

# Enter & View

**Gate 43 - Elderly Care**  
**Pinderfields Hospital**  
**Monday 2nd February 2015**

## Details of visit

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Service Address: Gate 43 Pinderfields Hospital  
Service Provider: Mid Yorkshire Hospitals NHS Trust  
Date and Time: 2<sup>nd</sup> February 2015  
Authorised Representatives: Safeen Rehman, Gaynor Endeacott, and Jackie Craven

## Acknowledgements

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Healthwatch Wakefield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme. We would particularly like to thank Anita Ruckledge, Lead Nurse for dementia care; Tracy Campbell, Matron; and Tammy Gotts, Ward Manager.

## Purpose of the Visit

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To follow up on issues raised by members of the public, in relation to staff attitudes; under-staffing; and the respect and dignity of patients.

## Objectives

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To talk to patients and or relatives/carers with a focus on:

1. How they feel they have been treated on Gate 43
2. Quality of Care and dignity of patients
3. Is there anything they feel that could be done to improve their experience?

## Strategic Drivers

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Elderly care and care for those with dementia are local and national priorities.

## Methodology

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This was an announced visit. The Trust were informed of the week Healthwatch Wakefield planned to visit but not the day and time. On arrival the visiting team were welcomed and provided with a room to talk to staff briefly before going and talking to patients and visitors.

The visiting team had informal conversations with some members of staff, but the focus was predominantly on patients and relatives/carers.

The visiting team spoke to twelve patients and six visitors/relatives/carers to ask them informally about their experiences of the facility based on the objectives detailed above.

When we finished the visit we left some leaflets about Healthwatch Wakefield which included a freepost return form which they could use afterwards if they wish.



## Summary of Findings and Feedback

Relatives/carers seem to be looked after well by the ward team and mentioned the introduction of Carer Passports, which give carers information on their rights and also remunerations on car parking etc. They also provided comfort packs, which include toiletries such as wipes, a toothbrush, toothpaste etc. if carers need to stay overnight.

The environment provided for patients was very good and maintained to a high standard, which was great to see.

Staffing: on days five Registered Nurses and four Healthcare Assistants; and on nights four Registered Nurses and three Healthcare Assistants.

The national recommended nurse to patient ratio is 1 to 8 and the Royal College of Nursing recommendation is 1 to 7. The ward staff informed the team that they were aware of staffing issues and have struggled to retain staff to work on the ward. They currently have a number of staff on long-term sick leave, but the Matron stated that since her arrival in October 2014 this was getting better. She has spent a lot of time educating staff and has worked on team building. The Trust is using nurses from across the organisation and NHS professional agency nurses to help fill staff shortages.

The Trust will also be undertaking a recruitment drive in India in the near future to recruit further nursing staff. They are currently using nurses recruited from Spain. The Healthwatch volunteer commented that when “I asked a nurse for some water for one person I was interviewing; she didn’t understand what I was saying. The person never got a drink while I was there, had to ask again when leaving the ward”. The Trust are aware that language difficulties can be a problem and do take this into account.

The ward was also using Safety Guardians (paid agency staff on Band 1) who provide dementia patients with general care but do not do the nursing care. The staff informed us that although this was difficult to implement, they are now experiencing the benefits for both staff members and patients.

### Future work in Trust

Gate 43 is currently working with Gate 12 AAU on designing a care of the elderly assessment unit. They are also putting in a bid for an end of life support room, through the hospital’s charitable Trust.

### Feedback

We spoke to 12 patients and 6 carers during the Enter and View Visit. Below are some of the themes and comments we received the full list can be found in Appendix 1:

Concern	Patient/carer comments or quotes
Staffing, especially night staff	<p><u>Patients</u></p> <ul style="list-style-type: none"><li>– nurses find them hoytee toytee</li><li>– day staff more to give than night staff</li><li>– night nurses shout to get back in bed and the patient is told to “stay there until we tell you.”</li><li>– Staff have a lot on their plate.</li><li>– Ignored - they don’t give a monkeys, it’s like an Asylum. Been here 2/3 weeks</li><li>– More staff</li></ul> <p><u>Carers</u></p> <ul style="list-style-type: none"><li>– Understands they have had some training around dementia but think it’s very basic and needs to be intensive.</li><li>– Staff morale is not good. Would like to see more staff on wards than managers</li><li>– not enough staff x 4</li><li>– Not enough staff and patients could do with someone to talk to and help feeding at mealtimes.</li></ul>



