

Lancaster Suite Royal Lancaster Infirmary Enter and View Report

Contact Details:

Ashton Road
Lancaster
Lancashire
LA1 5AZ

Staff met during visit:

Ward Manager; Lisa Winn, and the Deputy Matron;
Erian Thornton.

Date and time of visit:

19th May 2016 10.30-12.00am and 1.30-2.45pm

**Healthwatch Lancashire Authorised
Representatives:**

Linda Brown (Lead)
Michele Chapman
Ilyas Patel
Neil Greenwood (Volunteer)

V2.1

Introduction and context

In February 2015, Healthwatch Lancashire documented five patient journeys from ward 39 at Royal Lancaster Infirmary (RLI) over a period of six consecutive days.

A report of the findings 'Patient Journeys Ward 39' was presented to the University Hospitals of Morecambe Bay Trust (UHMB). The Healthwatch Lancashire report 'Patient Journeys Ward 39' can be found at www.healthwatchlancashire.co.uk.

As a result of Healthwatch Lancashire's findings from the five patient journeys, the feedback highlighted a number of reoccurring themes which brought changes in the following five areas:

1. Introduction of name boards which now include patient name, name of consultant, name of nurse and any individual or specific needs.
2. A new poster designed and developed in association with Healthwatch Lancashire to inform how patients, carers, relatives can raise concerns or make complaints.
3. A 'Sleep Well' campaign was launched on Ward 39.
4. A review of staffing over seven days was undertaken to ensure staffing is sufficient over the full week.
5. Reiteration of the professional responsibilities of all staff when caring for patients.

Healthwatch Lancashire's team of representatives returned to ward 39 on the 19th May 2016 to speak to the patients, staff and friends and family members about their views on the changes made in the five areas that were highlighted as requiring improvement during the previous visit.

Improvements to patient care

In February 2015, a report was presented to the Executive Chief Nurse at University Hospitals of Morecambe Bay NHS Trust, who then shared the report with the Chief Executive, Chairman, the board of directors and staff on ward 39 at Royal Lancaster Infirmary.

The report included a number of positive comments by patients and their families along with recurring themes which highlighted where care could be further improved.

Since this last report was published ward 39 has been reduced to a 34 bedded unit and renamed The Lancaster Suite.

"Before Christmas the initial building work on RLI's largest ward, ward 39 began. The aim of the work was to make its size more manageable. This was a priority as it had been a concern in the past for both the Trust and our regulators - the Care Quality Commission (CQC). As a result, in 2015 the Trust proposed to the CQC that they would divide ward 39 creating a general admission ward and combined cardiology unit (CCU). The former ward 39 now consists of two smaller more manageable wards. The larger left section of ward 39 is now known as the Lancaster Suite and the smaller bedded bay area will remain named ward 39, until summer 2016 when it will become known as CCU."

AARON CUMMINS, DEPUTY CHIEF EXECUTIVE/DIRECTOR OF FINANCE

Acknowledgements

We would like to thank Lisa Winn, the Ward Manager, together with patients, staff, and visitors on the Lancaster Suite for being so welcoming and taking part in the Enter & View visit.

We would particularly like to thank Lisa for being so accommodating and taking the time to speak to us, despite her busy schedule.

Methodology

On Thursday 19th May 2016 an Enter and View visit was undertaken by authorised representatives from Healthwatch Lancashire who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of those people using the services.

The team of trained Enter and View representatives record their observations along with feedback from service users, staff and, where possible, relatives and friends. The team compile a report reflecting these observations and feedback. Their report is sent to the manager of the facility for validation of the facts. Any response from the manager is included with the final version of the report which is published on the Healthwatch Lancashire website at www.healthwatchlancashire.co.uk

The team reviewed the original report and considered the findings when conducting the Enter & View. In order to observe whether those recommendations had been implemented we spoke to eleven patients and relatives, structuring our conversations around the five areas identified in the original report. The aim was also to gather information concerning patients overall experience of the new Lancaster Suite which has replaced the previously named ward 39.

In addition, we were also able to speak to seven staff about their views about staffing levels and skill mix, how they felt about the new Lancaster Suite and if they would be happy to recommend the ward to a close relative. The team also recorded their own observations on the environment and facilities.

The 34 bedded unit was fully occupied on the day of our visit.

DISCLAIMER

THIS REPORT RELATES ONLY TO THE SERVICE VIEWED AT THE TIME OF THE VISIT, AND IS ONLY REPRESENTATIVE OF THE VIEWS OF THE STAFF, VISITORS AND PATIENTS WHO MET MEMBERS OF THE ENTER AND VIEW TEAM ON THAT DATE.

