Enter and View Report

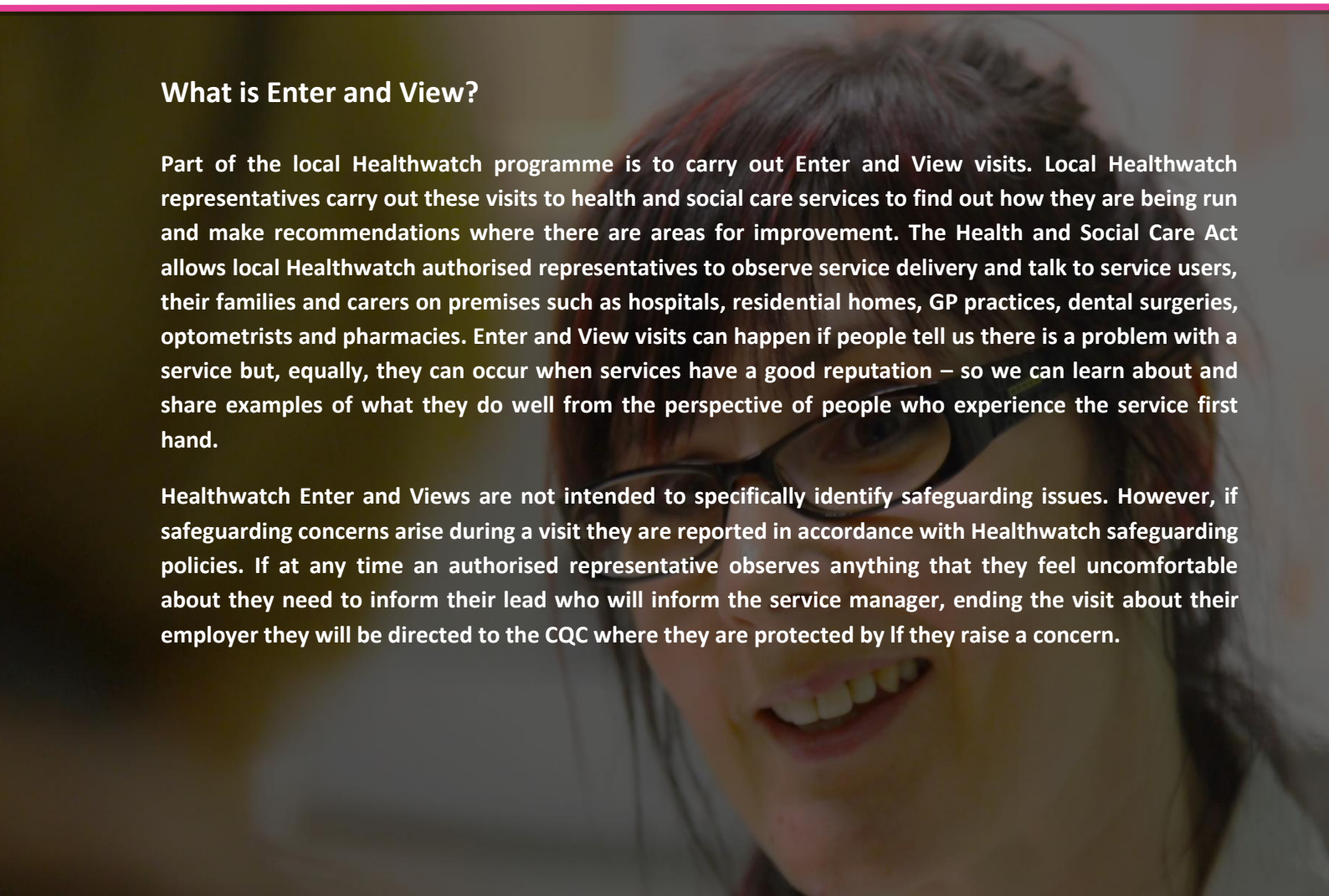
Details of visit	
Service address:	**Ward 6D Calderdale Royal Hospital, Salterhebble, Halifax HX3 0PW**
Service Provider:	**NHS**
Date and Time:	**7TH December 2015**
Authorised Representatives:	**Alan Walsh, Charles Gate and Judith Wodecki**
Contact details:	**Healthwatch Calderdale**

Acknowledgements

Healthwatch Calderdale would like to thank the service provider, service users, 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 service users 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.