Cold	<u>Patients</u> <ul style="list-style-type: none"> <li>– Frightened to be on Ward - finds it cold and airy</li> <li>– It's cold, there is no sun in my room, I have asked for extra blankets</li> </ul>
Not been supported e.g. toilet	<u>Patients</u> <ul style="list-style-type: none"> <li>– If I say could I go to the toilet they say you already been</li> <li>– Can use the buzzer, but takes a long time for someone to answer</li> <li>– To get in a better position in this bed</li> </ul> <u>Carers</u> <ul style="list-style-type: none"> <li>– Patient was found on regular occasions to be in a wet bed when the carer arrived. The carer felt the nurses did not check often enough.</li> <li>– Didn't like the staff telling patients "you know the rule, we don't and can't change when feeding".</li> <li>– Make sure he has water - dehydrated</li> </ul>
Food	<u>Patients</u> <ul style="list-style-type: none"> <li>– One diabetic patient was unhappy with being offered a slice of bread with Jam. They did not like cereal, as they were used to cooked breakfasts</li> </ul>
Medication	<u>Carers</u> <ul style="list-style-type: none"> <li>– When the patient first arrived on the ward, the team found it difficult to get medication and asked if the patient had received some from the other ward.</li> <li>– On one occasion some tablets were left on the side cabinet which didn't seem to be the patients.</li> </ul>
Decision of treatment plan	<u>Patients</u> <ul style="list-style-type: none"> <li>– Patient was waiting for a scan, already had had two and didn't know what was happening with her treatment plan.</li> </ul> <u>Carers</u> <ul style="list-style-type: none"> <li>– It's hard to always find someone to ask what is happening, and when I do ask staff they can't be bothered.</li> <li>– Not so far</li> <li>– Poorly informed of management plans- porters come, when relative asked where they were taking the patient, they were told they were going for an X-ray, but the family were unaware of this.</li> </ul>
Ward	<u>Patients</u> <ul style="list-style-type: none"> <li>– Noisy sometimes</li> <li>– Lady across very heavy walking around - noisy</li> </ul> <u>Carers</u> <ul style="list-style-type: none"> <li>– Could do with more commodes</li> </ul>

Please also see patient/carer comments at Appendix 1

## Additional Information

The ward is made up of 41 beds: 50% single side rooms and 50% four bedded bays.

Inpatients admitted: 50% elderly patients and 50% patients with dementia.

Patients admitted to the ward are mainly 80 years old and over, although generally the ward does admit any patient over the age of 65 years.

Patients with dementia can be admitted onto any Gate from 41-43 depending on the availability of beds. Of these, Gate 43 is the most dementia friendly ward.



## Conclusion and Recommendations

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The Healthwatch Visit Team were given a very useful tour of the Gate and also given time for discussion with staff. The facilities are great and modern for patients.

On the whole we felt that under the circumstances, the staff were coping extremely well and working very hard. The majority of patients were happy with the way they were treated and felt that quality of care was maintained.

We are very grateful to Anita Ruckledge, Lead Nurse for Dementia Care, Tracy Campbell, Matron and Tammy Gotts, Ward Manager for taking the time out of their very busy schedules to talk to the Healthwatch Wakefield visiting team, which we found very informative.

Healthwatch Wakefield would like to revisit and check the patient and staffing levels on the ward to ensure there are enough nursing staff available to provide safe care at all times.

Some issues were raised during the visit, which are covered in the recommendations.

### Recommendations:

1. We would like the Trust to explore the possibility of a dedicated dementia ward at the Trust maybe Dewsbury District Hospital as they have capacity, which will admit individuals of all ages. This would be a great asset in providing care for this patient group.
2. We support the bid for an end of life support room to be in use from April this year is successful. This will make the experience of the patient and carers/relatives easier.
3. We know the ward is struggling at times to get the right level of staff coverage. For example, it was noted that on a weekend there might only be 3 RGN and when one goes on break/lunch this leave two to manage the full ward. We think it is important that this is prevented in the future and in your response we would like to know what your plans are.
4. We would like to see that all staff working and caring for patients with dementia receive intensive training to help further their understanding of the needs of this patient and carer group. This can be difficult when nurses are coming from other departments, agencies, and Safety Guardians. Therefore it would be helpful to see how often other nurses are currently providing cover on this Gate. One suggestion was that photographs of staff with their names and job titles are displayed for patients.
5. The Reminiscence room also needs promoting with inpatients.
6. A number of patients mentioned how cold they felt, therefore could the ward heating be reviewed and adjusted.
7. The nursing team were aware of the need for dementia patients to visit the toilet regularly; therefore we would encourage regular checks and a way of monitoring this.
8. A review of medication administration is required to ensure policy is being followed.

