

Enter and View Report

Place visited: Ward C1 Holles, Diana Princess of Wales Hospital, Grimsby

Registration Details:

Diana, Princess of Wales Hospital (DPOW) provides medical, surgical, critical care, maternity, children's and young people's services for people across North East Lincolnshire. The hospital also provides accident and emergency (A&E) and outpatients' services.

Date: 7 September 2015

Visited by: Enda Wicks, Kate Lamb, Carol Watkinson and Paul Glazebrook

Acknowledgement:

Healthwatch North East Lincolnshire would like to thank the 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 the experiences of all patients and staff, only an account of what was observed and contributed during the visits.

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.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in

accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

This visit is provided in support of an agreed approach with Northern Lincolnshire and Goole Foundation Trust to explore how the individual's dignity is respected in this care setting and to identify good practice.

Strategic drivers

This visit upholds the strategic aim of Healthwatch North East Lincolnshire to:

- listen to the voice of local people.
- ensure that such views influence the improvement and quality of local health and social care provision.

Methodology

The four Enter and View representatives visited this ward together. The appended questionnaire was used in interviewing patients and in making observations.

Before speaking to patients, we spoke to the senior nurse on duty, Sara Rushby, to check if there were any rooms not to visit because of isolation and to ensure that any patient who may have struggled to answer questions accurately was not interviewed. An explanation of the aims and purpose of our visit was made both to Sara and to patients prior to interview. Enter and view cards were made available to patients on request. The visit was facilitated by the Patient Experience Practitioner, Jo Loughborough, who worked in the vicinity during our visit.

Summary of findings

We would want to commend the staff team for their general standards of care and attention on this ward but we are making a few recommendations which we believe will improve the patient experience in the future in relation to:

- wearing of name badges
- competing trolley activity along corridor
- patient privacy when toileted
- meals for diabetics
- policy on gifts of flowers.

Results of Visit:

General observations

The décor and hygiene/cleanliness in this ward generally appeared satisfactory. Although it was the lunch time period there was a sense of quiet among staff and among the patients. A number of vulnerable patients were seen to be being assisted with their meals either by staff or family/volunteers. We did feel that the corridor was cluttered in that meals trollies appeared to be vying with toilet cleaning trollies, shop and ice-cream trollies! We did wonder whether some of these clashes could have been avoided.

The appearance of both patients and staff were all good. Some patients were sleeping. Most staff were wearing name badges but one was observed that was not.

Safeguarding

The overcrowding of corridors with trollies did present a potential hazard. The other safeguarding issue was one of privacy and dignity when a member of staff helped toilet a patient but left the door open. This observation was passed on to Jo Loughborough straight after the visit.

Additional findings

None.

Patient Interviews

A total of eleven patients were interviewed on this ward.

Patient Understanding

All eleven patients felt that staff had explained why they were visiting the hospital and about their treatment and felt able to ask further questions about treatment if needed. All patients felt that staff introduced themselves to them but one stated that this was not always.

All patients bar one felt that discussions on their treatment were made in a way which protected their confidentiality and the patient that did not felt that staff should come and speak to them rather than discuss their care among themselves. More than half (six) said they had overheard discussions about other patient's treatment although there was also a recognition that this could happen especially in bayed areas.

Meeting patient needs

All patients except two felt that they had had a chance to say how they wanted their practical needs to be met. Of those that did not, both said they would like more

pillows while one spoke about breathing difficulties (which they did not feel were being met). All patients bar one felt they had had chance to say how their personal needs could be met.

Raising concerns

No major concerns were raised by any patient except for one who was concerned that her fluids machine beeped whenever she moved and that this disturbed other patient's sleep during the night. All patients who had family/friends visiting felt that they could comment to staff about their care and that they would be listened to. In general, patients felt that their care was given in a respectful and timely way and that, for example, call bells were responded to in a reasonable time. However, one patient who wanted to go home was waiting for 'social services' but said she had been told she 'would have to stay in care for life'.

Meeting nutritional needs

All patients said they had been asked about their dietary needs and all felt they were listened to except one who felt this was only sometimes. Nine patients felt that staff checked on whether they had enough to eat or drink but two said staff had not. One commented and how she had felt unable to eat one day but that staff monitored her carefully, encouraging her to eat the next day (which she did).

Satisfaction

Eight rated their care as excellent, three as good and none as satisfactory, poor or very poor. Positive comments included that care excellent with friendly staff and that care was first class with no complaints. One lady who is diabetic wanted to know why the vegetarian meals were not always suitable for diabetics and that more choice should be offered (this lady was able to secure an alternative meal during our visit). Another commented that nurses were rushed off their feet and that more staff were needed. Another had flowers by her bedside but thought they were not allowed and claimed that the nurse asked about this was unsure on the policy.

Recommendations

We were generally happy with the standards of care on this ward but we would recommend that you:

- Ensure that all staff are aware of the requirement to wear name badges at all times
- Review the timings of activities over the lunch period to ensure that, as far as
 possible, the corridor is protected from clashes over competing activity.
- Ensure that all staff protect the privacy and dignity of patients by closing the door when toileting.
- Clarify the practice on suitability of vegetarian meals for diabetics and ensure that diabetics are offered appropriate meal choice.

• Clarify the policy on retaining flowers for patients at bedside and ensure that staff are aware of this.