The Five Areas for review from the 'Patient Journeys Ward 39' Report 2015 (Lancaster Suite)

1. Introduction of name boards which now include patient name, name of consultant, name of nurse and any individual or specific needs.

The team found that the majority of name boards were up to date however, three out of five in one female bay had not been updated from the day before and two of those did not show the consultants name. All the name boards had the patients correct name, key nurse and special instructions on them. This has to be viewed in context that the ward was understaffed on the day of our visit due to sickness.

- All of the patients and relatives asked told us that the information about them was kept up to date.

"I was not asked by what name I would like to be called but it did not really bother me."

2. A new poster designed and developed in association with Healthwatch Lancashire to inform how patients, carers, relatives can raise concerns or make comments.

The team found that although the poster was clearly displayed at the entrance of the ward along with information for Patient Liaison Service (PALS) complaints procedure, the majority of patients and relatives did not know how to make a comment and had not seen the poster. A number of respondents said that they had no need to complain as they had been very happy with their or their relatives care.

- Four of the eleven patients and relatives asked knew how to make a comment or complaint.
- Seven of the eleven patients and relatives asked had not noticed the poster informing them how to do this.

"I would write a letter."

"I have met a representative from Blackburn."

"I have not had to complain, I'm very happy with the care my relative is receiving."

"I have been coming to the hospital for a while now and I know the complaints procedure inside out."

"I have been here for three weeks now and not been well so it is not important to me right now."

"Everybody here is really good and I know if I had an issue the staff would guide me."

3. A 'Sleep Well' campaign was launched on ward 39.

The team found the majority of patients we spoke to said that they were able to sleep satisfactorily at night. The main reasons for sleep disturbance were due to the patient's own illness or activity that had to be carried out to attend to poorly patients during the night. All of the patients asked were unaware of the availability of ear plugs and eye masks, some patients said they would not help because of their condition and those that slept well did not feel they would want them.

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- Six of the eleven patients asked said that they slept well.
- Four patients said they slept adequately.
- One patient said they had not been able to sleep the first two nights on the ward but had slept a lot better since.

"I sleep okay."

"My relative sleeps as well as he can in view of his illness."

"I get good medication so I sleep well."

"I sleep well."

"My mum is in a single room so she has no issues with sleeping."

"It's too noisy, the activity keeps you awake because people are poorly."

"The ward is always noisy due to poorly patients."

"Being poorly keeps me awake."

4. A review of staffing over seven days was undertaken to ensure staffing is sufficient over the full week.

The team found that on the day of our visit the ward was short staffed by a registered nurse and clinical support worker due to sickness. Two patients also needed one to one care. Additional staff had been called in to help from other areas and the Ward Manager was also 'hands on'. The Lancaster Suite/ward 39 has been divided into different areas and a new fifteen bedded elderly unit has been created which is also currently being served by the Lancaster Suite staff. We were told that this unit will eventually have more of its own dedicated staff.

The Ward Manager told us that skill mix could be better but that this is a national problem. She also told us that a lot of work is being done to address this by supporting newly qualified nurses for eighteen months to acquire the right skills and are piloting a scheme called 'Listening into Action' (LIA).

"I feel supported as a student nurse. I don't feel under pressure and I am able to work within my competencies easily."

The Enter & View team observed that the staff were very busy but the ward appeared to be calm and with staff clearly visible and engaged in patient care. Eleven respondents (patients and relatives) were asked if they thought there were enough staff on duty during different times of day.

During the Day

- Six respondents said that there appeared to be enough staff on duty.
- Four said there was not and one person responded that there was not enough today.

At Night

- Four respondents said that there appeared to be enough staff on duty.
- Four did not think that there appeared to be enough staff on duty.
- Three did not know.

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At the Weekend

- Four respondents said that there appeared to be enough staff on duty.
- One did not think that there appeared to be enough staff on duty.
- Six did not know as they had not been in hospital over a weekend.

"They always appear short staffed but I haven't suffered because of it, they work very hard."

"I can always speak to a member of staff. I have felt well supported by them." (Relative)

"When I visit there always appears to be enough staff."