### Disclaimer

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Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



**We would like the Trust to explore the possibility of a dedicated dementia ward at the Trust maybe Dewsbury District Hospital as they have capacity, which will admit individuals of all ages. This would be a great asset in providing care for this patient group.**

The Trust aims to provide dementia friendly facilities to all of our ward areas, focussing initially in our elderly care wards. All new decorations within the organisation now consider that which is most appropriate for dementia patients. All staff working within the Trust who are dealing with patients are receiving dementia awareness training. The majority of elderly patients admitted to the Trust acutely will have some element of cognitive impairment, whether this is dementia, delirium or both, so to have one dedicated ward would probably not be enough in terms of capacity. Therefore, the premise of ensuring that all staff are dementia aware, and that the facilities are designed with cognitive impairment as a consideration, this should benefit all patients with dementia wherever they might be.

In addition to ward staff and agency carers, the ward also has volunteers who have been very helpful in talking to patients, providing additional diversional therapy and somebody for patients to relate to. This is of particular importance with patients who have cognitive impairment. The volunteers are also trained to support staff at mealtimes, by helping and encouraging patients to eat and drink.

**We support the bid for an end of life support room to be in use from April this year is successful. This will make the experience of the patient and carers/relatives easier.**

The business case to support the end of life rooms has been passed by the executive team and we expect to see these rooms being developed over the next few months.

**We know the ward is struggling at times to get the right level of staff coverage. For example, it was noted that on a weekend there might only be 3 RGN and when one goes on break/lunch this leave two to manage the full ward. We think it is important that this is prevented in the future and in your response we would like to know what your plans are.**

As you described in the introduction, there are significant efforts in place to recruit nurses to the organisation from India and also from our local universities. It is difficult to recruit more experienced nurses from the locality but we continue to hold open events, and attend local and more distant job fairs to encourage people to come to Mid Yorkshire Hospitals NHS Trust. We have now managed to reduce the percentage of nurses on long term sick on Gate 43 and this has helped with staffing levels. We also monitor daily the numbers of nurses on the ward, and we do move staff to the ward to ensure that at least minimum agreed staffing levels are maintained. We recognise that the team is able to be much more responsive to patients' needs when they are working at optimum levels. At present, we are considering our options in maintaining safe staffing levels, including an option to possibly close beds should staffing levels become critical.

**We would like to see that all staff working and caring for patients with dementia receive intensive training to help further their understanding of the needs of this patient and carer group. This can be difficult when nurses are coming from other departments, agencies, and Safety Guardians. Therefore it would be helpful to see how often other nurses are currently providing cover on this Gate. One suggestion was that photographs of staff with their names and job titles are displayed for patients.**

78% of Staff on Gate 43 have received specialist training to care for patients living with dementia, with the remainder having been booked on forthcoming dates. The ward uses agency nurses from NHS Professionals and Safety Guardians from Ensign Care to provide one to one supervision of patients with dementia on a daily basis. The Trust is currently looking at replicating a similar role to that of the Safety Guardian which would provide a more bespoke service, tailored to patients with dementia and delirium, but which would also be able to provide a more varied service.



Safety Guardians to have some training in helping to work with dementia patients but those from NHS Professionals do not necessarily have the same training and knowledge. The ward is considering all options to promote the team and to work with patients and carers in a more cohesive way so that information sharing is improved upon.

**The Reminiscence room also needs promoting with inpatients.**

This room is used by the dementia team to provide reminiscence sessions with patients and has proved very popular.

**A number of patients mentioned how cold they felt, therefore could the ward heating be reviewed and adjusted.**

This has been reported to the estates department for their input. In addition, the ward team know that they must ensure patients warmth and comfort, by offering additional blankets if a patient is cold. This has been reiterated to them on the back of this report.

**The nursing team were aware of the need for dementia patients to visit the toilet regularly; therefore we would encourage regular checks and a way of monitoring this.**

The team carry out hourly intentional rounding with patients, and this includes toileting patients where necessary. It is recognised that more work needs to be done to ensure that intentional rounding is not just a “tick box” exercise, and that patients are prioritised where they are likely to have specific care needs. We are looking at the documentation for intentional rounding within elderly care to ensure that the guidance is fit for purpose, and that staff are aware of their obligations in this matter.

**A review of medication administration is required to ensure policy is being followed.**

All registered nurses on Gate 43 are 100% compliant with their mandatory training, which includes medicines management. We are working with pharmacy colleagues to ensure that all registered nurses are also competency assessed with regard to the safe storage and administration of medicines as this is recognised as being an area in need of improvement in several ward areas. The senior nurses within the Trust are initiating a piece of work looking specifically at the medicines round, and working with teams and pharmacy colleagues to ensure that the rounds are as efficient and as safe as they can be.



