healthwatch Enfield

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Enter & View Report

Capetown Ward, Chase Farm Hospital, 1 December 2015

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Premises name	Capetown Ward, Chase Farm Hospital
Provider name	Royal Free London NHS Foundation Trust
Premises address	The Ridgeway, Enfield, Middlesex EN2 8JL
Date of visit	1 December 2015

Contents

Purpose of visit 2
Executive summary 2
Good Practice Examples 3
Recommendations, with response from hospital management 4

The Enter and View Team 6
General Information 6
Methodology 7
Acknowledgements 8
Disclaimer 8

Key area 1: Physical and mental health care 9
Key area 2: Personal Choice and Control 14
Key area 3: Communication and relationships 17
Key area 4: The Environment 19
Key area 5: Staffing and management 20

Appendix: Patient experiences of other services 22

Conclusion 23

Information page: What is Healthwatch? What is Enter and View? 24

Enter & View visit to Capetown Ward, Chase Farm Hospital

Purpose of the visit

Authorised Representatives from local Healthwatch have statutory powers to 'Enter and View' health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.

This was an announced Enter and View visit as part of a planned strategy to look at several hospital wards in Enfield where the majority of the patients are elderly. This forms part of a wider project to find out about the experience of frail elderly people both as patients and as users of local social care services. Our visit to Capetown Ward therefore had a dual purpose: to find out from patients and their relatives about the nature and quality of care on Capetown Ward itself, and to listen to any comments they might have about care the patients had received in their own homes prior to their stay in hospital.

Executive Summary

Capetown Ward is a large stroke and general rehabilitation ward at Chase Farm Hospital, catering mainly but not exclusively for elderly patients. We found the ward to be well-managed, with a pleasant, calm and purposeful atmosphere.

Patients and carers we spoke to told us that staff were generally kind, helpful and very hard-working, but several said they thought that there were not enough nurses and healthcare assistants to deliver all the care required in a timely manner.

A skilled team of therapists who are based on the ward, including physiotherapists, occupational therapists (OTs), speech and language therapists and dietitians provide specialist therapies on a one to one and group basis, and patients and carers told us they found these sessions very helpful. Patients and families also benefit from help and advice from dementia and stroke specialists.

Patients and carers confirmed that they felt informed and involved in decisions about care and treatment. Care-planning documents encourage a personalised approach to care, identifying and meeting individual needs. Careful preparations are made before patients are discharged.

Patients gave us mixed comments about food on the ward, with some telling us they enjoyed it and others that it was unsatisfactory. We believe the management should invite patients and carers to offer their suggestions for how to make the food more appealing.

The whole hospital site is currently being redeveloped and Capetown Ward will be one of the last wards to be rebuilt. It is being redesigned with additional facilities. There is a concurrent project to redesign the gardens, bearing in mind the needs of people with dementia and with limited mobility, and providing improved shelter from bad weather.

We suggest that the hospital management should try to establish a patients' and carers' representative group at Chase Farm, and should also invite patients and carers to contribute their ideas for a patient information pack.

We made a number of recommendations for the consideration of the management and submitted them along with our draft report. We have received an "Early Action Plan" in response to our recommendations from Fiona Jackson, Hospital Director, Chase Farm and Director of Integrated Care. We reproduce the response from the management under each recommendation (see pp.4-5). We intend to contact the Trust again, three months after the publication of this report, to ask for an update on progress, which we will also publish.

We also identified a number of examples of good practice, as follows:

Good practice examples

We found many examples of good practice in Capetown Ward which we think deserve recognition, and which we commend to other local providers for their consideration. Examples include:

- the provision of high quality information for patients and carers, attractively displayed on notice boards;
- ensuring bays are not too crowded with beds, to give patients a sense of space and privacy and to leave room for equipment and for visitors;
- the provision of varied high-quality activities suitable to the needs and abilities of patients;
- provision of support groups for patients and carers coming to terms with the effects of conditions such as stroke;
- the use of care-planning documents and systems which identify and address individual needs, such as hearing loss, dementia etc.;
- good systems to encourage record-keeping of fluid and nutritional intake;
- keeping patients and carers informed and involving them in decisions about care and eventual discharge;
- treating family carers as "partners in care";
- dementia training and awareness for all staff;
- initiatives to show appreciation to staff such as an "employee of the month" scheme.

Recommendations from Healthwatch Enfield, followed by responses received from the hospital management

1. We recommend that prompt action is taken to harmonise the equipment used to support patients in Capetown Ward with the equipment being supplied by local council Occupational Therapy departments to support patients in their own homes after they have been discharged. (p.11)

Response: We have passed on this comment to our lead occupational therapist who will be able to review equipment needs and where the equipment we have on site is different to the equipment provided by the local councils.

2. We recommend that the section in the Royal Free Trust (RFT) Nursing Admission summary which is headed "Sexuality" should be reviewed and rewritten more clearly. (p.16)

Response: This comment will be passed on to the nursing directorate for consideration.

3. We recommend that efforts are made to offer a good choice of food which more patients enjoy eating. Patients and carers should be invited to offer suggestions as to how the food could be made more appetising. (p.16)

Response: When food tasting sessions are set up in order to determine future menus I have requested that patients are included in the tasting process.