Service Provider response

North Lincolnshire and Goole NHS Foundation Trust is grateful for the support of North East Lincolnshire Healthwatch in providing the Trust with an independent review of Ward C1Holles, Diana Princess of Wales Hospital, Grimsby.

The Trust values the work of Healthwatch and is committed to working with Healthwatch in improving the experience of care throughout the Trust.

We are pleased that the Enter and View team were generally happy with the standards of care on C1Holles.

As a result of your recommendations, please see the ward action plan below.

Health Watch Enter and View Action Plan

Visit to Ward C1, Diana, Princess of Wales Hospital on 7th September 2015

Issue	Action Required	Owner	Deadline	Evidence of Completion
Some staff not wearing yellow name badges	Ward Sisters to remind all staff in Team newsletters	Shift leader to check compliance shift shift	31/10/15	All staff will have Trust name badge
	Name badges ordered for all staff who are not in possession of one	Sr Rushby/Sr Till		
Suitable and appropriate meals for Diabetics	Ensure suitable meals are provided	Nurse caring for patients of shift by shift basis	Immediate	Reduction in complaints re catering
Privacy and dignity concerns re toileting	Ensure patients are afforded privacy and dignity	Nurse allocated to each patient Quality Matrons and Ops Matrons to monitor as part of daily and weekly ward visits	31/10/15	No complaints re privacy/dignity
Clutter on corridors	Ensure ward remains tidy	Shift leaders as part of daily checks	Immediate	Excess equipment is stored safely

and a safe place to be work and cared for in	(Excess equipment not in regular use to be stored in empty bay on C2(Quality/Ops Matrons to embedded in ward visits	Ongoing	
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Enter & View- Diana Princess of Wales Hospital - Dignity & Respect

Name of Ward	<u>Bay</u>

Name of person completing form

Purpo	se of Visit	To explore how the individuals dignity is respected in this care setting and to identify good practice
		Aim of Visit
Our a	ims were:	
a)	To observe the environm how well they supported	ent and routine of the ward with a particular focus on the dignity of the patients
b)		ients as possible about their experience on the ward, ne personal interactions with ward staff and others reatment
c)	To speak to family memb the care provided	ers visiting the patients about their perspective on
d)	To speak to members of	the ward staff about running the ward

Running of the Ward:

Matron/Senior Nurse spoken to:

Normal nursing complement:

Patient group(s) treated:

Any points to be aware of including patients <u>not</u> to interview:

Observations Checklist

What do you see? please remember to comment on the following:-

- Décor of ward (welcoming?) and layout of communal areas (does it encourage interaction?)
- Do you see any trip hazards or other areas where safety might be at risk?
- Appearance of service users and staff.
- Do staff take people to somewhere private when providing personal care?
- Do staff wear ID badges?
- Hygiene/Cleanliness of the ward area
- Do you see Vulnerable Patients being assisted with meals

Safeguarding

Were there any safeguarding concerns identified during the enter and view visit?

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

Enter & Review Representative Patient Interview

I am an Enter & View representative for Healthwatch North Lincolnshire which is an independent watchdog that keeps an eye on health and social care services. We take views from local people to find out what works well and what doesn't and we use this to improve services.

We are visiting today to find out if our local hospital respects and maintains the privacy and dignity of its patients. Once the interviews are completed we will compile a report that will be published. All the comments we receive will be kept anonymous, but we would look to include them in the report. We don't use people's names in our reports or when we discuss the findings. This will not affect your care in any way. Can we ask a few questions? If you want to stop the discussion at any point, just let me know.

Respecting and involving People who use the service

Patient	Understanding
1(a) D	id staff explain why you are in hospital and your treatment to you clearly?
Yes	No
1(b) D	id you feel able to ask further questions about your treatment?
Yes	No
2 D	o the nurses and doctors introduce themselves to you?
Yes	No
` '	o you feel when your treatment is being discussed with you it is conducted in hich maintains your confidentiality
Yes	s No
3(b) If	no, what alternative would you like to see being offered?
` '	ave you overheard information about another patient? (for example, on the ne, at nurses station etc)
Yes	No
4(b) If a	answer is Yes, what type of information? Briefly explain:

Wee	ing Your Nee	ras
5(a)	•	d a chance to say how you want your practical needs to be met wels or pillows, cultural needs, contacting relatives?.
Υ	'es	No
5(b)	If no, give ex	amples:
6(a)	-	ad a chance to say how you want your personal care needs to be p with toileting, washing, changing, combing your hair?
	Yes	No
0(1)		
6(b)	If no, give ex	amples:
	_	
Rais	ing Concerns	
7		any concerns? If so were you able to talk to someone about re if appropriately/sensitively)
	them: (exploi	e ii appropriately/selisitively)
	Do you feel that hat they will be	t family/friends are able to comment to staff on your care and e listened to?
•	Yes	No
0 1-		
	,	en in a respectful, timely way e.g. help with personal care, ringing once, waiting a long time for things, does it happen often?

Meeting nutritional needs
10(a) Have you been asked about your diet i.e. the food and drink that you prefer?
Yes No
10(b) Were you listened to?
Yes No
11 Do the staff check/ask if you had enough to eat and drink?
Yes No
Satisfaction
12(a) How would you rate the care you have received?
Excellent Good Satisfactory Poor Very poor
12(b) Please give a reason for your answer:
13 Is there anything else you would like to tell us about your stay in this hospital?
Any other Comments including from staff members/relatives (please identify who provided these comments ie staff /care family member/friend)