### Patients:

1. **How do you feel you have been treated while you've been here?**
  - Had been admitted for 1 week and stated they were well looked after and had no complaints
  - "Very Well."
  - "By the doctors - very nice, but nurses find them hoytee toytee. If I say could I go to the toilet they say you already been and they are not very pleased."
  - Not well
  - I'm covered in bruises - people puling me around, they are rough
  - Treat like someone special
  - Good
  - Very Good
  - Alright
  - Very good, been here for 4 days
  
2. **What would you say staff attitudes are like?**
  - Good - 1
  - Excellent - 1
  - Mixed experience - day staff more to give than night staff. -1
  - Good, most of them
  - Excellent
  - Good
  - Excellent
  - They ignore you
  - Excellent - number - 1
  - Excellent
  - Excellent
  - Good
  
3. **What is it like being on this Ward?**
  - "Excellent"
  - Food good, get three choices
  - Can use the buzzer, but takes a long time for someone to answer.
  - One diabetic patient was unhappy with being offered a slice of bread with Jam. They did not like cereal, as they were use to cooked breakfasts.
  - Frightened to be on Ward - finds it cold and airy. Also reports that the night nurses shout to get back in bed and the patient is told to "stay there until we tell you." The patient finds it difficult to sleep and awakes after a couple of hours sleep.
  - It's cold, there is no sun in my room, I have asked for extra blankets
  - Noisy sometimes
  - Lovely, super
  - Only been on ward this ward a day. Lady across very heavy walking around - noisy. Staff have a lot on their plate.
  - Ignored - they don't give a monkeys, it's like an Asylum. Been here 2/3 weeks
  - I was on ward 17 before and it had some strange people there - brought here in the early morning.
  - Been in this room for 2 wks. Been in another room for 2 weeks.
  - Hard work
  
4. **Have you used the reminiscence room**
  - Yes
  - Yes I think so





### **If not why not?**

- No, I didn't know there was one
- No, my memory is good
- No reason to use it
- No, don't know it is there
- Did not know it was there
- No
- Not been out of bed
- Don't know where it is, only been in here a day.
- No
- Didn't know
- Didn't know
- Didn't know about it

### **5. Is there anything you feel could be done to improve your experience**

- Nothing
- No
- Patient was waiting for a scan, already had had two and didn't know what was happening with her treatment plan.
- I want to be downstairs
- No, I am going home
- No - first class
- React to buzzers, tell me what's wrong with me and when I can go home
- No
- No - excellent
- Get me home
- To get in a better position in this bed
- More staff

### **Carers:**

#### **1. Do you feel that the staff understand your relatives condition?**

- No- understands they have had some training around dementia but think it's very basic and needs to be intensive.
- Patient was found on regular occasions to be in a wet bed when the carer arrived. The carer felt the nurses did not check often enough.
- Yes
- Yes
- Yes
- Just arrived on ward.
- As far as they can.

#### **2. What would you say staff attitudes are like?**

- Staff morale is not good. Would like to see more staff on wards than managers.
- Didn't like the staff telling patients "you know the rule, we don't and can't change when feeding".
- Excellent
- Excellent
- Excellent - not enough staff
- Good
- Excellent



**3. Do you feel that staff include you and your relative in decisions about their care?**

- It's hard to always find someone to ask what is happening, and when I do ask staff they can't be bothered.
- Not applicable
- Not so far
- Yes
- Yes
- Yes

**4. What do you think of the facilities on this ward**

- Very nice and modern
- Quite nice
- Very good
- Could do with more commodes
- Not know
- Fair

**5. Has your relative used the reminiscence room**

- The patient hadn't used the room but staff had brought newspaper and hand muffle to the patient.

**If not why not?**

- Did not know about it
- Bed bound
- Not enough staff
- No - Bed ridden
- Bed bound

**6. Is there anything you feel could be done to improve your relative's stay on the Ward?**

- Patient had been in for three weeks and was currently looking for a Care Home which looked after elderly mentally infirmed residents.
- Not enough staff and patients could do with someone to talk to and help feeding at mealtimes.
- Poorly informed of management plans- porters come, when relative asked where they were taking the patient, they were told they were going for an X-ray, but the family were unaware of this.
- When the patient first arrived on the ward, the team found it difficult to get medication and asked if the patient had received some from the other ward.
- On one occasion some tablets were left on the side cabinet which didn't seem to be the patients.
- More staff
- More staff
- No
- Don't know at this stage
- Make sure he has water - dehydrated

