

Enter & View visits to Kingston Hospital NHS Foundation Trust

Report & Recommendations

Healthwatch Kingston upon Thames
& Healthwatch Richmond

8th December 2015



1. Introduction

For this visit we visited five inpatient wards, ahead of the Care Quality Commission (CQC) inspection in January 2016 and we chose specific wards due to information which appeared in recent PALS reports. We worked jointly with our colleagues at Healthwatch Richmond to plan the visit. The wards we visited were Blyth, Bronte, Hamble, Hardy and Keats. Our teams were made up of the following volunteers: Glenn Davies and Marita Brown; Elizabeth Grove and Yvonne Lincoln (Healthwatch Richmond volunteers); Caroline Cunliffe and Marianne Vennegoor; Graham Goldspring and Pippa Collins; and Jenny Pitt and Sophie Bird (Healthwatch Kingston staff).

2. Methodology

Our main focus was patient experience and our volunteers were given a number of “prompts” to initiate conversations with patients and relatives/carers around the following: General Care, Staff, Decisions about care, Cleanliness, Food, and Discharge arrangements (see Appendix A). We were given a range of timeslots by Kingston Hospital to visit the wards, some coinciding with mealtimes. We also spoke to staff, asking questions about what they would like to change.

3. Blyth Ward - Elderly Care & dementia

Tuesday 24th November, 10am-12pm

Our volunteers Glenn and Marita were welcomed by Fergus Keegan, Deputy Director of Nursing and introduced to the Senior Sister on the ward, and they spoke to seven patients to gain a snapshot of the ward. There were a few patients with dementia, and these were clearly identified with a forget-me-not symbol.

3.1 Patients

Several patients mentioned having to wait for 10 minutes or more when call-bells were activated, however all said that this was not a problem as they could see staff attending to someone else. Most patients seemed happy with their overall care. The main impression was that of a friendly and attentive ward, with a caring Sister who had run a geriatric ward for some years.

3.2 Staff

Nursing staff and doctors were clearly identified by their name badges and were talking to patients throughout the visit. The nursing staff were busy and cheerful and appreciated by the patients. The impression from one patient was that the nurses were keen to finish the task they were doing before they came.

3.3 Cleanliness

The ward was clean and the patients were very satisfied. The bathrooms and toilets were clean although in one, the shower had clearly not been used for some time. There was however, a shower room nearby.

3.4 Food

We were unable to see whether the patients were helped at mealtimes, as our visit didn't coincide with a mealtime, but this seemed to be no problem to the patients we asked. One patient told us that the food was not always hot, but others mentioned that the food was good. One patient requested a special fork which the Sister provided.

3.5 Discharge arrangements

Discharge was a potential problem with many patients living alone, although some had home visits for changing dressings etc.

4. Bronte Ward - Cardiology and haematology

Wednesday 25th November, 10am-12pm

Our volunteers Elizabeth and Yvonne were met by Anna Dellaway, Head of Midwifery and introduced to the Ward Sister, Wendy. On the ward when we visited there were four nurses, four auxiliaries and one ward administrator. We visited at a very busy time during doctors' rounds. We noticed that there was information in different languages and hot drinks availability - although not all patients were aware of this. There did not appear to be a room available for private consultation. Some people were using the chairs in corridors to hold discussions. It was interesting that the ward was not expecting us, so perhaps we saw life there as it really is... very hard working staff and very busy.

4.1 Patients

The team spoke to 11 patients. Of the patients that Elizabeth spoke to, generally speaking the patients were well satisfied by the care received from staff, and all were consulted about their treatment. Several patients were clearly glad to talk to somebody. One patient complained that she couldn't get a hot drink after 8.30am until 3.30pm. This was also remarked upon by a side ward occupant who felt they could sometimes be overlooked. All six patients that Yvonne spoke to said that the care they received was "okay" or "alright", qualified by statements such as "they do their best". One patient said it had improved since the last time he was admitted. One said that he thought "they do very well, try their hardest - and I have no complaints at all." All were generally positive but three stated that they needed accompanying to the bathroom and that this presented a problem for them.

4.2 Staff

All the staff were open and friendly. Some staff were working on mobile desks in the corridor, which also had empty trolleys, along with cleaning trolleys and waste bins being used by the cleaner. He told us that he cleaned every room daily with a rota for deeper cleaning. One female patient complained that she has to "wet" herself sometimes because she has to wait too long before she gets help from staff. (We did not have the opportunity to discuss the policy and difficulties of dealing with such problems with a senior member of staff).

