

## Healthwatch Cheshire West Enter and View Report - NHS

<b>Enter and View Visit to</b>	Ward 33 Stroke Unit Countess of Chester Hospital (COCH) Countess of Chester NHS Foundation Trust Liverpool Road Chester CH1 1UL
<b>Date</b>	November 30 <sup>th</sup> 2016
<b>Authorised Representatives</b>	Pam Hunter, Janet Lomas
<b>Staff Present</b>	Cathy Lloyd, Deputy Ward Manager, Lawrence and Jenny - Ward Staff
<b>Background</b>	<p>The Countess of Chester Hospital NHS Foundation Trust provides a range of medical services to patients from Western Cheshire, Ellesmere Port, Neston and North Wales.</p> <p>Ward 33 is a 28 bed stroke unit, offering both Acute care and Rehabilitation services.</p>
<b>Overall Impression</b>	<p>Representatives found Ward 33 a welcoming and friendly environment. Staff were enthusiastic and positive about their work and are achieving good results across a broad range of activities.</p> <p>Representatives did feel that the unit could do more to advertise and promote their achievements to patients, relatives and visitors.</p>
<b>Any ideas or suggestions for improving service?</b>	<ul style="list-style-type: none"> <li>• Introduction of a staff information board including photographs, role descriptions and uniform explanations.</li> <li>• Welcome notices could be more brightly coloured and eye-catching</li> <li>• Staffing issues and patient flow issues need to be addressed by the Trust.</li> <li>• Increased psychology time needed</li> <li>• Information about how to complain needs to be more clearly displayed, including PALS leaflets and Family and Friends cards.</li> <li>• Relatives seating area could be improved with better lighting and display boards in vibrant colours showing positive patient feedback.</li> <li>• A display board could also be introduced to celebrate staff achievements, awards and examples of good practice.</li> </ul>

## Welcoming

On arrival on ward 33 the staff were not aware that we were visiting, however, the ward clerk who was just about to leave to attend training welcomed us warmly. She explained that the nurse in charge of the ward that day was not currently on the ward so she introduced us to Gwen, a staff nurse who temporarily left her duties to give us a brief introduction to the ward including fire safety information.

The layout of the ward was explained to us: - single sex, six bed bays (one of which was the Hyper acute bay for new admissions) and several individual rooms. We were shown the patient information board with its colour codes indicating each patient's stage of treatment. We were informed that we could look around the ward and speak to patients who were happy to do so but she suggested that we did not disturb the patients in the Hyper acute bay; we were also informed that some patients were receiving personal care and asked that we respect their privacy. Representatives viewed these comments positively as an indication of regard for the patient's state of health and respect of dignity of patients.

We later met Cathy Lloyd, the Deputy Ward Manager who had not been aware of our visit either or of Healthwatch. Despite being very busy with direct patient care on the Acute unit, Cathy invited us into the ward office and we felt that she gave us a generous amount of her time to talk about the ward.

**Entrance to ward** - The door to the ward was locked on our arrival for security reasons, there was a bell with an intercom which we pressed but no one spoke to us before the door was released.

There were notices on the door about visiting times and a welcome notice with the names of key staff and phone numbers. This notice was also posted on the door to each of the bed bays. The notice was practical but could have been more colourful and eye-catching. There was information displayed about protected meal times and a staff on duty board pertaining to numbers of staff which was a wipe clean board to be changed each day.

There was no information about the staff team. Cathy informed us that they should have a staff information board and that other wards have them with photographs of staff members and their roles. She said she would follow this up with the ward manager on her return. Representatives asked if there was information about what different uniforms meant, we were informed that there had been a notice but it was no longer in place.

We observed good accessibility for those with disabilities. There was a lot of specialist equipment and seating which was stored safely and away from main thoroughfares, the bathrooms and toilets were well equipped for those with disabilities and were clean and fresh.

The ward was generally well lit with good use of natural light giving a bright and airy feel. The ward smelt fresh and clean.

## Safety

The ward appeared safe, clean and well maintained.

