

Enter and View Visit

Mandarin A Ward: Renal and General

Queens Hospital

Friday 16th September 2016

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Report Details

Premises visited		Service provider
Queen's Hospital : Mandarin A Ward Rom Valley Way Romford RM7 0AG		Barking Havering Redbridge Hospital Trust
Date	Time	Status of visit
Friday 16 th September 2016	1am	Unannounced
Healthwatch Representatives		
Manisha Modhvadia (Healthwatch Lead) Roman Lakhera Val Shaw		
Reason for visit		
Healthwatch Representatives undertook the visit after receiving feedback from relatives of patients who were treated on Mandarin A ward. Relatives and friends told Healthwatch that the ward came across very busy and some staff were uncaring. Comments included “ <i>A few staff members stand around having a chat whilst an elderly man has called them, but they continue to chat, until he has called and called</i> ” Another relative said “ <i>There is no way, there are enough nurses on that ward, people just don't get the best care as there are too many patients and little staff</i> ”		
Purpose of visit		
Healthwatch Representatives would gather the views and experiences of patients and/or their relatives/representatives on a number of areas including; Interaction of ward staff with patients, care provided by ward staff, nutrition and personal hygiene.		
Disclaimer	Thanks	
This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff and service users and visitors who contributed to the report on that date.	Healthwatch Barking and Dagenham would like to thank the staff for their assistance and co-operation during our visit. We would also like to thank patients and family members to spoke to us on the day.	

Healthwatch Contact details

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Enter and View

Healthwatch Barking and Dagenham is the local independent consumer champion for health and social care. We aim to give our citizens and communities a stronger voice to influence and challenge how health and social care services are provided for people in the borough.

Enter & View is carried out under Section 221 of the Health and Social Care Act 2012. It imposes duties on certain health and social care providers to allow authorised representatives of local Healthwatch organisations to enter premises and carry out observations for the purposes of Healthwatch activity.

Authorised representatives observe and gather information from the experiences of service users, their relatives /friends and staff to collect evidence of the quality and standard of the services being provided.

To do this we:

- enable people to share their views and experiences and to understand that their contribution will help build a picture of where services are doing well and where they can be improved,
- give authoritative, evidenced based feedback to organisations responsible for delivering and commissioning services and,
- are able to alert Healthwatch England or the Care Quality Commission, where appropriate, to concerns about specific service providers of health and social care.

Summary of Findings

Healthwatch authorised representatives undertook a visit to Mandarin A Ward. We spoke with patients, visitors and staff about their experiences of the ward. The focus was on the three areas of nutrition, the management of personal hygiene and the interaction between staff and patients.

Overall patients were satisfied with the meals provided. However the lack of hot drinks was raised as an issue. Patients told representatives that if their food arrived whilst they were sleeping nursing staff or catering staff did not wake them up.

In general patients were satisfied with the choice and quantity of food. Diabetic patients felt there was not enough choice and patients staying for longer than a week felt the menu got repetitive.

Patients were happy with the way they are treated on the ward. However, it was noticed that staff during the day are more caring than those on the night shift. Most patients reported that they did not wait long when they used the call buzzer.

The majority of patients told Healthwatch representatives that staff explained medical procedures to them, and they were able to ask questions.

Methodology

Due to the nature of this visit, notifications were not sent to the service provider. Enter and View representatives undertook a pre meeting to look at the feedback that was provided by the community to look at the specific areas and questions that could be asked to gather feedback from the users at the home.

A date was set for the visit.

This report is snapshot of the service users' opinion we spoke to on the day and time of the visit.

The entrance to Mandarin (A) ward opens once you have used the buzzer and the nurses let you in.

Representatives had the opportunity to speak with the staff and ask questions about the provision on the ward. Questionnaires were used as a guide to speak to service users and their families.

Provision of service

Mandarin (A) Ward is a 31 bedded acute medical ward specialising in renal and general medicine.

The ward is spilt up into:

- Six, four bedded bays, which have one toilet and one bathroom in each of the areas.
- Seven side rooms, six of these are en suite and one is not.

Staffing arrangements

On the day of the visit Healthwatch Representatives were told that there were 5 qualified nurses working and 3 Healthcare assistants.