4.3 Decisions about care

Two patients said that they were happy with the decisions about their care and one had refused some treatment offered. One said "to a certain extent, they will explain if you ask". One said that she was expecting the Occupational Therapist but no one came.

4.4 Cleanliness

Patients said that their bays were clean, one said "singularly clean" whilst another said he "had not seen the beds moved away from the wall yet", but this was observed in another bay.

4.5 Food

One patient said "very good", one said "lovely" - with feeling. One patient also reported that you can have a hot drink whenever you want one. Another said that she had difficulty opening the wrapping on the cheese biscuits, and that the portions were too large.

4.6 Discharge arrangements

The nurse in charge of patient discharge and the administrator were keen to explain the routines and issues around discharge. Out of the six patients that Yvonne spoke to, none knew anything about their discharge date or arrangements. Two had only been in one week. One said he had been in the ward since August. One was worried about who would

do her shopping when she was discharged. One said that he was being discharged that day but knew none of the arrangements (but this doesn't mean they weren't in hand). One said that nothing had been decided yet about returning home. Two of the six patients were living in care homes or in sheltered housing.

5. Hamble Ward - Respiratory

Thursday 27th November, 12pm-2pm

Our volunteers Caroline and Marianne were met by Fergus Keegan and Katherine Nagle, the Senior Sister. They spoke to five patients during their visit and one member of staff. They noted there was a poster in the corridor showing different staff uniform colours, so that patients/ carers/family members can identify staff and their roles. On the same notice board there was feedback of the 'You said' and 'We did'. This was evidence of improvements being made as a result of patient feedback.

5.1 Patients

One patient reported that his experience of the care on the ward is very good, while another said that they had been well treated. One patient had been transferred from another ward due to multiple complaints about his treatment, so he had just arrived on Hamble and thought that his treatment was good now.

5.2 Staff

Good and friendly communication was noted between Senior Sister Katherine and other ward staff. Patients described the nursing staff as “wonderful”, and “nothing was too much trouble”. Another patient felt that the doctors were treating the illness rather than the person. He also noted some lack of communication about when his catheter would be removed and whether he needed a scan first. One patient felt it was not so easy to talk to the doctors, but that he could talk to the nurses. Another patient was unhappy and commented that they were confused that it always seemed to be a different doctor, and that there was no named doctor. This gave the impression of a lack of continuity and some lack of compassion.

5.3 Decisions about care

One patient reported that they felt they had been involved in decisions, while another commented that they are happy to leave the decisions to the healthcare professionals.

5.4 Cleanliness

Patients on the whole felt the ward was very clean, commenting that the “cleanliness is pretty good” and “remarkable”. One patient reported that the cleaner comes into the ward two or three times a day.

5.5 Food

The patients overall were happy with the food, although two patients were unaware they could request something else if there wasn't anything on the menu they wanted. One patient reported that there was a lack of variety and there is only a weekly cycle. One patient was impressed that the staff helped patients to eat their food. One patient had been seen by a dietician due to his medical condition and was having nutritional supplements.

5.6 Discharge arrangements

Some of the patients we spoke to hadn't received a discharge date, while others had plans in place for a carer to visit or would be cared for by family members.

6. Hardy Ward - Gastroenterology

Tuesday 1st December, 12pm-2pm

Our volunteers Graham and Pippa were met by Senior Sister Rebecca. After an introduction to the ward with the Sister, the mealtime had nearly finished so we were unable to observe patient preparation for meals and staff assisting patients. Ten of the 24 patients could not be interviewed and of the remaining 14, we had time to talk to seven. Ward briefings on each patient are held every morning and a daily action spreadsheet is drawn up, detailing patients' needs. "Stealth" rounds are regularly carried out by the Senior sister, where she visits each patient informally.

Patient Passports were discussed with the Senior Sister. We asked her about details of next of kin or a patient's representative, which sometimes don't travel from the Emergency Department to the ward. We talked about problems where a contact person is not notified if the patient is moved or there is a change in clinical condition. The problem is that the records design does not allow a field for reception or staff to specify and name that person as well as the contact number. Often all that is recorded is "Next of kin: other" with sometimes a contact number. This is open to errors for busy staff.