4. Efforts should be made to ensure that there are enough staff available to respond to call bells promptly at all times. (p.17)

Response: The ward manager has informed me that 8 am in the morning is a particular time when there are difficulties. He has therefore put measures in place so that there are less demands on staff at that time.

5. We recommend that a patients' information pack should be created for all inpatients at Chase Farm Hospital, as well as a special pack with detailed information about Capetown Ward. Patients and carers should be invited to get involved in creating these packs. (p.18)

Response: This work is already underway through our patient experience team and we will continue to work on improving the information given to patients.

6. We recommend that the care plan template should distinguish between the needs of people who are hard of hearing and people who are Deaf (those who use British Sign Language as their first language), in order to ensure that both groups of patients receive appropriate care and assistance. (p.18)

Response: This is work that is underway through the equality group within the trust.

7. We recommend that efforts are made to establish a patients' and carers' representative group at Chase Farm Hospital. (p.19)

Response: Our patient experience team have been asked to support this initiative and development.

8. We recommend that corridors are kept clear of obstacles in order to minimise the risk of trips and falls for patients. (p.20)

Response: This has already been done and we would anticipate that there has been a measurable improvement since the visit.

9. Staff should follow agreed procedures for safe transfer of patients. (p.21)

Response: Our matron is undertaking audit to ensure safe handling of patients.

10. We recommend that a review be undertaken as to whether the current allocation of nurses and healthcare assistants for Capetown Ward can adequately ensure that patients consistently receive high quality person-centred care. (p.21)

Response: A programme to review the model of care on Capetown is about to be undertaken that will also review the staffing requirements for a rehabilitation unit.

The Enter & View Team

The Authorised Representatives who took part in the visit were Elisabeth Herschan, Noelle Skivington, Rajinder Sunner and Lucy Whitman (team leader).

General information

Capetown Ward is a large rehabilitation ward on the ground floor of Highlands Wing at Chase Farm Hospital. Chase Farm Hospital has been part of the Royal Free London NHS Foundation Trust since July 2014. The ward is divided into two sections, with 16 beds on one side for stroke and neurological rehabilitation, and 20 beds on the other side for general rehabilitation (e.g. for patients who have had a fall and/or a fracture). It is a mixed ward with separate bays for female and male patients, and some individual side rooms.

We were told that the ward operates at virtually 100% occupancy; priority is given to patients who are resident in Enfield; however, patients from Barnet and Hertfordshire are also accepted if there is spare capacity. Dealing with adult social care services in several different local authorities adds to the complexity of discharge arrangements. We found out that quite a lot of the stroke patients are relatively young (that is, under 65), with a high proportion from BAME (Black, Asian and minority ethnic) communities.

Patients are not admitted to Capetown Ward direct from the community, but are transferred from other wards. The usual pattern is that patients attend A & E at Barnet Hospital or North Middlesex University Hospital (NMUH), are then admitted to an acute, orthopaedic or stroke ward, and then progress to a rehabilitation ward such as Capetown. Stroke patients will go first to acute stroke care at NMUH or the National Hospital, Queen's Square; once they have progressed through the acute stage, often about two weeks later, they may be transferred to Capetown Ward.

We were told that patients in the stroke section tend to stay about six to seven weeks, while those in the general rehabilitation section tend to stay about four to five weeks; the length of stay is determined by their condition, progress and confidence level. We heard that there has been a great improvement in stroke survival rates and quality of life for stroke survivors since the Stroke Pathway was implemented after the publication of the Stroke Strategy for London in 2008.

Some patients who were admitted to hospital after a fall may not have sustained a fracture, but may have lost confidence in their ability to get about safely. These patients can be supported on Capetown Ward to build up their confidence before returning home.

Staff of Capetown Ward work closely with the Older People's Assessment Unit (OPAU) at Chase Farm, which is located nearby. The rehab matron provides leadership across both these areas. GPs or Community Matrons can refer elderly patients they are concerned about to the OPAU, or people can refer themselves. We heard that a new Carers' Hub is planned at the OPAU.

The whole hospital at Chase Farm is currently being rebuilt, and the process is being managed so that all services keep going during the rebuilding. This is a big challenge, but we were told that so far they have not received any complaints that the services provided have suffered as a result of the building project. Hospital managers are making efforts to keep the disruption to a minimum, and amongst other things, to prevent dust from demolition work from spreading to the parts of the site which are currently in use. However, Healthwatch Enfield has received a number of comments from patients and visitors who have found it hard to find their way to different departments on the site, despite the efforts which are being made to improve signage.

Methodology

A team of four Enter and View Authorised Representatives from Healthwatch Enfield visited the ward and engaged in conversation with patients, relatives and staff, focusing on the following five key areas:

1. Physical and mental health care
2. Personal choice and control
3. Communication and relationships
4. The environment
5. Staffing and management

The team also asked patients and relatives if they wanted to comment on any care the patients had received in their own home from care providers or community health services.

In preparation for our formal visit, two team members went to meet the ward manager, Davidson Sookansingh, a few weeks earlier. This was because we wanted to find out how the ward is organised, and discuss how to plan the Enter & View visit in such a way that it would not be disruptive to the patients or interfere with their care and treatment. Some of the factual information provided in this report, about how the ward is organised and managed, was given to us in this preliminary meeting. When the full team arrived for the visit, we were greeted by the ward manager along with Fiona Jackson, the Director of Chase Farm Hospital, and Tracy Goodman the Urgent Care Matron who oversees Capetown Ward. They spent some time with us both before and after we spoke to patients and relatives, and provided more information for us.