We were also told, the day shift should have 6 qualified nurses and 3 Healthcare Assistants and the night shift should have 3 qualified nurses and 2 Healthcare Assistants.

Staff told Healthwatch Representaives that more staff had just been recruited and were due to start soon.

Shift patterns

- **Early shift: Morning:** 7.30 am to 3.30pm
- **Late shift:** 12.00 to 8am
- **Long day shift:** 7.30 to 8am
- **Overnight shift:** 7.30pm to 8pm

• Language barriers

The team can call on translators if needed; they do not rely on the family to translate. Language line is used.

• Meal times on the ward

The ward have a 'protected meal' policy.

Findings

Interaction of ward staff with patients

Healthwatch representatives wanted to explore the experiences that patients and relatives had when interacting with hospital staff. By speaking with patients, we wanted to find out if they had been treated with respect and dignity during their stay; that the staff responded to requests for assistance in a timely way and whether patients understood why they were in hospital and the treatments they were being given.

Are patients treated politely and with respect and dignity?

Healthwatch representatives spoke to 11 patients on the day, whilst speaking to patients it became evident that they were generally happy with the service the staff on the ward provided.

Feedback received from patients showed that the majority of patients felt that nursing staff on duty during the day treated them with respect and dignity. Furthermore positive comments were made about the care provided and attitude of the staff, this included patients commenting on some staff being cheerful and happy and speaking politely to patients.

However patients told us that night staff had a different attitude and were unhelpful and not so caring.

Comments made by patients included

“I feel treated with respect and dignity by the day staff but the night staff they are not so caring.”

“Day staff are lovely.” One patient said *“Everything is too much trouble during the night.”*

What response do patients get from staff when they use the buzzer system - do they respond quickly?

There were 10 patients who had used the call button, 8 commented that the staff were quick to respond, whilst 2 said they have to wait for a while, but they felt this must be due to staff being busy.

One patient commented, “They are a *bit slow at times, must be because they are short staffed, very slow when its shift handover*. Another commented “Very quick, I didn’t wait long at all.”

Are clinical procedures, during a patient’s stay, explained so they can understand what is happening?

Patients were happy with their experience of staff and the interaction whilst explaining medical procedures. From the 11 patients we spoke to, 9 said they understood the clinical procedures and the reasons particular medication was needed. One patient commented, “*Although I understand what the doctors are telling me, sometimes when I ask nurse questions they are not able to give time to explain things. The staff looked rushed and I think this is because there seems to be lack of staff.*”

One patient said “*The doctors explained everything and told me they could help with pain management.*” Another commented “*Yes explained really well.*”

Additional information

Most of the patients commented on the ward being busy and staff levels being low. Some comments by patients included:

- “The staff are good, but you can see they don’t have enough nurses here.”
- “Staff have to be quick in what they do, as there are too many of us, but they do try, but it does mean you don’t always get to ask the questions you need to.”
- “I appreciate the hard work they do, but they need to have more staff”.

Nutrition

Healthwatch representatives were not looking at nutrition on the wards from a Dietician's perspective, but from the point of view of the patients. The questions asked were centred on patients getting enough to eat and drink, whether they can choose the food they eat and if it is of good quality.

Are you given a choice of food ? (Consider cultural and personal preference e.g. halal food/ given a menu day before)

When asked if they were given a choice of food, 10 patients said they were and were happy with it. One patient commented, "There is a good choice of food, but to be honest I do not have much of an appetite. Another patient said "Yes, plenty of choice." One patient was not happy with the menu saying "There needs to be more on offer for diabetic patients, if you are not diabetic then there is lots of choice, if you are, then not really."

On the day of the visit staff briefed Healthwatch Representatives on the new system which had just been implemented so patients can choose their meals on the day. The ward were using tablets each morning to ask patients what they wanted to eat for lunch and dinner that day.

We spoke to patients about the new system and, 2 patients mentioned that the new system meant choosing your food options from a tablet, it seemed that staff were unaware of how to use them properly. One patient commented, "This new system seems good, but they could not use it correctly and I ended up with the wrong food." All the other patients said they thought being able to decide what to eat on the day worked well.

Do you like the food? If not, are you offered an alternative?