6.1 Patients

Two patients reported that the care on the ward was "excellent", while another said he couldn't have been happier. One patient felt that did not always seem to be enough nurses, with "a lot of coming and going". Another patient who had mobility problems appeared a little dismayed with coping with life on a busy ward and uncomfortable medical problems. He gave an assessment of "all right" and a rating of 7/10.

6.2 Staff

There is information on the walls of the ward about who the staff are and their photos. Our reaction to what we saw and discussed with the Senior Sister is that there is an active and well-focussed leadership with a team of committed staff. We asked about how much of a ward sister's management strategy and initiatives is shared and taken up by other wards and how much is Trust policy. The candid answer was that she manages her way and introduces new ideas (or the staff do) and then shares what works well outside the ward, i.e., she has considerable ownership of how her ward is run. We commented on the contrast between our findings and that of the annual PLACE assessment earlier this year, which failed the ward on all points. She was concerned about this result. She mentioned that she works a four-day week. We wondered how much the three day gap would have knock-on effect on standards in the ward?

One patient had immediate concerns about the attitude of night nurses, describing them as "a bit bullying" and that he had trouble coping with lights out and the shouts of one of the disturbed patients.

Contact with the doctors received glowing reports from patients, described as "excellent", and "open discussion". One patient commented that doctors are responsive to her and also to her son who supports her. Another patient said that the doctors answer his questions and talk to him directly.

6.3 Decisions about care

All the patients we spoke to were positive in this respect, with one telling us that he had asked the doctors to explain his new medication and was reassured because they did supply him with information that he found satisfactory.

6.4 Cleanliness

Patients reported that the ward was clean, and one patient told us that she was impressed by the cleaning procedures, which even involved the upending of furniture so that it could be cleaned underneath as well. Only one patient we spoke to was unhappy, commenting that it was “not that brilliant”. We feel her reference may have been more about tidiness rather than cleanliness. However her main concern was relating to the bathrooms which some patients left dirty. She appreciated the care taken by staff and cleaners, and felt embarrassed to flag up a complaint.

6.5 Food

We noted that the choice of food is so complex that completing the menu cards takes up staff time, around 2-3 hours. On the whole, patients were happy with the food. One patient was a vegetarian and was dismayed at the lack of wholemeal food, but gave the food an overall rating of 8/10.

6.6 Discharge arrangements

Not all patients could comment on their discharge arrangements, as either they didn't know how long they would be in hospital for or were unaware of what would be happening. One patient had a pre-existing care package in place, while another was involved in ongoing discussions. One patient commented he had no idea about his discharge, and mentioned the word “evasive” to describe the staff's response to his questions about going home. He realised he needed carers.

7. Keats Ward - Stroke Unit

Wednesday 2nd December, 5pm-7pm

Healthwatch Staff members Sophie and Jenny were met by the Ward Sister Loveness and Fergus Keegan. It was a busy evening on the unit with 19 stroke patients and 10 general medical patients. We spoke with seven patients and one member of staff. We noted that there was a tea & coffee station in the corridor, plus a nutrition board and lots of leaflets from the Stroke Association (although none from local aphasia charity Dyscover). The palliative care team have three carer places so carers can stay at hospital with their relatives. As we arrived, the mealtime was beginning so we were unable to speak to all patients.

7.1 Patients

Overall the patients were happy with their care. Three of them also reported that they had a very positive experience with occupational and speech and language therapists. Two patients reported that their transfer from St George's Hospital to Kingston Hospital had gone smoothly. One patient commented that the nurse was very supportive and good at helping her into the shower as she has lost mobility in her arm.

7.2 Staff

We noted that the nursing staff were friendly and open, and interacted well with the patients. The nurses were helping those who needed assistance with eating. One patient described them as “wonderful”, and another said they had no complaints. The staff were also described as “lovely and treat me with dignity and respect”. One patient reported that when the nursing staff are busy and short staffed then they tend to rush and are not so good. Another patient commented that the doctors don't explain very well what is happening, while another said that the doctors did explain things well! We noted that the Ward Sister didn't have her name badge on the front of her uniform, but she explained that it had broken and would be fixed. The staff were busy, but none were rushed or stressed and this meant the bays were relaxed. Staff feedback was that they need a larger staff room to ensure they can rest properly.

7.3 Decisions about care

All the patients we spoke to reported they felt involved in the decisions about their care. One patient told us that she would like advocacy in medical meetings (although staff reported that this was available to patients if they requested it).