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 about their employer they will be directed to the CQC where they are protected by If they raise a concern.

Ward 6D is the acute stroke care unit at Calderdale Royal Hospital. It is a fifteen bedded ward and in the last 2 months had run just slightly under its full capacity. It has three single rooms, a designated male room with four beds, a designated female room with four beds and a high dependency room with 4 beds.

Purpose of the visit

- The visit was carried out because of complaints received by Healthwatch Calderdale from members of the public regarding staff numbers and 'staff not being helpful' on Ward 6D.
- To make further enquiries about negative comments made about the service.
- Identify examples of good working practice.
- To engage with the service users about their experience of the service on Ward 6D.
- To engage with service users and family members regarding the service they receive and to make recommendations based on that feedback.

Strategic drivers

- CQC dignity and wellbeing strategy
- As a statutory body Healthwatch Calderdale has a duty to monitor and scrutinise hospital services
- Hospital staff have a duty to understand and respond to patient need, with care, dignity and respect.

Methodology

This was a semi-announced Enter and View visit. A letter informing the Ward Manager of the impending visit was sent stating the visit would take place within 30 days of the letter being sent, the letter gave the time of the visit, but not the date. A notification letter for the benefit of staff, patients and visitors informing them of Healthwatch Calderdale's visit was also sent to the manager, this letter was not displayed. We were informed the reason for this was due to a new notice board being fitted. Notification of our impending visit was written in the ward diary for staff. It was acknowledged by the ward manager that patients and visitors would not be able to view this.

On arrival, we approached the Ward Manager, Liz Graham, before we spoke to anyone on Ward 6D and took their advice on whether any patients should not be approached due to their inability to give informed consent, or for safety or medical reasons.

The two Enter and View volunteers asked relatives and patients about their experience of the ward. They also spoke to staff members about their experience of working on the ward, workload, supervision and training.

Eight relatives, two patients and nine members of staff were interviewed. A large proportion of the visit was also observational, in which the Enter and View volunteers were able to observe the environment, notice boards, lay out and accessibility of washrooms and seating areas.

Summary of findings

- On the whole relatives and patients who were interviewed were positive about the care and treatment that was given on the ward.
- There were numerous noticeboards and leaflet holders throughout the ward, although essential information that relatives would want to find was not apparent. Some of the relatives who were interviewed stated that there was a lack of clarity regarding contacting and speaking to the consultant who was in charge of their relatives' care.
- Staff were very busy and on the day that the Enter and View was carried out, the ward was a nurse staff member down. According to a staff notice board, on each of the three shifts that day there was a nurse short.
- Some of the relatives interviewed said that they had difficulty identifying who was who on the ward.
- We saw staff frequently interacting with patients
- We were told there were 13 patients on the ward at our visit
- The ward has an open visiting policy.

Results of Visit

1. Patients and their relatives were happy with the treatment and care received. Some had very high praise for the staff, their attitude, hard work and commitment.

2. We spoke with relatives who were dissatisfied with the process of gaining information about a prognosis and treatment plan. For those relatives, it felt there was a lack of clarity about how to gain access and to speak to the person in charge of their relatives care. Contact for the consultant was through the consultant's secretary by phone, who then passed on the request by email to the consultant. The relatives we spoke to found this to be long drawn out process that was less than satisfactory. Our visit took place on Monday. We were told by one relative that their parent had been admitted the previous Thursday, but they had not been given a satisfactory prognosis for their parent's condition.