During our visit we spoke with 8 patients, 2 relatives, 4 therapists and 2 nurses. The youngest patient we engaged with appeared to be about 60, while the oldest was over 90.

This report has been compiled from the notes made by team members during the preliminary meeting and the visit, and the conclusions and recommendations agreed amongst the team after the visit. The recommendations also appear at the appropriate point in the report, close to the relevant pieces of evidence.

A draft of this report was sent to the management of Capetown Ward and Chase Farm Hospital, to be checked for factual accuracy and for an opportunity to respond to the recommendations prior to publishing.

This report will be published on the Healthwatch Enfield website, and will be sent to interested parties (including the Royal Free NHS Foundation Trust, the Care Quality Commission and the relevant clinical commissioning groups and local authorities).

Acknowledgements

Healthwatch Enfield would like to thank the people we met at Capetown Ward, including the Ward Manager, the Urgent Care Matron, the Hospital Director, ward staff, patients and relatives, who welcomed us and whose contributions have been very valuable.

Disclaimer

This report relates to the service viewed on the date of the visit only, and is intended to be representative of the views of the patients, relatives and staff who met members of the Enter & View team on that date.

Key Area 1: Physical and mental health care

The staff on Capetown Ward operate a multi-disciplinary approach. We were told that there is a board round each weekday including nursing and therapy staff, and each patient's progress is updated on a daily basis. There is a multi-disciplinary/multiagency team meeting once a week. In addition, we have been told that the hospital director conducts a weekly review of every patient on the ward to ensure good discharge arrangements are being planned.

There is a team of therapists from different disciplines including physiotherapy, speech and language therapy, occupational therapy (OT), dietitians etc who work intensively with the patients to help them recover the skills and abilities they need to live as independently as possible.

Capetown Ward has two dedicated consultants, one for stroke (shared with the stroke unit at Barnet hospital) and one for the "core" or general rehabilitation part of the ward. If a patient becomes ill on the ward, for example if they develop an infection, the team will treat them on the ward if possible, but will transfer them to an acute ward on another site if this becomes necessary.

The Risk Board on the corridor wall stated that it was five days since a patient had fallen, and that it was a year since there had been any incidence of MRSA or Clostridium Difficile infections on Capetown Ward.

Do patients feel well looked after, and do relatives/carers feel the care on the ward is good?

All the patients looked clean and comfortable, and the patients and relatives we spoke to all said the staff were caring and kind. Comments included:

> 'The staff here are helpful and very kind. The nurses are all very hard-working. They help you when you ask. They treat me very well. They clean me up if I need it.'

> 'The care is good. The nurses are very friendly. They are all keen to help us. Everyone takes their job seriously. They really care about our wellbeing.'

One carer, whose relative was unable to speak, said, 'We couldn't ask for more. The nurses work very hard. You can't knock the NHS.'

However, three patients commented that in their opinion, there were not enough nurses or healthcare assistants (HCAs) to deliver all the care in a timely manner.

Care planning and record-keeping

Patients on Capetown Ward will have been through the admission process in a previous ward or hospital, and their notes are transferred. Patients are assessed before they are transferred, and will only be transferred to Capetown Ward if they

have already made progress towards recovery and are now deemed likely to benefit from rehabilitation.

When patients arrive on Capetown Ward, the staff review the notes and examine the patient to see whether there are any pressure sores or other problems; if a pressure sore is found, they check that a safety alert has been made, and if not, they will raise a safety alert themselves.

We were told that the team practises "cautious goal-setting", and constantly reviews patients' progress.

We were given a copy of the assessment, care-planning and record keeping tools and these are discussed below on pp.14-16.

Are discharge plans robust?
All patients and relatives we spoke to confirmed that there was a plan in place either for discharge or for further care.

Managers told us that discharge planning is 'patient and family dependent'. Initial conversations about discharge take place in the stroke unit or other ward before the patient is transferred to Capetown Ward. Once the patient reaches Capetown, they try to identify a target date for discharge, but this is flexible. This target date is met in about 50% of cases.

The manager told us that before discharge arrangements are agreed, all patients are assessed against a continuing care checklist. This assessment is used to determine whether a patient's needs are considered to be health or social care needs. If the assessment shows that a patient's needs are that of a social care nature, i.e. assistance with washing, dressing, provision of food or household tasks, then a social worker will be allocated and they will visit the patient and their family on the ward to offer assistance in arranging care. If the continuing care checklist identifies that a patient's needs are above and beyond basic care needs then a full NHS continuing healthcare assessment will be completed. All of these assessments will only be done when the patient is physically, medically and mentally well enough; patients and carers are involved.

Discharge is planned through the multi-disciplinary team (MDT) meetings. If a patient is going to return to their own home, the OTs normally do home visits before the patient is discharged, to assess whether they will be able to manage at home and whether any adaptations or special equipment are needed; usually the OT will visit first without the patient, and then again with the patient, to see if the patient can move about safely inside their home and do basic things like make themselves a cup of tea.

