, walking around the ward with them and doing nails, etc. She said that she very much enjoyed her job and got great satisfaction from helping the elderly patients.

Also on the ward we saw a domestic assistant working hard on mopping the floor but did not have the opportunity to speak to her. We spoke briefly to a Smoking Cessation Advisor who visits the ward to advise staff and patients re the dangers of smoking.

We spoke to a staff nurse - she was dealing calmly with a patient who had been unsettled and restless during the night. This nurse told us that she had previously worked for many years in Accident and Emergency and now found the work on Ward 43 very rewarding. She had applied to go onto the Flexible Working Policy as she had young children and this had been approved resulting in reduced set hours and no night shifts.

One staff member said she was lucky to work there, "*It was very friendly.*" She was assigned to the ward and had been there ever since.

When asked about the care on the ward one family member commented, "*Brilliant*". They were very pleased, especially after a poor experience from the ambulance service. Another family had been given a book to complete with information that would help with the care of the elderly person with dementia. Representatives were told that this had been very helpful, however, the relative's mother had been very poorly and the doctor had issued a Do Not Resuscitate (DNR). Although the daughter would have agreed with this, she felt the family should have been consulted prior to this decision being made.

Well organised and calm

The Dementia team were holding their regular Wednesday meeting when we visited the ward. The team appear to have a positive, 'can do' approach to handling patients with challenging behaviour. Sister Rudolfson said that up to seven staff were available to handle such difficulties, and that active steps were taken to manage patients, e.g.: if patients refused to get up from the floor, they could put mattresses on the floor; staff actively tried to contain shouting (although it wasn't clear how this was done) and patients were only sedated if they were in danger.

Information/ Access to Consultants: Sister Rudolfson said that a password system was in place so that relatives could be given information via phone - this was seen as useful as Consultants tend to work office hours, "*Relatives can always ring to speak to a Junior Doctor*". However, following this up a Representative spoke to one relative who said that it was difficult to gain information on, how (his) wife was doing. He didn't know to whom he should speak, and couldn't get updates on how long his wife would be an in-patient. Because consultants seem to vary in when they can be approached by relatives - some at the end of their round, others during; and because of the shift system worked by many staff; there seems to be some inconsistency in who will say what to relatives and when. If a policy is in place, this particular relative didn't seem to know about it.

Organization - The ward appeared to be clean, but very cluttered - again storage of equipment in the corridors is a big issue and possibly a safety hazard at times. Patients observed and spoken to by Representatives seemed to be contented given their situations but over-bed tables seemed a little cluttered, e.g. empty bottles. Patients' clothing seemed to be in place with sufficient blankets, but the '*one size fits all*' Hospital nighties in which many were dressed seemed baggy on such frail ladies, making them possibly too revealing.

Additional Comments

Discussions with staff: We talked with staff about the use of volunteers on the ward. We were told that volunteers could be used at mealtimes, but otherwise there were none. We were told that the volunteer situation is currently under discussion at the hospital generally.

A multi-disciplinary team meeting to discuss patient discharge was taking place when we arrived. We were told that the number of delayed discharges had now dropped but that patients were often waiting to be allocated an Elderly Mentally Ill bed and relatives often had to look out-of-area for such a provision.

Extended visiting hours: Sister Rudolfsen believed that this new arrangement was better for staff, relatives and relieving car park problems. Also, it meant that relatives had more time to spend caring for patients, e.g. in helping with feeding.

Storage/Meeting Space - Staff commented to us, ***“Any increase in meeting space or storage space would be extremely welcome on the ward.”*** - Improved storage has not happened. The ward remains cluttered, e.g. stacks of chairs in front of the notice board, equipment being stored in the corridor and supplies boxes opposite the entrance. Sister Rudolfsen explained that the delays in improvement were due to uncertainty about what was going to happen as part of the Trust Site Strategy. Until the new layout plans for the Hospital are decided, none of the planned relocations or suggested improvements can take place.

Noting that the situation re storage has not changed since the initial visit nearly a year ago, Representatives feel that this must be extremely frustrating for ward staff. In addition, Representatives observed a Ward Discharge Planning meeting spilling out into the corridor where non-participants could possibly hear discussions and lead to distraction.

With this in mind Healthwatch ask the Trust for some clarity:

- On what might be happening and when?
- Can any ‘updates’ be given to reassure Staff about progress?
- Can an alternative office be provided either on or near the ward to enable meetings to take place in a more professional and confidential manner?

Feedback from Provider of Service - Comment from Emma Rudolfsen - Ward Manager -Ward 43

I am pleased with the report following the visit from Health Watch. The Healthwatch Representatives were very friendly and encouraging about the ward during their visit. I am proud of the hard work from all the staff on Ward 43 over the past 12 months. The positive comments made by the staff to the Healthwatch Representatives I feel, indicates a team that works hard, enjoys the patient group on the ward and is proud of the care they provide. The positive comments from patients and families to the Representatives; from recent thank you cards from families and a letter in the local newspaper, have also been very welcome - that despite the challenges on the ward during the very busy winter, we have maintained our standards of care. I have raised with the medics on the ward the need to speak to families regarding decisions being made about their relatives. The doctors are very proactive about speaking to families and make every effort to include families in decision making unfortunately it has not always been possible to discuss with families some decisions prior to them being made. We as a team will make every effort to speak to all families about medical management plans. I feel as a ward, we are able to improve in some areas as indicated by the Representatives, one area I am excited about developing, is the role of the new Care and Comfort staff on Ward 43 - to improve the activities and stimulation we can offer for our patients, which will undoubtedly improve the experience for the patients on the ward. I am in the process of addressing the clutter on the ward as mentioned by the Representatives. We have purchased new record of care folder and new wall mounted holders to reduce some bedside clutter and am implementing a night/weekend cleaning rota to reduce the appearance of clutter around the ward in general. I agree with comments made about poor storage, the need for a day room and improved flooring and lighting for the ward and hope that it will be possible over the next 12 months for some if not all of these issues to be addressed.