5. Reiteration of the professional responsibilities of all staff when caring for patients.

The Enter & View team found that staff were professional and caring in their approach and maintained patients' dignity at all times. A member of the Enter & View team observed a situation whereby a nurse had to resolve a situation with a visitor that was compromising the patient's dignity when carrying out personal care, this was exacerbated due to a language barrier. The relative had complained that their relative had been left for 30 minutes on a commode and was crying. The relative kept opening curtains to see their Mum whilst being attended to by two nurses. The nurse explained that the relative could come in but must keep dignity in mind and not keep coming in and out opening the curtains.

This created a difficult exchange between the nurse and relative but the nurse remained professional throughout. A member of the Enter & View team had observed the same call bell for less than 10 minutes. All other call bells appeared to be answered within a timely manner.

A member of the Enter and View team was asked to provide proof of identification and to verify why they were on the ward by a nurse, which showed diligence and professional responsibility to the vulnerable patients in her care.

It was observed by the Enter & View team that the ward appeared calm and well organised although the staff were obviously very busy.

- Feedback from ten patients and relatives confirmed that staff were very professional and caring.
- One relative had complained about the time it took for their loved one to be attended to when requesting assistance which was worse at night.

"My relative is asked to wait all the time."

"The staff are doing a fantastic job. It is very short staffed. They are very caring."

"They are very professional. The staff have been excellent."

"I'm very pleased with the staff and team and the care my relative has received."

"They staff are good, they all love their job and it shows."

"Staff are so understaffed and I feel sorry for them as they are doing a great job."

"The NHS needs to be complimented on the service they provide, I come from (country) and we do not get anything like this there."

"The staff have to multi task and this is not good."

"I have no issues at all here."

"The staff here are brilliant."

"The staff here are so nice and I can only compliment the service they provide."

Staff Views

We had an opportunity to speak to seven members of staff about their experience of working on the Lancaster Suite. Two of the staff we spoke to had been taken from other wards to cover for the two staff off sick today.

Summary of responses

- **Most of the staff said that there were usually enough staff when on duty.**

"Staffing issues are a national problem and not specific to this ward."

"Staffing levels have improved tenfold."

"I generally, feel there is enough staff and get support from other wards if it is needed."

"Normally staffing is not an issue but there are days when staff are not well and not in which can affect staffing levels."

- **Most staff felt the skill mix was usually adequate when on duty.**

"There is a good mix of band 5 and band 6 on duty."

"In order to get the right staff numbers there has been a need to recruit international nurses who have required additional support to working in the NHS."

- **All the staff we spoke to felt that the Lancaster Suite was an improvement from the previous ward 39**

"I have worked on both wards and can see a big difference."

"It's getting better but more work can be done."

"I think the ward has improved and if we can get the staffing right everyday it would be even better."

"This is the first time on this ward so I cannot comment."

"A lot of effort has been made to improve teamwork and morale and as a consequence we work much better as a team."

"The interpreter service could be improved."

- **Staff reported being happy working on the ward**

"The ward is a happier place now; over the two years the team has grown together."

- **All staff said they would be happy to recommend this ward to a close relative.**

"I would be happy to have a relative come here (if they needed the service)."

"I have had my relative here and he was very well looked after."

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Enter and View observations and additional information

The Enter & View team found the entrance to the ward was secure with a keypad security system in place. Useful and up to date signs and notices such as, a complaints procedure, consultation posters for the undergoing changes and proposals and a Mission Statement was clearly identified. A helpful notice board displayed information such as staffing levels, key staff names, identification of staff uniforms and the number of compliments (15) and complaints (0) for the previous month.

The Healthwatch Enter & View poster was observed on the entrance door as were visiting times.

Information was displayed about dementia friendly initiatives that were in operation on the unit such as, a 'butterfly scheme' which identified patients who may be affected with memory problems with a butterfly.

Two quiet rooms with comfy seating, tables, magazines and a television was available for relatives to use at the entrance to the ward and was occupied when we arrived.

The corridors, bathrooms and clinical areas appeared to be very clean, with a pleasant odour. Hand hygiene messages were very prominent throughout the hospital, but the soap dispenser was empty at the entrance of the Lancaster Suite, this however was replenished prior to us entering the ward.

Staff names were marked on the doors to the bays where they were working for easy identification. Initially the corridors in the hospital and on the unit appeared cluttered but we were told by the Deputy Matron that this was delivery day for stock and equipment to clinical areas. The corridors between the bays had to accommodate lifting equipment, emergency equipment and patient record trolleys for each bay so this was unavoidable. There was clear signage to rooms and facilities.

Patient bays were very tight in terms of space between beds and there appeared to be barely enough room for visitors to sit. Chairs also had to be stored on the corridors outside the bays for visitors use. The Ward Manager told us that the ward was still undergoing changes and building work which will be completed by July 2016. The ward will then be reduced to 29 beds when the new Cardiology ward is completed.