One patient told us that he has had a home visit done, and all that is needed is a rail to help him up the step into his home. He was expecting to be discharged within a couple of days, which he was pleased about.

One of the carers we spoke to said her relative was going to stay in hospital a little bit longer to allow time for the necessary adaptations to be made to the bathroom etc.

We heard that there is sometimes a problem because there is a difference between the equipment available in the ward, and the equipment which is available in the community. This means that the OT or physiotherapist sometimes has to make an additional home visit to ensure that family and care workers are trained to use the equipment supplied. This is an example of care provided by the hospital and the local authority not being properly integrated. We heard that attempts are being made to address this situation, so that equipment is standardised.

Recommendation 1
We recommend that prompt action is taken to harmonise the equipment used to support patients in Capetown Ward with the equipment being supplied by local council OT departments to support patients in their own homes after they have been discharged.

If a patient is assessed as needing to move into residential care when they leave hospital, families receive social worker support. The Trust has also commissioned a company called Care Home Select (www.chshealthcare.co.uk) to help families choose a care home and give them advice about funding etc.

We were informed that the Enfield social worker had recently left and had not yet been replaced. We heard that the former post-holder had been greatly valued, as they had spent a lot of time on the ward and attended MDT meetings; this was said to have made the discharge process seamless and efficient.

We were told that there are sometimes 'problematic discharges', for example where the family do not want the patient to be discharged, even when they are medically fit. This may be because the patient is coming home and the family don't feel quite ready to take on the caring, or because the patient needs to be admitted to residential care, and the family aren't convinced the right home has been identified. The ward manager passes these cases on to the Discharge Coordinator.

The ward manager told us that sometimes the family have unrealistic expectations about the care needs of the patient. He mentioned a family who had been told that the patient would require 24-hour care, but had only arranged care for night times, although they were not at home during the day.

We were told that efforts are made to get patients home in a timely fashion once discharge has been agreed. There are sometimes delays while patients wait for medication to be prepared but as most discharges have been carefully planned, medication should normally be organised the previous day.

The Trust has a programme in place to improve flow and discharge through the hospital. Within that there is a workstream in order to reduce the number of days a patient is delayed from discharge and to reduce the readmission rates. A scheme

is being piloted through the OPAU to phone patients 72 hours after they have been discharged, to find out whether they are coping well at home.

We were told that in some cases, a patient is transferred into Capetown Ward who does not have a realistic prospect of recovery. If a patient is assessed as likely to be approaching the end of life, arrangements are usually made for the patient to go home, with appropriate support, so that they can die in familiar surroundings.

When we asked whether many patients were readmitted to Capetown Ward soon after being discharged, it was pointed out that since it is a rehabilitation ward, patients who fall ill again after discharge and need to be readmitted to hospital would not be readmitted to Capetown, but to an appropriate ward for their medical care.

Specialist nursing and rehabilitation services

Physiotherapists, Occupational Therapists (OTs), speech and language therapists and dietitians work with patients on an individual and group basis. According to the programme on the wall and the draft information booklet we saw, weekly group activities include seated exercise, standing exercise, gardening group, social activities group and speech and language group. We also heard that dog therapy is available.

Patients and relatives we spoke to were enthusiastic about the therapy services, and it was clear from what they told us that therapies were specifically tailored to meet individual patients' needs.

One patient told us:

> 'I admire the coordination [of all the different therapies available]. I am impressed that the hospital takes an interest in every aspect of your life. The gym has helped a lot. I look forward to it. The OT and physio want you to get better. At the beginning I felt I was waffling. The speech and language therapist has helped me to be confident.'

This patient told us how she had originally been given an earlier discharge date, but because she was making good progress they decided to keep her in for another fortnight. She said she was glad because she felt she would make even more progress with continued intensive help. 'I walked in to A & E when I first felt ill. I would be pleased to walk out of here.'

Another patient said he had been coughing when eating, so they have taught him breathing exercises to do while he eats, which have helped. He said they walk round the ward with him so he can get some exercise.

A carer we spoke to confirmed that his relative was receiving all the different therapies and benefiting from them.

There is also a monthly stroke support group for patients and family carers, which provides information, coping tips and encouragement for those who are recovering

from a stroke. This is attended by physiotherapists, OTs, the stroke navigator from the Community Stroke Service and by the Carers Centre hospital support worker. The stroke navigator also goes round the ward on a regular basis, supporting carers and patients who have had a stroke, and offers them ongoing support once they are discharged into the community.

The stroke group, which is professionally facilitated, is an example of how patients and families are given help and advice about how to manage the condition once the patient has been discharged. We got the impression that all the carers who we spoke to on the stroke side of the ward, and those patients who were able, had attended this group.

What provision is made for patients with dementia?

We were told that the majority of staff have received dementia training, using the "Forget me not" scheme[1] and we saw information about this scheme on a notice board. There is a continuous ongoing programme of training for staff. Family carers are invited to complete an "8 Important things about me"[2] leaflet and a "This is me" leaflet[3], summarising crucial personal information about the patient, if their relative has dementia. These two leaflets should help staff to provide person-centred care to patients with dementia who may not be able to communicate easily with the people who are looking after them. Carers are asked for agreement to put a "forget me not" logo on the ward patient information board next to the name of a person who has dementia to ensure staff are aware of the patient's condition.

