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Healthwatch Cheshire West Enter and View Report - NHS	
Enter and View Visit to	**Countess of Chester Hospital - Ward 42 (Cathedral Ward)**
Date	**1st December 2016**
Authorised Representatives	**Andrew Firman & Margaret McDermott**
Staff Present	**Ward Sister Jessica Fitton; Staff Nurse Catriona James**
Background	Ward 42 is a 24-bed mixed ward, which caters for cardiology patients and also general medical patients as required by the service.
Overall Impression	A well managed ward with a strong staff team spirit which has created a culture of care which inspires confidence in patients and families, together with a strong commitment to supporting nurse training. Representatives feel that if the under-resourcing outlined in this report was addressed, even more could be achieved.
Any ideas or suggestions for improving service?	• Staffing levels, particularly healthcare assistants, should be increased to enhance the basic care of patients and enable nursing staff to concentrate even more on their role. • Two long-term patients, who were living with dementia, were awaiting discharge but there appeared nowhere for them to go at present - thus reducing the capacity of the ward to take new admissions. Measures to increase capacity in the system extend beyond the hospital's remit and all partners need to be working together with an even more co-ordinated approach to budget sharing and problem solving. • We were told that the staff buy dental tablets (for patients with false teeth) from their own money. If families are not able to provide these, then in the interest of patient hygiene and dignity perhaps the hospital pharmacy could be given a small budget to supply these routinely. • We question the desirability of keeping filing cabinets in a ward bay with patients. Better solutions to storage should be found. • The quality and flavour of food was an issue for some patients. Our feeling is that an evaluation of the effectiveness of current systems for getting patient and family feedback on food and menus should be considered and if the catering staff have no time to spend with patients talking about their experience of the food, consider recruiting volunteers to undertake this role. • Cardiology cover should be re-assessed out of hours and at weekends. • Consider for the future, new roles such as Associate Physician which by increasing capacity in the medical team could help to progress career routes for others to registrar and consultant positions.

Welcoming
The ward is accessed via a corridor where information is displayed relevant to the ward. At the beginning of the corridor is a sign giving advice about the Noro-Virus. Notice boards along the corridor included descriptions of staff uniforms and a family comments board which was very positive with only one negative reply posted. There was also a board with information about how to make a complaint and comment on the service. An informative board stating, “How are we doing?” contained monthly information about Care Metrics, Infection Prevention, Friends and Family Test and Patient Falls. A hand sanitizer was at the ward entrance and the doors were open when we arrived at 10.00am. On arrival on the ward there was no-one to greet us; the ward clerk was not there and staff were all busy. Dr Sedgewick kindly spoke to us and Catrina James (staff nurse) was very helpful until Sister Jessica Fitton could spend time with us. All staff answered our questions clearly and courteously and we would like to thank them all. Information was displayed on a “Welcome to the Ward” board in the central hub explaining clearly who the consultants were and also the nursing staff, visiting times and other general information. Visiting times were 1100–1930 with protected meal times at 1200 - 1230 (lunch) and 1700 - 1730 (tea). There was also information displayed on tissue viability.
Safety
The sluice was well stocked and tidy. The clinical room was clean, tidy, and contained an air tube system, which sent prescriptions to pharmacy, bloods to Haematology etc. Toilets and shower rooms were clean and uncluttered. We spoke to the ward clerk, Susan, who told us that storage was an issue, there was no room in the office for any more filing cabinets so the excess was being stored in a corner of H bay. Domestic staff appeared to be working diligently with cleaning and had no complaints.
Caring and Involving
We were impressed with the caring and hardworking staff we met on the ward. This ward had received two outstanding achievement awards from the hospital in recent times. These related to positive impact on patients and families and the high-level quality of care. Staffing levels for this 24 bed ward are three trained staff and three Healthcare Assistants during the morning, three trained staff, two Healthcare assistants in the afternoon and two trained staff and two Healthcare Assistants at night. At the time of our visit it became obvious that staff were struggling as there were only two Healthcare workers (one was agency staff) owing to sickness and we were told that there was only going to be one in the afternoon. Nursing staff independently indicated that an extra Healthcare worker would ease pressure on other staff and benefit the care of patients. Student nurses in training brought additional capacity to the ward. The one we spoke to had praise for the opportunities and support given by his mentor, the ward sister. The consultant team work across this ward and the adjoining Coronary Care Unit – a ten bed level two (more detailed observation) facility. We were told that this was a recent development and was working well by giving additional flexibility over the team’s deployment. Sister told us that no “red tray system” was used, in fact she had never heard of it. She said at the daily safety brief each morning nutritional requirements are identified and people needing help with feeding would be given it. A housekeeper and Healthcare worker distribute food at mealtimes. The ward does not have a comfort assistant. At the time of our visit, two patients who were medically optimised had been waiting a considerable time to be discharged. This was being managed by the complex discharge team who had so far been unable to identify a suitable alternative setting with a vacancy. We were pleased to see staff interacting positively with patients. The ward sister spent some time sitting with a patient having a conversation.

Well organised and calm

The ward was busy during our visit, but staff were focussed and interacting with patients. We were impressed with the culture of care and willingness of staff to respond to feedback.

We spoke to several patients and here are a few of their comments:

- A male patient in a side room told us that there were no staff to give the attention required by a patient. We observed he was in a dirty gown and he told us he had not had a wash. He also felt he was getting no medical treatment. We suggested he discussed this with trained staff but he felt this was useless.
- A female patient told us that she was, ***"Dying to go home."*** She said she was well looked after but she would have liked to know more about her treatment and when she could go home.
- Another female felt she needed, ***"Seeing to!"*** When we asked if staff could check her she was found to be clean.
- A male patient confided that he had been able to have a frank discussion with the doctor about options to stay at home as the current treatment regime appeared not to be improving his condition. He was also finding the food bland and unpalatable.
- Another male patient; who had been in the hospital for four weeks; described the nursing as ***"Top class."*** and added referring to the nurses, ***"Couldn't be any better!"*** He also complained about the food not being tasty and cited cauliflower cheese - with no taste of the cheese!

Additional Comments

- We spoke to a cardiologist who agreed there was a shortage of medical staff. He told us that they worked from nine till five during the week and nine till one on call at week-ends. There is no cardiologist cover after these times and this could have an impact on a patient treatment. The long-stop arrangement of speaking with a consultant cardiologist in Liverpool was limited to exceptional circumstances.
- We also spoke to a Senior House Officer (SHO) who said staffing was a bit stretched at times. It seems that it is difficult for an SHO to gain the range of experience needed for timely career progression. If more medical support were available, for example by creating roles such as 'physician associate', there would be greater opportunity for an SHO to work away from a ward to gain more out-patient clinic experience.

Feedback from Provider of Service

At time of publication no feedback received.