Generally, patients found the quality of food to be satisfactory; they liked the food and again commented that there was plenty of choice. However it was highlighted that if you're on the ward for more than a week the options get boring. The lack of choice for diabetics was highlighted with a patient saying, "It gets repetitive as there is not much for diabetics."

Are you given enough food?

On the day of the visit we spoke to eleven patients, of which nine told us that the portion size of food was enough. One patient felt there needed to be more vegetables and one felt the portions were too small.

If food needs to be pureed, is each portion pureed separately?

Healthwatch representatives are unable to feedback on this question as none of the eleven patients needed their food pureed.

How often are you offered drinks during the day?

All eleven patients felt there was enough water and squash available throughout the day. However eight of those felt more hot drinks needed to be offered through the day and early evening.

Patients told us that they can ask the night staff for a drink in the evening but sometimes this was not acted on and they were left without a drink. One patient said “I am use to having a hot drink around 8:00pm at home every evening, sometimes you don’t want squash or water. When I ask for a drink in the evening the nurse does get me one, but it depends who it is. Some nurses are not as nice as others; they make you feel you are too much of a bother.”

In discussion with patients it came to light to that catering staff do not make patients aware that their food has arrived. One patient told us if you’re asleep they will leave the food on the table and then come and get it again, they do not wake you up. Another said, “If you are asleep and then wake up, your food is sitting there, why they don’t just wake you up?”

If you can’t manage to feed yourself, are you helped with this?

All the patients we spoke to on the day were able to feed themselves.

When patients were asked if there was anything else they would like to tell us about food and drink, the areas below were highlighted.

- Three patients commented that patients should be offered the choice of crust less bread as it can be difficult to eat for some people.
- Most patients commented that hot drinks need to be offered more times during the day and during the early evening.
- Some patients felt, they should be woken up at meal times.

Personal Hygiene

Patients were asked for their views and experiences of how they are supported to maintain personal hygiene: in particular if things are managed in a way that is respectful and preserves the individual's dignity.

Are bath and showering facilities available to patients when they want them?

The ward is a 31 bedded unit, there are six beds in each bay, in each bay there are bathing facilities and a toilet. The side rooms are en suite. Patients we spoke with were happy with the bathing facilities on the ward.

Do patients get offered help if they need it? Is this easily available?

Overall, patients were fairly satisfied with the help that is offered if they need assistance with bathing or toileting needs. One patient said it was nice to have a bath rather than a bed strip bath, and another said, "Sometimes they don't come to help automatically, you have to ask as they are busy, but they will help once called."

Four patients commented that they had seen nurses support other patients that needed help.

All eleven patients felt that when it came to bathing, staff treated them with dignity and privacy. Patients who were in the en suites felt that facilities were beneficial for those who needed bed baths and those who are seriously ill.

Do patients use continence items? Are they changed regularly?

Patients, who used continence items, explained that they are changed regularly, and if they ask help is provided with changing. One patient had a catheter and said there were no issues.

How do you feel about the general environment of the ward?

Overall patients were happy with the general environment, this included patients saying, "I feel safe here" and "It's very clean."

Other points to note

Is there anything that would make your stay better?

Below is a list of things patients told us that would improve their stay:

- Half of the patients we spoke to commented that having a TV to watch at times during their stay would be helpful.
- Night time staff being as nice as the day staff

Are you happy with the visiting times?

Patients were happy with the visiting times and were aware of what these are.

Summary and Conclusion

This visit was undertaken after family members of patients gave feedback to Healthwatch about the quality of care being provided on the ward.

Mandarin (A) Ward is a busy 31 bedded acute medical ward specialising in renal and general medicine.

In general the comments made to the Healthwatch team showed that the experience of patients on Mandarin A Ward were positive ones. There were no negative responses in regard to our questions about personal hygiene. All the patients, spoken to on the day, felt their needs were met with respect and dignity: with the facilities and staff being sufficient for the task.

When the Healthwatch Team asked questions about food and how the staff interacted with them it was clear from the responses that the patients recognised Mandarin A was a busy ward which was possibly understaffed. When making any negative comment patients mostly qualified it by saying that they could see the staff were busy and doing their best. We often find that patients make a distinction between busy staff (who they will excuse) and those they see as deliberately trying to avoid providing a service.