The Royal Free Trust has a specialist Clinical Skills Facilitator for Chase Farm and Barnet Hospitals whose role is to assess the needs of patients with a diagnosis of dementia, support patients and carers in the wards with any concerns relating to dementia, and provide regular training for all professional and non-professional staff, aiming to ensure that every staff member in the hospital is a dementia champion.

Continuity of care between services

We were told that the staff of Capetown Ward work closely with their colleagues in the stroke unit at NMUH, and that they are currently revising the referral form and reviewing the rehabilitation pathway for stroke patients.

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[1] http://www.forgetmenotdementia.co.uk/

[2] An example of this leaflet can be found here: http://www.rcpsych.ac.uk/pdf/NAD%20CCQI%20event%20120713%20Dementia%20Champions%20-%20Kingston%20Hospital.pdf

[3] "This is me" leaflet is produced jointly by the Royal College of Nursing and the Alzheimer's Society. https://www.alzheimers.org.uk/thisisme

Key Area 2: Personal choice and control

Do the individual care and treatment plans reflect the needs, abilities and wishes of the patients?

We were given copies of a folder containing blank nursing assessment and care planning documents, so that we could see what factors are assessed and what measures are put in place to minimise risk and optimise patient wellbeing and progress. The 20-page nursing assessment booklet is followed by specific care plan templates to meet identified needs, for example, help with breathing, communication, mobility, mental wellbeing, continence. We were impressed by the thoroughness of the documents, and by the interventions suggested, which have a clearly person-centred focus.

For example, the Communication plan for a patient who is blind or visually impaired includes the following guidance (each item to be ticked or deleted as required):

- *Always introduce yourself when approaching the patient even if you have met them numerous times*
- *Ensure all staff are aware of impairment*
- *Provide careful, clear explanations of all activities and interventions. Check the patient understands what you have said and gives consent*
- *When you leave the bedside, ensure you tell the patient before you leave*
- *Establish patient's usual strategies for managing i.e. routine, speaking clock, arrangement of furniture, belongings, use of a stick etc*
- *Ensure patient has access to call bell at all times and knows how to use it.*

The "Urinary incontinence and care, toileting needs plan" includes the following guidance:

- *Ensure privacy by attention to the environment*
- *Provide dignity, by being polite, kind and responding promptly to the patient need*
- *Familiarise the patient to the ward environment, nearest toilet/washing facilities etc*
- *For patients who can use one; provide a call bell, ensuring it is within easy reach*
- *Communicate and build a relationship with the patient to establish toileting regimes, and or the assistance (prompting) required through the offering of choice*
- *Encourage mobility, walk ambulant patients to toilets rather than using commodes etc*

The care plan templates alert practitioners to particular risks which they may not be aware of. For example, in the care plan for "Mental wellbeing: delirium and confusion", one of the interventions suggested is: *Order special mattress. Patients with delirium have a high risk of pressure sores, regardless of their Waterlow*[4] *score.*

[4] The standard risk assessment tool for pressure ulcers.

If all the information is accurately recorded and shared with the relevant staff, and if all the guidance is followed, these documents would certainly support the staff to provide a very high standard of personalised care. We are concerned, however, that filling in all this documentation, or reviewing parts of it during a staff handover, must be very time-consuming.

The physiotherapists and OTs who we spoke to said that they knew each patient individually. However, there were concerns that there were frequent changes of nurses, who did not always appear to know each patient as an individual.

Are patients and their families involved in drawing up the care and treatment plans and in reviewing them regularly?

Patients and carers who we spoke to mentioned conversations about their care and progress which they had had with staff, and we gained the impression that they are fully involved in care planning and review.

A carer told us there had been a 'family meeting' to discuss her relative's progress, and also that she had attended a meeting of the stroke group.

How are the needs of patients with dementia, sensory impairment or other disabilities identified and met?

The patient's nursing assessment booklet records whether the patient has any physical or sensory disability, a learning disability, mental health needs or dementia; the appropriate care plans are used to specify what actions should be taken to meet the needs which have been identified. There is a Learning Disability Liaison nurse available to support and advocate for patients with a learning disability.

We saw laminated sheets displayed near patients' beds noting individual needs, for example, sight, hearing, swallowing; one had photographs of suitable positions of rest on the bed for a particular patient; another showed that a patient preferred to be called by a certain name, which was different to his "official" name. These are good examples of person-centred care.

Are cultural needs and preferences identified and supported – including spirituality and sexuality?

When we visited we saw patients from a variety of ethnic backgrounds including Asian, African-Caribbean and white English. Staff also appeared to come from a variety of backgrounds.

The patient's nursing assessment booklet records the patient's religion, language, whether or not they need an interpreter, and their dietary needs and preferences.

One area in which the nursing assessment booklet is weak is the section in the nursing admission summary headed Sexuality, which asks questions which are not clearly worded and which appears to mix up the concepts of gender, sexuality, sexual orientation and gender re-assignment. For example, "Does the patient feel

that their sexuality will be affected by the current admission?" "Has an issue of altered sexuality been identified by the health practitioner?" In their present form these questions will not contribute in a meaningful way to person-centred care.

Recommendation 2
We recommend that the section in the RFT Nursing Admission summary which is headed "Sexuality" should be reviewed and rewritten more clearly.

