

Enter and View Report (DRAFT)

Place visited: Ward C7 (Stroke Unit), 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: 3 December 2015

Visited by: Freda Smith, Carol Watkinson, Karen Smith 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, Jayne Stocks, 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. We agreed not to go into rooms where patients were isolated but there was no notice outside Cubicle 4. The enter and view representative suspected there should be one and, on checking with staff, discovered that a notice should have been in place.

An explanation of the aims and purpose of our visit was made 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. We also acknowledge that some concerns raised on the day have been investigated and responses given which take away the need for further recommendations. However, we are making a few recommendations which we believe will improve the patient experience in the future in relation to:

- isolation room notices
- storage options including freeing up bathroom for patient use

- provision of hand wipes at meal times.

Results of Visit:

General observations

The décor and hygiene/cleanliness in this ward appeared clean and satisfactory. The appearance of both patients and staff were all good. Although it was the lunch time period there was a sense of quiet among staff and among the patients. Some vulnerable patients were seen being assisted with their meals by staff but there was an issue about a patient with visual impairment not being able to see where her main meal was (only ate pudding).

The wide ward corridor is used for linen storage and for medical notes trollies. Chairs are stored at one end of the corridor. One bathroom is used as a store for lifting and handling equipment leaving one bathroom for all ward patients. Although there was no serious obstruction observed in the corridor, the lack of storage facilities is of concern and we do wonder what the impact is at peak periods with just one bathroom for up to 19 patients.

Safeguarding

There were no patient safeguarding issues observed on this visit

Additional findings

None.

Patient Interviews

A total of ten patients were interviewed on this ward.

Patient Understanding

Eight patients felt that staff had explained why they were in hospital and about their treatment and felt able to ask further questions about treatment if needed. One patient said this had not happened and another felt they had not been able to understand what they were told. All patients responding felt able to ask further questions about their treatment except for the person who felt unable to understand their treatment.

Of those responding, five patients felt that nurses and doctors introduced themselves while one said that doctors do (but nurses do not always). Another said that it was not always and another said they did not introduce themselves.

Eight patients felt that discussions on their treatment were conducted in a way that maintained confidentiality while two did not. Seven of those interviewed felt that they had overheard information about other patients being discussed. There was patient recognition that it was difficult in bayed areas with only curtains for privacy

and that sometimes, because of the patient's condition, it was not practicable to go to somewhere else more private. In addition, one patient close to the nurse station said they could overhear telephone discussions about other patients.

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, one said they had not been asked. All patients bar one felt they had had chance to say how their personal needs could be met.

Raising concerns

Most patients did not have major concerns and felt they could talk to someone about them if they had to. One patient said that, while they could raise concerns, staff did not listen. Another was unhappy that a sling that he needed had yet to be provided 24 hours later. This issue was raised with the Jo Loughborough, Patient Experience Practitioner, at debrief and further investigated to discover that this was a specialist sling that had to be ordered and was available and put in use the next day.

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 indicated they had had to ring again after ten minutes and another felt that no-one had explained to them why they had to wait.

Meeting nutritional needs

Six patients said they had been asked about their dietary needs but three said they had not although one of these also said they had told staff about a meal they did not like and had not had it again. All eight patients responding felt that staff checked on whether they had enough to eat or drink but one complained about not being given enough water. In this case, we were able to point her to the red notice next to her bed restricting her fluid intake to 1.5 litres daily.

Satisfaction

Of the nine responding, four patients rated their care as excellent, four as good and one as satisfactory, with none as poor or very poor.

Positive comments included that their care was positive and helpful while another said it was as pleasant as it could be in the circumstances. One patient reported that they had had four moves within the hospital since admission. Another was anxious because it was unclear about whether he would be having an operation or not and was currently 'nil by mouth'. He was asked to raise this with the ward staff and get this clarified with the consultant.

We noted that one patient had not been issued any hand wipes when their meal was served (in Bay 4). One lady who has poor eyesight was observed to be eating her pudding and not aware of the location of her main meal. This was raised with Jo Loughborough at the debrief and checked to discover that staff were aware and that this lady often eats her pudding first.