**Staffing** - Cathy explained that there are four qualified nursing staff on during the day and three at night. However whilst there has been an agreement that one qualified nurse will always be specifically ring fenced for the Acute beds, she explained that one nurse is often transferred to other wards at night.

Cathy has highlighted this to the Trust as a risk to patient safety.

Another issue affecting patient flow on the ward is that there is pressure to accept non-stroke patients due to bed shortages on other medical wards. This means that they are unable to move people from the acute stroke beds when they are well enough. On the day of our visit there were 5 medical patients on

the ward who were not stroke patients. Again Cathy said that this has been highlighted and the Trust is aware of the issue.

The ward has a team of doctors/consultants with one consultant specifically based on the unit, which aids communication and provides consistency.

The ward is well served by specialist Neuro therapy staff most of whom are based on the ward but are also called to other wards as required e.g. head injury patients. Therapists have their own treatment rooms on the stroke unit.

There are 3.8 Occupational therapy staff, 3.3 Physiotherapy staff and 3 Rehab assistants.

Speech and language therapists are not based on the ward but visit regularly.

Representatives felt that the only shortage appeared to be psychology time; the ward only receives one afternoon per fortnight.

#### **Safety information on display -**

- Fire procedures
- Falls pathway
- Monitoring forms regarding slips, trips and falls
- Monitoring forms re ulcers
- Safeguarding information in Ward Manager's office
- Deprivation of Liberty Safeguarding information was displayed on ward detailing referrals made and the status of the referral. Cathy informed us that while there is some delay in response to referrals most are completed within the standard time scales.
- Notices regarding special diets were displayed clearly above patient's bed.

**Cleanliness** - The ward showed good attention to cleanliness in all areas visited. We observed a cleaning trolley neatly stacked with colour coordinated equipment and fluids. This was stored in a visible position but not obstructing access around it.

**Infection control** - Hand gel dispensers were readily available around the ward.

We did not observe infection control information or reports e.g. PEAT or PLACE (may be present but none seen by representatives)

#### **Other safety information -**

- All staff wore identity badges
- All patients spoken to had identity bracelets
- Call bells for patients were in place and accessible
- Representatives are unable to give a view regarding medication as none being dispensed at the time of our visit.

### **Caring and Involving**

The unit is a busy unit but the team working observed was exceptional, everyone working together, exchanging ideas and information for the benefit of the patient. Staff were enthusiastic and passionate about their work leading to a positive working environment.

The unit is supported by a team of Stroke coordinators who work 8am to 8pm, 7 days per week available on call through the hospital bleep system. All staff spoken to said how much they valued the coordinators especially the specialist training they delivered twice weekly.

The unit participates in the Sentinel Stroke National Audit Programme, which monitors standards across hospitals nationally. A member of staff proudly informed us that the unit had been the first in the North West to be graded at the highest level of 'A'. The system is a live system and grades change from year to year but the unit has been consistently good over recent years.

A member of Therapy staff, Lawrence, has been awarded a "Living the Values" award by the Trust and is heavily involved in fundraising for the unit, being the link staff member with the Rotary club raising money recently for a new Therapy Bike. Lawrence involves staff, patients (present and past) and their relatives in fundraising activities and is currently involved in raising funds to create a garden area for patient's, which will create another therapeutic environment to aid patient's physical and psychological recovery. Lawrence spoke with passion and enthusiasm about his work within the unit and his fundraising work. *"This has been one of the best years... I have worked here for several years but I feel like I'm only just starting."*

This enthusiasm was shared by another member of the Occupational Therapy Team, Jenny who said, *"I love it here, it is my dream job."* She went on to explain how rewarding it was to be able to follow the patients whole journey from admission to discharge and referral on to community services, saying, *"You really get to know the patients here."*

A newly qualified OT said how welcoming and supportive everyone had been on the ward.

A new initiative about to be launched was the introduction of a Psychological Education Group to be run by Therapists under the guidance of a psychologist. The aim to normalise depression following a stroke and to try to avoid use of medication if possible. This may help to mitigate in part the lack of Psychology hours on the ward.