Good choice of food, meeting individual dietary requirements?

Patients gave us mixed comments about food on the ward. Two patients stated there was plenty of good food; one who is vegetarian was satisfied with the food on offer. One said, "The food is quite good. There is a choice and you get to choose in the morning." Another said "The food is all right as far as I am concerned."

One said the gluten-free diet was inadequate. Three patients told us that the food was "terrible". One said, "The food is atrocious. It all tastes the same, even though there is a choice. My family bring in snacks for me." He said he has been told he should eat pureed food, but it comes "lumpy". One carer of Asian heritage said she has been bringing in food for her relative but they would try the hospital food soon. We understand that Halal food is available.

One patient said she could have a cup of tea anytime, for which she was grateful. Another patient said he gets enough to drink, but "the tea or coffee is either too strong or too weak. I drink what I can. I asked for some milk and they gave it to me."

Recommendation 3
We recommend that efforts are made to offer a good choice of food which more patients enjoy eating. Patients and carers should be invited to offer suggestions as to how the food could be made more appetising.

We saw posters on the corridor walls giving measurements of liquids according to the sizes of cups, mugs and glasses, presumably so that patients' fluid intake can be recorded. There were also instructions that food trays that still have food on them must not be removed without informing the Matron. This shows that the ward has systems intended to ensure that patients eat and drink enough.

Good choice of planned activities?

As this is a rehabilitation ward, patients are encouraged to be as active as possible to maximise their progress. The group therapeutic activities already mentioned such as supervised gym sessions and the gardening club (see p.12 above) are quite varied and it was evident that patients valued them. One patient mentioned that she enjoyed the gardening club.

Key Area 3: Communication and relationships

Staff were observed to talk to patients with kindness and respect and patients were given privacy. On the whole, patients and carers who talked to us spoke highly of the staff.

However, one patient said that some staff were sometimes a bit moody. She said, "Some people make you feel they are there for you, and some make you feel bad." She said she was generally happy with the care: "You can't blame the health service for an individual's moods."

Response time to call bells

We noted that efforts are made to ensure that call bells are always within reach of the patients, and that patients know how to use them. We saw that one patient had a call bell attached to her nightdress. However, more than one patient told us that that staff do not always answer the call bells quickly enough. One patient said that because of this, on one occasion she had not been able to get to the toilet in time, which made her feel very helpless. Another patient told us that nurses often took a long time to answer buzzers first thing in the morning, around 8 am. This patient thought the problem was exacerbated by the fact that the staff handover took place at the same time, just after breakfast, when a number of patients would need to go to the toilet at the same time.[5]

Recommendation 4
Efforts should be made to ensure that there are enough staff available to respond to call bells promptly at all times.

(See also recommendation 10 on p.21.)

Information for patients and carers

There are numerous notice boards in the corridors of the ward, providing a variety of information displayed in an attractive way. A wide range of information leaflets is also displayed.

We asked whether patients and carers are provided with a welcome pack when the patient arrives on the ward. We were told that there is no welcome pack as yet, but we were given a copy of a draft information pack for patients and carers and told that this is a "work in progress". The unfinished draft which we saw focuses solely on information about Capetown Ward, which is valuable, but we think the final version should also include generic information about Chase Farm Hospital including for example information about parking charges (and any discounts available to carers who visit regularly over a sustained period of time), café/restaurant facilities, etc.

[5] The management have since confirmed that the shift handover does take place at this time, and we have been assured that plans are now in place to reduce workload at this time so that staff can become more responsive.

We asked whether patients and carers (or former patients and carers) are involved in devising this pack and were told that they hadn't been involved so far, but that one former carer had expressed interest in taking part and had already made suggestions as to what it should include. We gave the team a copy of the patient information pack which has recently been introduced at NMUH, which the team were pleased to receive, as a possible model to follow.

Recommendation 5
We recommend that a patient's information pack should be created for all inpatients at Chase Farm Hospital, as well as a special pack with detailed information about Capetown Ward. Patients and carers should be invited to get involved in creating these packs.

What support is provided for patients/families with limited English or with communication difficulties?

The manager told us that the vast majority of the patients speak English, but that interpreters are booked when required.

The care plan template for people who are deaf or hard of hearing includes the instruction "If an interpreter is required remember to talk directly to the patient not the interpreter". However, it does not give any guidance about the need to book interpreters for British Sign Language **(**BSL) users, and there is no recommendation to flag the need for a BSL interpreter on the patient's notes. At present this care plan template does not distinguish between the needs of patients who are hard of hearing and those who are completely Deaf and use BSL; the needs of these two groups of people are different in many ways and the care plan template should reflect this.

***Recommendation** 6*
We recommend that the care plan template should distinguish between the needs of people who are hard of hearing and people who are Deaf (those who use British Sign Language as their first language), in order to ensure that both groups of patients receive appropriate care and assistance.

Do relatives/carers feel informed, involved and supported?

Visiting hours are from 10am to 8pm. This is less restrictive than in many hospital wards, and it gives relatives and friends plenty of opportunity to visit and to keep patients company if they so choose. There are currently no facilities for relatives to stay overnight if the patient could benefit from this, although we understand that ad hoc arrangements can be made.