3. There was a lack of clarity regarding who was who. There were many staff on the ward and their name badges were difficult to read. Some staff were working solely on Ward 6D and others were coming in from other departments, such as a dietician and physiotherapist. There was a board above the patients' bed stating who their nurse was that day but these were not always updated.

4. The staff who we interviewed all stated that they felt supported in their work, though they could not identify a regular supervision system. Similarly, all staff stated that they had plenty of training opportunities and that if they felt there was an area that they lacked knowledge they could access the appropriate individual training or supervision for continued professional development.

5. The staff we spoke to did feel that the ward was understaffed and that it was particularly difficult when staff were taken away to cover for another ward. Staff indicated that sometimes the absent staff member would be replaced with agency staff and although this helped with numbers they did not have the specialist knowledge that the regular staff member had.

The Ward Manager stated that they supply a Health Care Assistant to support the Transient Ischaemic Attack (TIA) clinic from Monday to Friday. Such staff are not taken from the ward staff, they are funded separately.

Staff also stated that breaks were 'hit and miss' and taken when they could have them, but not necessarily when needed. Staff work a 24-hour shift rotation, comprising of Nights, Long Days, early and late shifts. Some reportedly found the shift system tiring and difficult to manage.

6. The Ward Manager mentioned that it was quite difficult to recruit staff for the stroke unit as some staff prefer to work in departments such as A+E and in the Community. We were told that there were two admin clerks but one was on long term sick.

7. The ward environment, although very busy, provided privacy for the individual and a dedicated quiet area/visitor room. The division into three four bedded units off the main corridor helped to give some privacy and quiet to the patients. There were also three single bed rooms. There were separate wash areas for men and women. Hand gel was available at each exit door and by each bay. Notices referring to achievements in infection control and preventable falls were posted at the exit to the ward.

8. The food was described by patients as 'adequate and not too bad'.

9. In the relatives/visitor waiting room there were folders on 'Information for Patients coming into Hospital', a 'Stroke Information Pack', 'Going On Holiday', 'Drinking After Stroke', 'Driving After Stroke', 'Sex After a Stroke', 'Atrial Fibrillation' (AF), 'High Blood Pressure', 'Exercise After Stroke', 'Bereavement', 'Balance Problems After Stroke' and 'Pain After Stroke'. Although these folders were informative and helpful, the relatives we spoke to said they required more 'specific information' about easy access to senior staff such as a Doctor/Consultant and a prognosis of their relative's condition.

Additional findings

- The in reach service whereby staff on the stroke unit are contacted when a stroke patient comes into A&E was raised as being a positive by patients and relatives. They were really impressed by the speed that treatment was given. An expected wait in A&E was bypassed and made the experience much less stressful.
- There was a notice up about a research project that is currently being undertaken on the ward. This is a funded project that is looking at treatment strategies that improve outcomes from a stroke. The ward is participating fully in this project. Other notices included 'Home From Hospital After Care'; 'Chaplaincy'; 'MRSA & C difficile'. Along the corridor a new noticeboard that was to hold leaflets was in the process of being installed during our visit. Most statistics on the board were filled in, which contrasted with the adjoining ward's notice board in the same communal area that had no statistics filled in for that ward.
- There was a Xmas tree in the corridor and relatives waiting room, adding a seasonal touch to the ward environment.

Recommendations

- A who's who notice board with senior medical and nursing staff pictures and their name and role, to be placed both in the relatives/visitor waiting room and along the ward's corridor that should be regularly updated
- A straight forward process should be implemented to give relatives direct access to the consultant in charge of their relatives' care. This should be displayed on notice boards in the relatives/visitor area.
- Fold up chairs for visitors to use at the bedside so that they can easily be moved after use and prevent the current status of having visitors standing round beds or sitting on beds.
- For all staff to wear name and designation badges that are easier to read with larger font
- To ensure a full complement of staff on the ward at all times should be a Trust priority.
- PALS and Carer packs to be available on the corridor and in the relatives'/visitor room.