We were told by the Ward Manager that scores on a national data base called "I want great care" has increased across the hospital. The scores are currently very good at 4.6 out of 5. Patients and visitors are given the opportunity to complete a questionnaire for ward 39 which is then input onto the national data base. These results are reviewed at the monthly governance meetings.

Healthwatch Lancashire have been unable to access any results or feedback for ward 39 or the Lancaster Suite on the website iwantgreatcare.org using the form provided and unique code other than the overall ratings for the Royal Lancaster Infirmary.

University Hospitals 
of Morecambe Bay
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28 June 2016

Dear Sheralee

Healthwatch Lancashire: Draft Report

Thank you for your recent report and please accept this letter as acknowledgement of the same.

The Trust are happy with the content of the report and my colleague, Carol Park, Assistant Chief Nurse, Medicine Division has kindly pulled together an action plan outlining the actions the Trust will be taking. I have attached this for your perusal.

I'd like to thank you and your Healthwatch colleagues for the continued support you provide the Trust in helping us to keep improving it is very much appreciated.

Yours sincerely



Sue Smith
Executive Chief Nurse

Enc: Healthwatch action plan.

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Action Require/ Recommendation	Key Lessons/Issues	Evidence	Completion Date	Future Action Plans
Call bells to be answered in a timely manner	<p>Ensure all call bells are answered in a timely manner</p> <p>Ensure every patient has call bell near to hand</p>	<p>Call bell audit</p> <p>Monitor time to response</p>	ongoing	Need to monitor response times
De clutter ward	Ensure ward is an efficient and safe place to work	<p>Matrons audit</p> <p>Matron Walk around</p> <p>Pre CQC inspections</p> <p>Environment change to maintain storage</p>	ongoing	
Sleep well campaign	<p>Ensure patient are aware that they can have access to ear plug and eye masks</p> <p>However patients need to be risk assessed prior to</p>	<p>Needs to be added into patient information leaflet</p> <p>Promote to patients verbally</p>	Sept 2016	
Continue to monitor staffing	<p>Main issue: vacancy factor</p> <p>The ward is funded appropriately to ensure it is red rule complaint, however due to vacancies this is not always possible. Need to continue to monitor</p>	<p>Monthly cohort days</p> <p>Recruitment of CSW to fill the gap</p> <p>International recruitment</p> <p>Monthly budget and staffing review with ACN</p>	Ongoing	
All boards be the beds to be updated daily with correct information	Ensure clear process in place for updating the boards daily	Monitor compliance on matron and ward manger walk rounds	ongoing	

FEEDBACK FORM FOLLOWING ENTER & VIEW BY AUTHORISED REPRESENTATIVES

Healthwatch Lancashire values any constructive comments that would help to enhance our practice of the Enter & View process. Could we therefore ask the service provider to use this form to provide feedback to help us evaluate our effectiveness?

Organisation Address	Premises –if different
University Hospitals of Morecambe Bay	The Lancaster Suite @ Royal Lancaster Infirmary
Contact Name	Telephone Number and/or email
Lisa Winn	01524512353
Name of Healthwatch Enter & View Authorised Representatives	Linda Brown (lead)
	Michele Chapman
	Ilyas Patel
	Neil Greenwood (volunteer)
Date & Time of Enter & View	19 th May 2016 10.30am -12.00pm & 1.30pm – 2.45pm
Were you happy with the Enter & View Arrangements prior to the visit? Comments-	
Yes – Poster provided to advertise forth coming visit Email clarification and reasons for visit provided	
Please outline any Positive aspects of the Enter & View visit. Comments-	
The ward was very busy at the time of the visit and the appreciation from the team visiting was very understanding and accommodating to this need. The team spent a length of time explaining what they were going to do and asked advice as to how this would fit around the workings of the ward.	
Please outline any Negative aspects of the Enter & View visit. Comments-	
No – very useful informative visit which the staff appreciated	

Please use this space to comment on how you think we could improve your experience of our Enter & View visit. Your views are very important to us at Healthwatch Lancashire and we appreciate, in anticipation, your time to complete this form.

No – I felt that the team on the day were very supportive and understanding of the operational issues that are involved when managing a busy acute area.

<i>Completed by</i>	<i>Lisa Winn</i>
<i>Position</i>	<i>Ward Manager</i>
<i>Date</i>	<i>23.6.16</i>

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