From our conversations with carers, we gained the impression that they feel informed and involved in decisions about the patient's care, and that if they have any questions, staff are quick to respond; from talking to the staff, we felt that comments made by relatives and carers would be taken seriously. Family carers appear to be respected as "partners in care" in the care of their relative.

However, despite the involvement of carers on an individual basis, there does not seem to be an opportunity for patients and carers to contribute their views on a group basis. We asked whether Capetown Ward has a patients' and carers' representative group, and were told that it does not have one, and neither is there one for Chase Farm Hospital as a whole. Patients and carers (and former patients and carers), are a useful resource for hospitals as they can give valuable feedback and make constructive suggestions about how services could be improved. We pointed out that as patients stay on Capetown Ward for a number of weeks, patients and carers might be more likely to get involved in such a group than in other wards where patients might only stay a few days.

Recommendation 7
We recommend that efforts are made to establish a patients' and carers' representative group at Chase Farm Hospital.

What practical and emotional support is available for carers?

The Carers Centre hospital support worker visits on a regular basis, to provide information and offer practical support; information about this service is displayed.

One carer we spoke to told us that on one occasion he had fainted while on the ward; he thought this was because the stress and worry about his relative had caught up with him. We suggested that he should make contact with the Carers Centre hospital support worker. He was not aware of this service. This suggests that even greater efforts should be made to offer information and support to family members, who may be so preoccupied with concern for the patient that they do not think to ask for support for themselves.

Another carer told us the family accepted what had happened to her relative as their "*taqdeer*", which means their destiny. We were unsure whether the family had been made aware of the help that may be available to them when their relative returns home. Again this is a reminder that provision of information and support for carers needs to be proactive, as families may not realise that they are entitled to any support, or indeed that any support exists.

Involvement of volunteers

We were informed that the ward has two experienced volunteers who give valuable support, one in the morning and one in the evening.

Key area 4: the environment

Capetown Ward is a large, bright and airy ward, clean and well-decorated. We found bathroom hygiene to be very good.

Capetown Ward used to occupy smaller premises and all bays had 6 beds. It was moved about eighteen months ago and it was decided to have 4 beds per bay. We

were told that this was more comfortable for patients and their visitors, and provided more room for equipment. Staff had found before that patients sometimes became aggressive in the rather cramped space, and this has lessened since they reduced the number of beds per bay.

We noticed that the corridors were cluttered with equipment, with wires dangling from some of items. This creates a risk of trips and falls for patients.

Recommendation 8
We recommend that corridors are kept clear of obstacles in order to minimise the risk of trips and falls for patients.

There is a large well-equipped gym, two therapy rooms, and a kitchen for patients to practise the activities of daily living and be assessed to find out whether they are ready to go home and look after themselves. There is also a large and pleasant room which can be used for family discussions and for quiet time.

Notice boards have plenty of information, attractively displayed, for patients and relatives – for example about support for those affected by stroke or dementia - and there are named photos of all the staff in the corridors on both sides of the ward.

The ward is generally well signposted but some signs are small and not immediately clear.

One patient who is epileptic told us that they had to wear sunglasses because of the bright lights in the centre of the ward.

The whole hospital is currently under redevelopment and Capetown Ward will be one of the last wards to be rebuilt. At that stage it will be completely reconfigured with enhanced features. It will take up the whole of the ground floor and will have a room where family carers can stay overnight.

At present, patients who are well enough have outdoor access when the weather permits. There is an ambitious current project to transform the two gardens on the site, with support from the Royal Free Trust charity, so that both gardens are sheltered from rain and wind, and patients can enjoy gardening even when the weather is bad. One of the gardens is being specifically designed to be dementia-friendly.

Key Area 5: Staffing and management

Capetown Ward appears to be well-managed. The Hospital Director, matron and ward manager all appeared highly motivated and gave us an enthusiastic account of the various initiatives which are in progress, including the ward and garden redevelopment, the planned carers' hub etc.

There was a calm, orderly and purposeful atmosphere in the ward. Staff we met were friendly and helpful, and patients told us that most of the staff are kind, caring and very hard-working. Patients confirmed that the therapy staff provide strong encouragement and motivation, as well as practical help, to assist patients to recover the skills and abilities which they need in order to live as independently as possible.

Staffing numbers

The matron confirmed that the ward was fully-staffed on the day of our visit. However, as previously mentioned (p.9), we heard from a number of patients that in their opinion there are not enough nurses and healthcare assistants to deliver all the care required in a timely manner.

We also heard some concerns expressed that because the nurses are so busy, some of them sometimes move patients on their own rather than in pairs, potentially causing a risk to the patient and to themselves. We also heard that there are not always two nurses available to support patients as they walk around the ward.

Recommendation 9
Staff should follow agreed procedures for safe transfer of patients.

Recommendation 10
We recommend that a review be undertaken as to whether the current allocation of nurses and healthcare assistants for Capetown Ward can adequately ensure that patients consistently receive high quality person-centred care.

We spoke to physiotherapists and occupational therapists who considered that their staffing levels were at the correct level for the input required.