We were assured that patients and relatives were completely involved in their care from start to finish. There are patient and family meetings with the therapists every two weeks.

There are Multi Disciplinary Team (MDT) meetings every week.

MDT meetings including the patient and their family are held monthly including a discharge meeting, although Cathy said that this can be flexible depending on the person and their situation.

Representatives felt this demonstrated good person-centred practice.

There is a relative's waiting area just inside the main doors to the ward with comfortable chairs.

We felt this was a good idea but the area was poorly lit and some confidentiality issues may arise if the doors to the nearest bed bay were open.

In this relatives area there were notice boards displaying patient feed back on an 'I want great care card', there were some exceptionally positive comments but they were not displayed to their best advantage, difficult to read, on small black and white forms and poorly lit.

Representatives felt that the unit was not doing itself justice by not highlighting the positive comments and ward achievements in a more prominent way.

#### **Representatives spoke with four different patients on the ward -**

Patient 1 said the staff were very kind and kept coming to ask if she was alright.

She said the food was very good, much improved from when she had been in hospital years ago.

Said she didn't know what the treatment plan for her was, said she had been to X-ray and off the ward for something.

Said she had not received any visiting information when she first came on the ward.

Patient 2 was introduced to the representative by a Healthcare assistant. When she left the room the patient said she was 'so good and an angel'.

The patient when asked said the food was good but the mashed potatoes were disgusting.

He said he had a good wash everyday whether he needed it or not.

He said his family had quite a way to travel and this made visiting more difficult. He said they were very good on the ward and let his family stay longer if they were late.

The patient pointed out the very small television on his wall. He said when the ceiling strip light was on you couldn't see the screen very well.

Patient 3 said all the staff were 'lovely'. She described a previous admission to a different ward where she described the assistant staff as being 'rude' to patients, 'this is much better' She described her journey to me, which had been short, and she was hoping to be discharged today. She could tell me in detail what had happened which indicated that she had been fully informed of tests and results etc.

She described a visit to the Therapy kitchen where she had made breakfast with another patient. She said she had enjoyed the activity although it was her second breakfast that day. She had also climbed stairs in the Therapy room, which were just like hers at home.

Patient 4 said he was on day 10 since his admission. He said that the care was 'very good'. He felt that the acute ward was busy and the staff were stretched. He was now out of the acute unit and felt he was getting better. He had some printed sentences which he informed was his 'homework' from the speech therapist. He said 'all the therapists are lovely'. He said that the doctors and nurses all involved him in his care and felt he could ask questions of them.

His only complaints were the porridge and that the room was too hot at night, although representative did notice a fan behind his bed.

**Other comments involving and caring:**

- No information for patients in languages other than English. Cathy said they do not get many non English speaking patients and when they do they can use the Hospitals Language Line.
- Observed good attention to patient dignity i.e. curtains were closed fully around beds when needed, single sex bed bays and single sex bathrooms clearly marked.
- Cathy said that they tried to manage visiting to two people per bed to prevent patients becoming too tired.
- Family and Friends posting box seen but no cards to fill in.
- Notices re-protected meal times evident
- Representatives did not see a complaints policy displayed or information about how to complain.
- An Advancing Quality notice was evident on the ward to inform patients and families what they could expect while on the ward.

**Well organised and calm**

Overall Representatives felt that the ward was very well organised, ran smoothly and was calm. We observed good interactions between the Multi Disciplinary Team and between staff and patients. There seemed to be a good, well maintained patient information board, which was colour coded and not too busy that important information could get lost.

There seems to be a good system of meetings both formal and informal ensuring views are discussed and communication maintained.

There was good use of the specialist support team of Stroke Coordinators.

Therapy staff said that they would like more space but realised the restrictions and felt the benefit of treatment space on the ward outweighed any problems with space.

**Additional Comments**

The representatives would like to thank all staff and patients who gave their time to us on our visit.

**Feedback from Provider of Service**

*At time of publication - No feedback received.*