7.4 Cleanliness

The ward was very clean, tidy and well organised, and patients commented on how pleased they were about this. We noted that the bed sheets of the patients we talked to were tucked in and tidy. One patient commented that “ The cleaner does a very good job, I have seen him cleaning.”

7.5 Food

Patients commented that this was “good”, and there was a “good choice” of menu. Two stroke patients we spoke to showed us their special fortifying food, which is easy to swallow (important for stroke patients who have difficulty swallowing). We noted that relatives were encouraged to assist their loved ones with eating.

7.6 Discharge arrangements

Only one of the patients we spoke to knew about their discharge plans. One patient’s relative said she may have to give up work to care for her father, while another patient had been on the ward for 6 months while a care home place was sought for her. Another patient commented that she felt vulnerable at the prospect of having carers at her home.

8. Recommendations

- Consider simplifying choice on menu cards and introducing fortnightly cycle
- Introduce wider range of wholemeal foods for vegetarians
- Ensure all patients are aware they can have hot drinks whenever they want
- Ensure that the full next of kin/patient representative information is accessible to staff at all points on a patient’s journey, by modifying the formatting of the information on the IT system
- Ensure there is a room available for private discussions
- Inform/reassure elderly, vulnerable patients as early as possible about carers/help at home schemes upon discharge
- Liaise with local aphasia charity Dyscover to distribute leaflets for stroke patients

9. Next Steps

This report will be presented to Kingston Hospital NHS Foundation Trust, giving 20 days to correct factual inaccuracies and respond to our recommendations.

10. Acknowledgements

Healthwatch Kingston would like to thank all the patients and their relatives/carers who we spoke to during our visit. We very much appreciate their time and recognise that without their valuable input we would not be able to produce this report.

We would also like to thank the staff at Kingston Hospital NHS Foundation Trust for ensuring our visits went smoothly, in particular the senior nursing staff on the wards who took time out of their busy schedules to show us around the wards and give us their insights.

11. Further details

This report was produced by Healthwatch Kingston upon Thames and will be made available to the public on our website, and hard copies will be made available on request. Should you require this report in a different format, please contact the Healthwatch Kingston office at:

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12. Appendices

Appendix A - Prompts for patient interaction

Appendix B - Observations sheet

Appendix A

Prompts for Enter & View visit to Kingston Hospital

	Bay/Bed	
General overview: How do you feel about the care you have received on the ward?		
Decisions about your care: Do you feel you've been involved in decisions about your treatment? Has everything been explained to you?		
Ward cleanliness: Is the ward clean and tidy? Are the bathroom facilities clean?		
Food: Is the food ok? Have you had help to eat your food if you need it?		
Discharge: Do you know when you are going home? What care do you have in place for when you go home?		

Is there anything else you would like to tell us today?		
Can we contact you at home (or a relative) to find out about the rest of your stay in hospital? Could you give us your contact details (phone number, email address?)		

Appendix B

Kingston Hospital Enter & View Observations

Ward:..... Date:.....

	EVIDENCE PRESENT		
	YES	NO	N/A
Communication			
Are staff wearing name badges which are clearly displayed?			
Are nursing staff introducing themselves to patients prior to undertaking care?			
Are the doctors introducing themselves to patients prior to undertaking care?			
Are staff using patients' preferred or appropriate names in routine communication?			
Is any ward information available for those with language difficulties or disabilities?			
Are staff clearly communicating with patients? Do patients understand them?			
Were the patient bedside information boards updated?			
Assisting the Patient			
Is a patient's self care equipment within easy reach i.e. locker, table, jug and glass, call-bell?			
Is the call bell responded to within 5 minutes?			
Did you observe any ad-hoc nursing rounds to check patients comfort?			
Does it appear to be routine practice to help patients when required with meals, i.e. help to sit up, help with cutting food, help with eating			
Are patients given the opportunity to wash hands before meals?			
Are nurses attentive and responsive when spoken to by the patient?			

Did the nurses inform (by verbal and tactile communication) unconscious or severely ill patient of nursing interventions?			
Did you observe nurses actively promoting patient independence? [mental as well as physical]			
Privacy and Dignity			
Do all curtains and screens provide adequate cover and are they used when needed?			
Is there a private area for discussion with patients and their relatives? (Ask staff)			
If YES, state where--			
Cleanliness			
Is the patient bedside table/area clean and tidy?			
Is the ward clean and tidy?			
Are patients clean?			

OTHER COMMENTS- include any good and poor practices observed