Many patients reported a difference in the way the staff from the day and night shifts responded to them. This led to a perception that the quality of care at night is inferior to that given during the day.

The majority of patients that Healthwatch spoke to were satisfied with the quality and quantity of their meals; exceptions being those who were diabetic or whose hospital stay had lasted over a week. Diabetics, it was said, had much less choice, and those staying over a week felt the menu to be repetitive.

Several patients complained of not being woken up when their food arrived. This circumstance clearly presents a dilemma for the staff. Some patients may not like to be woken up, and sound sleep has a healing and restorative quality; especially patients that have suffered sleeplessness due to pain and discomfort. For others, maybe those further along the

path of recovery, a hot nutritious meal is both welcome and beneficial. Waking up to a cold meal, or one that has been removed all together, must leave patients hungry and disappointed.

Whilst sufficient fluids are made available in the form of water and fruit squash, patients requested that more hot drinks would be welcome especially in the later part of the day.

The new menu system seems to be working well, as patients can decide what they would like to eat on the same day. Healthwatch Representatives understand that the new system had just been implemented; however some patients commented that staff were unsure how to use the new system and so they were given the wrong meal.

Recommendations

Taking into consideration the feedback received from the visit, Healthwatch recommend the below:

- Senior staff to examine if there is a difference in the quality of care, and the attitude of staff on the night time shifts on Mandarin A ward
- The Ward Manager to explore the possibility of hot drinks being provided to patients later in the evening.
- The possibility of more food options for diabetic patients.
- Feedback to Healthwatch on the staffing issues on the ward.
- Ward staff to ask patients early in the day if they would like to be woken up at meal times, or if they would prefer to remain asleep. Some provision to be made for patients who have slept through a meal time so they are not hungry.

**Response from
Barking, Havering and Redbridge University Hospital NHS Trust
Including Action Plan**

Manisha Modhvadia
Healthwatch Barking & Dagenham

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Sent via email

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31 January 2017

Dear Manisha,

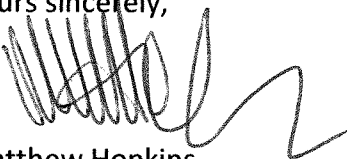
Enter and View

I am writing to thank you for your recent report on our Mandarin A ward at Queen's Hospital, following your Enter & View Inspection on the 16th September 2016.

We very much appreciate comments and support from our local Healthwatch community and therefore welcome the findings and recommendations detailed in your report. Please see enclosed our action plan and comments based on your report.

Should you require any additional information, please do not hesitate to contact the generic patient experience email PatientExperience@bhrhospitals.nhs.uk who will be able to pass your message onto the relevant department for response.

Yours sincerely,



Matthew Hopkins
Chief Executive



ENTER AND VIEW VISIT MANDARIN A WARD 16TH OF SEPTEMBER 2016

1 INTRODUCTION

Healthwatch Barking and Dagenham is the local consumer champion for both health and social care. Their aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally. Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Barking and Dagenham has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

2 HEALTHWATCH BARKING AND DAGENHAM REPORT 16TH OF SEPTEMBER 2016

Healthwatch authorised representatives undertook a visit to Mandarin (A) Ward. They spoke with patients, visitors and staff about their experiences of the ward. The focus was on the three areas of nutrition, the management of personal hygiene and the interaction between staff and patients.

3 QUEEN'S HOSPITAL MANDARIN (A) BACKGROUND

Mandarin (A) Ward is a 31 bedded acute medical ward specialising in renal and general medicine.

The ward is split up into:

Six, four bedded bays, which have one toilet and a wet room in each of the areas.

Seven side rooms, six of these are en suite and one is not.

4 BHRUT RESPONSE TO HWH RECOMMENDATIONS

Further to the recommendations made by the enter and view, we would like to thank health watch for presenting key recommendations to be addressed. Two of the recommendations were regarding the possibility of more hot drinks availability in the evening in addition to looking into the proposal of further diabetic food options. At BHRUT we are passionate about improving patient experience and ensuring that our patients have choice, not only within how and where they receive their care but also in their nutritional options during their stay with us. Therefore, we are working with our facilities management company to take forward potential improvements as outlined by the HealthWatch report on Mandarin (A). In addition to this the Specialist Medicine Division are working interprofessionally to implement a process where the patient's choice is clear regarding their wishes to either remain asleep, without being disturbed during mealtimes or whether they wish to be awoken. This will be made clear on the patient boards at the head of each bed, with protected meal times remaining in place to reinforce the importance of meal time support and supervision. To ensure there is enough support with this, meal time support is being sought from the volunteers' service who would be able to assist in the provision of hot drinks in the evenings and wake patients who have requested to be awoken

The final two recommendations put forward by HealthWatch are regarding staffing issues on Mandarin (A) and the perceived difference in quality of care from the day and night staff.