Another patient claimed that he had not been provided with a neck support pillow for chair and wheelchair use as he had spondylosis. This was also confirmed by his wife. Again this was raised with Jo Loughborough and she reported back the next day that the patient had been discharged home and that the wheelchair in question was his own so specifically designed for his use. It would also not be normal practice to start pushing pillows down the back.

Recommendations

A number of points were raised at the debrief on the day with Jo Loughborough which she investigated, providing an email response the next day as outlined above regarding:

- lack of pillow support for male patient
- provision of a specialist sling for male patient
- orientation of food for female patient with visual impairment.

We did appreciate this early clarification of concerns which has meant that our recommendations today are limited to:

1. Ensure that notices about isolation rooms are clearly displayed.
2. Examine storage options on C7 to limit items that need to be stored in corridor.
3. Examine options for storage of lifting and hand ling equipment to free up bathroom for patient use.
4. Ensure that hand wipes are issued to all patients at meal times.

Service Provider response

The Trust welcomes the external support given through the Healthwatch visits.

This visit detailed within this report focused around mealtime service and it is excellent to note that of all the patient questioned they felt their nutritional and hydration needs were being met. This continues to be a key area of focus throughout the Trust.

From the recommendations the following action response is attached, this will be monitored by the Ward Leader, Associate Chief Nurse for Medicine , with review from Patient Experience and Healthwatch:

Issue	Action	Timescale	Lead
Lack of isolation notices on side bays (Stroke Unit)	<ul style="list-style-type: none"> • Correct signage is always displayed outside of rooms re infection control precautions for patients in isolation as per infection control policy • All staff to be reminded of the importance of good infection control practice 	Immediate	Ward Leader
Ensure corridors remain clutter free and that access/ egress is maintained	<ul style="list-style-type: none"> • Examine storage options on Stroke Unit that keep corridors free • Essential equipment stored within corridors as necessity will still enable access 	3 months	Ward Leader
Ensure moving/ handling equipment is not stored in patient bathrooms Stroke Unit	<ul style="list-style-type: none"> • Ensure moving and handling equipment is safely stored in designated area 		
Ensure hand wipes are available for patient at mealtimes	<ul style="list-style-type: none"> • Housekeeping team to ensure each tray has a hand wipe sachet on it at mealtimes. 	Immediate	Ward Leader



Enter & View- Diana Princess of Wales Hospital - Dignity & Respect

Name of Ward

Bay

Name of person completing form

Purpose of Visit	To explore how the individuals dignity is respected in this care setting and to identify good practice
Aim of Visit	
<p>Our aims were:</p> <ul style="list-style-type: none"> a) To observe the environment and routine of the ward with a particular focus on how well they supported the dignity of the patients b) To speak to as many patients as possible about their experience on the ward, focusing specifically on the personal interactions with ward staff and others providing their care and treatment c) To speak to family members visiting the patients about their perspective on the care provided 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 not 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?

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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) Did staff explain why you are in hospital and your treatment to you clearly?	Yes No
1(b) Did you feel able to ask further questions about your treatment?	Yes No
2 Do the nurses and doctors introduce themselves to you?	Yes No
3(a) Do you feel when your treatment is being discussed with you it is conducted in a way which maintains your confidentiality	Yes No
3(b) If no, what alternative would you like to see being offered?	
4(a) Have you overheard information about another patient? (for example, on the phone, at nurses station etc)	Yes No
4(b) If answer is Yes, what type of information? Briefly explain:	

Meeting Your Needs

5(a) Have you had a chance to say how you want **your practical needs** to be met e.g. extra towels or pillows, cultural needs, contacting relatives?.

Yes No

5(b) If no, give examples:

6(a) Have you had a chance to say how you want **your personal care** needs to be met e.g. help with toileting, washing, changing, combing your hair?

Yes No

6(b) If no, give examples:

Raising Concerns

7 Have you had any concerns? If so were you able to talk to someone about them? (explore if appropriately/sensitively)

8 Do you feel that family/friends are able to comment to staff on your care and that they will be listened to?

Yes No

9 Is your care given in a respectful, timely way e.g. help with personal care, ringing bell more than 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)