



Enter and View Report
March 2015

Details of Visit

Service Address: James Cook University Hospital - Ward 12

Service Provider: South Tees Hospitals NHS Foundation Trust

Date and Time: 4th December 2014

Authorised Representatives: Wendy Collins, Shirley Pew, Ian Holtby, Joan Shaw, Toni McHale

Contact Details: Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland, 27 Yarm Road, Stockton, TS18 3NJ
Tel. 01642 688312

Acknowledgements

Healthwatch Redcar & Cleveland and Healthwatch Middlesbrough would like to thank James Cook University Hospital, patients, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

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

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service, but, equally they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Purpose of the Visit

- Healthwatch Middlesbrough received a complaint regarding Ward 12 at The James Cook University Hospital which had been routed via the Department of Health, CQC and Healthwatch England.
- Identify examples of good working practice.
- Observe patients and staff during meal times.
- Observe the access of patients to fresh drinking water and call buttons.

Methodology

This was an announced Enter and View visit. Healthwatch Redcar & Cleveland and Healthwatch Middlesbrough between them represent a large proportion of the catchment population served by The James Cook University Hospital and therefore the decision was made to carry out a joint Enter & View visit in this instance.

Prior to the Enter & View the manager of the ward and senior Trust management were approached to advise them of the purpose of the visit.

A table top analysis took place before the visit to ascertain the number of beds, side rooms, location of the ward, lunch times and patient type normally allocated to ward 12.

Authorised representatives of Healthwatch conducted short interviews with four members of staff and seventeen patients/carers. Topics such as specific dietary requirements, choice of food, meals placed within easy reach, dietary assessments and communication between staff were explored.

In addition one member of the team looked at every patient station to ensure fresh water was available, the call button was within easy reach and also observed any over the bed 'special' instructions.

Before leaving the ward the sister in charge approached the team and thanked them for coming and enquired if any immediate changes needed to take place. The team reassured her that no immediate changes were required and thanked everyone for their cooperation.

Introduction

Ward 12 is a 32 bed ward on the second floor of The James Cook University Hospital. The ward is an acute medical ward specialising in the care of older people and consists of 4 bays each with 6 beds and 8 side rooms. The ward provides a multidisciplinary approach to the care of patients from skilled nursing support, physiotherapy, Speech and Language therapy, Occupational therapy and daily multi-disciplinary review. Visiting times are between 3 pm and 8 pm. Lunch is served from 12 pm.

Summary of findings

The team arrived at the ward before lunch to talk to staff and patients before the patients' meals were served. The team was welcomed on to the ward and given a guided tour. It was explained that members of the team should not enter the side wards due to infection control measures. The team were introduced to key members of staff and provided with a private room to talk to staff.

The team split into three areas each with a specific task. Two completed questionnaires with staff members, two completed questionnaires with patients and one completed a general observation of each patient bay checking each patient had access to fresh water, a call buzzer and to see if any had special feeding instructions over the bed.

Staff

Team one talked to four staff members with varying roles and responsibilities.

The responses the team received from staff on some of the questions were inconsistent.

The main inconsistencies were that there were variations in response as to what dietary assessment is undertaken on admission. Only one member of staff referred to the MUST nutritional assessment tool. Also, there were variations in how often and by whom a review of dietary assessment is taken. With regard to question 11

in which staff were asked how they ensure help is given to patients, only one member of staff referred to the red tray and beaker system.

Staff were asked if the current staffing levels were sufficient to ensure everyone's needs were met. Half of the staff questioned did not think levels were sufficient. One member of staff stated that on occasions administrative staff helped out at meal times. Staff advised the team that they felt there were issues from meal providers regarding the temperature of food and consistency of staff.

Patients

A total of 17 patients were spoken to. No major problems were highlighted and in general patients seemed very happy with the choice and quality of food. One patient commented that they could not fault the service on the ward.

Four of the patients questioned had special dietary needs. They were all satisfied that their individual needs were being met although one commented that they usually had fresh water available but at the time of questioning the container was actually empty. One of the patients who required a pureed diet had on one occasion not received it as it had not been ordered.

Observations

A total of 26 beds covering 4 bays and 8 side rooms were observed to see if the call buzzer was easily accessible and that each bed had fresh water available or easily accessible.

In addition the team member intended to note if any 'All About Me' information was visible over patients' beds or notice boards. However, The Trust do not operate this system but no obvious signs of any other system indicating a patient's special needs were visible or advised by staff during the visit.

Out of the 8 side rooms only 4 were able to be observed due to infection control restrictions. Side rooms are prioritised when patients require isolation in accordance with Trust policy. Therefore only 26 beds were actually observed. Of these 22 had the call buzzer within easy reach and 21 had water easily accessible.