At BHRUT we expect all staff to demonstrate our pride values. These values underpin the standards we expect from every member of staff within the organisation. These values set the foundation to provide excellent healthcare to our population, this includes treating patients with kindness and compassion. Currently on Mandarin (A) Ward we are reliant upon a more temporary workforce at night; however our ambition is to provide a substantive rotational workforce 24 hours a day, with a strong leadership presence throughout. The action plan for this to come to fruition is by a strong recruitment and retention strategy which is currently underway within the organisation. Senior leaders within the division will be reviewing the care provided at night on mandarin (A) and interacting with patients to ensure the care they receive is of the highest quality. Staffing is monitored through three times daily bed meetings, with short falls in staff being put out to the bank and agency to cover all areas to address any shortages in staff. Staff are encouraged to report any short falls in staffing through our incident reporting procedure so that it may be addressed. Monthly safer staffing figures are received within the division and reviewed to identify departments and wards recruiting and leavers' figures. Patient experience will continue to be monitored through the sources of 'I want great care', the Friends and Family test in addition to the Patient safety thermometer audit which is carried out monthly. Our patient's safety is paramount to us and so we make it our priority to ensure that mandarin (A) has safe staffing levels to care for our patients.

5 CONCLUSION

We would like to take the opportunity to thank HWBD for undertaking this Enter and View visit and for the feedback provided in the report. We are aware of some of the issues identified and are managing these as part of the on-going aim to improve patient experience in relation to the discharge process.



Mandarin (A) enter and view

ACTION LOG FOR MATTERS ARISING FROM HEALTHWATCH ENTER AND VIEW INSPECTIONS

Meeting Date	Item No.	Action	Lead	Target closure date	Current position	Status
	1	Discuss with sodexo possibility of extra hot drinks round on Mandarin (A), with support from voluntary service.	Rosaleen Boodoo Matron	13/02/2017	Initial contact made. In discussions	Open
	2	Discuss with Sodexo possibility of more diabetic food choices on menus with Clinical advise from nutritional nurse/diabetic nurse.	Rosaleen Boodoo Matron	13/02/2017	Initial contact made. In discussions	Open
	3	The division to participate and be central to recruitment events to aid in recruitment and retention to Mandarin (A)	Caroline Bates Lead nurse specialist medicine	28/04/2017	Current dates for recruitment drive and divisional representation circulated for feedback	Open
	4	Senior leaders to provide unannounced night check of care provided on Mandarin (A) Poor care to be highlighted to night staff	Caroline Bates lead nurse specialist medicine	24/02/2017	Dates being arranged by lead nurse.	Open
	5	To monitor friends and family and I want great care feedback and act accordingly	Rosaleen Boodoo Matron	28/04/2017	On-going reports, tracking for themes and concerns to address.	on-going
	6	The ward team to implement a robust process where patients wishes regarding whether or not to be woken for their meals is put in place, which includes writing this on the back of patient boards and making this visible for all members of the MDT.	Leann defriend Ward manager	10/02/2017	Team huddles being held, and internal discussions regarding most suitable process.	Open
	7.	Work closely with volunteers service regarding meal and drink support	Caroline Bates Lead nurse	10/02/2017	Contacted volunteers service for more initial meeting	Open

Meeting Date	Item No.	Action	Lead	Target closure date	Current position	Status
	8.	Monitor Patient safety thermometer data Monthly.	Caroline Bates Lead Nurse	28/04/2017	Receive audit reports monthly for review and actions.	on-going
	9.	Senior leaders within division to review all actions and carry out spot checks to ensure implemented.	Caroline Bates Lead Nurse	01/05/2017	To be completed when all points actioned and implementation completed.	Open