We learned that there has recently been quite a high turnover of staff. We were told that the closure of the Accident and Emergency department at Chase Farm in December 2013 had had a big impact on staff morale across the hospital, but efforts are made to keep staff morale up. In fact, it is difficult to recruit enough permanent staff across all sites of the Royal Free Trust, and recruitment is continuous. Recruiting and retaining staff seems to be a national problem. The Royal Free Trust uses their own Bank staff to fill temporary gaps, and the manager of Capetown Ward stated that their use of agency staff was low.

Staff development and support

The manager told us that there are in-house training days every Tuesday, and that as much staff training as possible is provided. He mentioned that two nurses had recently completed a course on pressure sores (funded by the company that provides specialist mattresses), and that these nurses will now train other staff.

A staff nurse who we spoke to told us that she had had all her mandatory training, that she had recently had an appraisal and there were weekly opportunities to raise issues. We were also informed that the charge nurse has started a monthly “employee of the month” reward scheme, based on the ward values.

We were told that the Royal Free Trust approach, bringing managers closer to the units, has been welcomed by the staff, and that staff feel the Hospital Director is very approachable.

Appendix: patient experiences of other services

London Ambulance Service

One of the carers we spoke to said they had a good experience of the ambulance service when her husband had a stroke.

Transfers

Two patients said their transfers from other wards were uneventful, but one patient who was awaiting transfer out to another care facility had been waiting all day, and had previously been told she would be transferred the previous week. Whilst we were there, the ambulance suddenly turned up without warning; the patient appeared relieved rather than annoyed by this development.

Health and care services at home

We discovered that most of the patients we spoke to came from boroughs other than Enfield, so we were unable to find out much about Enfield residents' experiences of health and care services at home.

A patient who is in his nineties said the district nurse comes in every day to see him at home and the service is excellent.

Another patient told us that after a previous hospital discharge, she had received good care from the Intermediate Care team. Following that, she had received domiciliary care, which was unsatisfactory. She said she never knew what time the careworkers would arrive, and she had reported the service as being inadequate. She said she now paid for care privately. She also mentioned that extra needs such as having to pay for the community alarm added to financial pressures.

Another patient said that at one time he had had a careworker three times a day for six weeks, which was very good, but that had stopped. He said that he and his wife had then been charged £135 for careworkers supplied by an agency to attend, but this was too expensive and "they weren't doing that much; they occasionally made the bed and did the washing up." He told us that he and wife employed a couple to help with the housework and they "do it very well".

Healthwatch Enfield will bear these comments in mind as part of our ongoing work on adult social care.

Conclusion

We found Capetown Ward to be well-managed, with a pleasant, calm and purposeful atmosphere.

Patients and carers we spoke to told us that staff were generally kind, helpful and very hard-working, but several said they thought that there were not enough nurses and healthcare assistants to deliver all the care required in a timely manner.

A skilled team of therapists including physiotherapists, occupational therapists, speech and language therapists and dietitians provide specialist therapies on a one to one and group basis, and patients and carers told us they found these sessions very helpful. Patients and families also benefit from help and advice from dementia and stroke specialists.

We identified many examples of good practice in the ward. Patients and carers confirmed that they felt informed and involved in decisions about care and treatment. Care-planning documents encourage a personalised approach to care, identifying and meeting individual needs. Careful preparations are made before patients are discharged.

Patients were not uniformly enthusiastic about food on the ward, and we believe the management should invite patients and carers to offer their suggestions for how to make the food more appealing. We suggest that the hospital management should try to establish a patients' and carers' representative group at Chase Farm, and should also invite patients and carers to contribute their ideas for a patient information pack.

We were pleased to receive a response from the Hospital Director indicating that the recommendations we have made are being addressed, and we look forward to receiving a progress update in three months' time.

What is Healthwatch Enfield?

Healthwatch Enfield is an independent organisation which exists to represent patients and service users. Our job is to make sure local people's voices are heard by those who design and deliver services. We are part of a national network of Healthwatch organisations.

What does Healthwatch Enfield do?

- Healthwatch Enfield is here to help secure improvements to services such as GP practices, dentists, opticians, pharmacies, hospitals, care homes and day centres.
- We work on behalf of the local community, children, young people and adults.
- We provide information about the health and social care system.
- We collect the views and experiences of local people about health and care services; what works well and what needs to be improved.
- We have formal powers called 'Enter and View' so we can go and see for ourselves how adult health and social care services are working.
- We have a place on bodies like the Health and Wellbeing Board and we attend the Clinical Commissioning Group. This enables us to influence the way services are planned, commissioned and delivered.
- We work with local Healthwatch organisations in neighbouring boroughs because their residents share some services with Enfield residents.
- We pass on information and recommendations to Healthwatch England, to the local Council and the Care Quality Commission.

Further information about Healthwatch Enfield can be found on our website: www.healthwatchenfield.co.uk

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Healthwatch Enfield is registered as a Community Interest Company no 08484607 under the name of Enfield Consumers of Care & Health Organisation CIC.

What is Enter and View?

Healthwatch Enfield has the authority to carry out **Enter and View** visits in health and social care premises to observe the nature and quality of services. This is set out in Section 225 of the Local Government and Public Involvement in Health Act 2007.

Enter and View is part of our wider duty to find out what people's experiences of local health and social care services are, and use our influence to bring about improvements in those services. We can hold local providers to account by reporting on services and making recommendations.

Further information about Enter and View is available on our website: http://www.healthwatchenfield.co.uk/enter-and-view