However it should be noted that some patients were assisted feeds or nil by mouth so would not be expected to have water to hand.

Other observations made included one of a patient's table being placed at the bottom of the bed so that they were unable to access water. Another patient's bed had a cup but no water. These apparent short fallings were mainly noted in Bay 3. On the other hand one patient was observed being assisted by the nurse to pour a drink promoting independence.

Healthwatch Recommendations

Although on the day the Enter & View team did not feel any immediate changes were necessary the following improvements are recommended by Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland.

Recommendation 1

Additional staff training to ensure awareness of all dietary assessment tools, e.g. MUST, risk factors and review periods of assessment.

Trust Response

All appropriate staff are fully trained in the use of the MUST tool, this is the only nutritional assessment tool that the trust use (healthcare assistants would not be expected to complete a nutritional assessment). Following an assessment of the patients' needs using activities of daily living concept, the MUST risk assessment tool is completed if nutrition is highlighted as a concern. The use of the MUST tool is audited monthly by the Clinical Matron and ward 12 has achieved full compliance with both the initial assessment and review of assessments for the past 9 months.

Outcome

Variation in staff response will depend on the grade of staff being asked about MUST but awareness of this tool is to be maintained.

Recommendation 2

Additional staff training over the use, purpose and importance of the red beaker/tray system.

Trust Response

There is a full standard operating procedure on the use of this system and all staff are aware of its use. This system is used daily on the ward with patients that require assistance with feeding/drinking getting a red tray or jug.

Outcome

Staff awareness of the red beaker/tray system is to be maintained.

Recommendation 3

At present the staffing levels for each bay is 2 staff. At meal times an 'all hands on deck' approach is adopted with other members of staff on the ward helping out in individual bays to support patients. This appears to result in an inconsistent delivery of supporting patients and perhaps a more permanent solution, for example the use of volunteers could be utilised.

Trust Response

In order to ensure that all patients receive the support they require during mealtimes, all staff on the ward are required to help during mealtimes. Staff are allocated to where they are needed, which may not always be the bay that they are working in that day. The ward employs therapeutic care support workers and makes use of volunteers as needed. There is an escalation process if there is not enough staff available, where the ward manager will escalate to the clinical matron. There are dietetic assistants who are available to support wards with additional needs as well as the use of volunteers.

Outcome

A robust escalation process ensuring that staff help out where needed is to be maintained.

Recommendation 4

All staff who collect menu choices are fully trained in additional methods of communication such as picture cards and document when such methods are used.

Trust Response

Picture cards are available on all wards and are used with relevant patients. At the moment there is a limited set of pictures available, the trust are currently developing a full set of pictures that represent the full menu. When these are available staff awareness and training will be conducted with the support of the Dementia team.

Outcome

A full set of pictures depicting all food options is in process of being developed.

Recommendation 5

Consider the introduction of the 'All About Me' system to highlight that a patient has specific communication or dietary needs.

Trust Response

The report refers the use of the "all about me" information . This is not used within the trust as this, however we do use "Forget me not" (a national initiative), this is for all patients with confusion and dementia. The leaflet is kept on the patient's locker and family are encouraged to complete this with the patient. (Attached copied of leaflet and guidance). Representative may not have picked up on this if they were looking for "All about me". The report also states that there were no obvious signs of dietary requirements, these are included in the Forget me not leaflet, green signs above the bed, there is a standardised flag (a blue forget-me-not flower) on the Patient Status at a Glance (PSAG) board and the ward hostesses have a diet sheet with all the patients' special requirements which is updated daily following discussions with the nurse in charge and in conjunction with the information on the PSAG board.

Outcome

During the visit no member of staff mentioned this system when asked if a patient is unable to communicate how food choice is determined. Therefore Healthwatch volunteers are unable to comment if any of these leaflets were visible at the time of the visit. Healthwatch was reassured that they are in use.

Recommendation 6

Confirm administrative staff who help out at meal times hold a current food hygiene certificate.

Trust Response

Staff are not involved in the preparation of food but in assisting patients with feeding. This does not require a food hygiene certificate, in line with Trust policy and national guidance.

Outcome

The above response has been confirmed. All staff have been trained in and assessed as being compliant with essential hand hygiene during contact with patients, including assisting with feeding.

Recommendation 7

A room is made available for any future Enter & View visits.

Trust Response

We agree that this would be beneficial and we propose that for future visits that Healthwatch contact the quality assurance team who will co-ordinate the visit, identifying the requirements of the visit and ensuring that all necessary facilities and staff are available