healthwatch Shropshire

Enter & View Visit Report

Details of Visit

Service Name and Address	Gladstone Ward (Midland Centre for Spinal Injuries) The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, SY10 7AG
Service Provider	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Date and Time	22nd June 2017 10.30am – 3.15pm
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Five Authorised Representatives – four speaking to patients, visitors and staff and one observing the ward

Purpose of the Visit

To speak to patients (and their visitors) about their experience of being on the ward and to find out if they feel they are given the information they need, are listened to and involved in on-going decisions about their care and treatment.

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 experience of all service users and staff, only an account of what was observed and contributed at the time.

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Context of visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided. These visits are called Enter & View and always have a purpose.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives. These volunteers are not experts in healthcare and report only on what they see and hear during the visit.

Enter & View visits can be announced or unannounced. The visit to Gladstone Ward at The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) was announced so that it could be promoted among the patients, their visitors and staff.

What we were looking at

We looked at the quality of patient experiences in the ward and their involvement in their care planning, bearing in mind their needs for long-term rehabilitation. In particular we asked patients about:

- their comfort and ability to relax
- their confidence in the staff
- whether they felt supported by staff
- if staff listened to them
- if staff communicated well

Report Summary

This was an extensive visit and what follows is a detailed report. In summary we found, from speaking with patients and their visitors about their experience of being on the ward, that the staff and the care they give are very highly regarded and that patients feel very well supported.

Almost all patients we spoke to said they were given the information they needed, were listened to and involved in on-going decisions about their care and treatment. Among the concerns expressed to us were the lack of activities at weekends which some patients felt might affect the continuity of their rehabilitation programmes, and the lack of opportunities for social interaction in the evenings and at weekends.

What we did

We were welcomed by the Sister in charge on the day, who explained to us how Gladstone ward worked as she showed us around the whole Midland Centre for Spinal Injuries (MCSI). We were shown Wrekin ward for acute patients admitted from other hospitals and trauma centres, Gladstone ward which is the rehabilitation ward and a small Out-patients' Department for spinal patients.

Two members of the visit team then spoke to the Sister in charge whilst one team member handed out questionnaires to patients and asked if we could go back later to speak to them. Two other members of the team observed the interactions of the medical, nursing and support staff with the patients and visitors.

Four members of the team then spoke to the patients until lunches were served whilst the fifth member continued observing the ward. This continued after lunch. We spoke to 12 patients, one visitor and one member of staff in addition to the Sister in charge.

The visit ended with a feedback session attended by all five team members and five members of hospital staff, including a Consultant.

What we found out

Spinal injuries

We were told that the level at which the injury occurs affects how much of the body is paralysed. A neck injury can paralyse all four limbs and can cause breathing problems which can lead to chest infections. Paralysis of the legs is caused by damage lower down the spine. Patients have to cope with loss of sensation, loss of movement, bowel and bladder problems and the risk of pressure sores. The staff on Gladstone ward help patients to manage these and other potential problems by the time they are discharged.

The ward environment

Gladstone ward is reached through the Outpatients Department. There are 6 bays, 3 for men, 2 for women and 1 used for men or women depending on admissions. Each bay has 4 beds. With side rooms, there are 29 beds in total.

The ward occupies three sides of a square with the higher-dependency patients in the bays closest to the nurses' station. Three men's bays are on one side of the building, 2 women's bays on the other, with the bay for men or women at the end of the building, in front of the nurses' station and overlooking the road.

The bays themselves are generously-sized. Each bed has space around it so that wheelchairs and hoists can be moved around easily, even when the privacy curtains are closed.

The ward is tidy and clean; there were cleaners working throughout our visit. There are no pictures or other softening features to make this long-stay ward feel more home-like and there is little scope for patients to store or display any personal possessions.

The men's and women's bays have doors out onto narrow paved areas between the MCSI building and the buildings on either side. There is a lot of natural light but the view outside is just the walls of nearby buildings. On the day we visited the doors on the men's side were open and patients were going outside. We observed that there was not much to stimulate patients other than their personal televisions.

There is a communal area on the men's side, close to the ward entrance and the Outpatients Department, with tables for taking meals together or for group activities. It has a billiards table and a television. We did not see any women patients using this part of the ward.

Close to the communal room there is access to a small internal courtyard with benches and plants and there is a visitors' room, with dining table and chairs which also has access to the internal courtyard.

The small waiting room for the Outpatient Department has armchairs and a wall mounted television, and opens out onto the internal courtyard opposite the visitors' room. This was the only area we saw with carpet. We were told that this room is used by outpatients during the day and by patients from Gladstone ward after 5.00pm.

The ward was busy during our visit, with people coming and going and there was a sense of purposeful activity, but nobody seemed to be in a rush. There was a general hum of conversation and movement but it was remarkably quiet. Where patients were watching their small overhead televisions, the sound was low.

The running of the ward

When the MCSI unit was designed and opened in 1965 most patients were young men, often injured as a result of motor cycle accidents. Staff told us that now there are more older patients, including more older women, often admitted following falls. On the day we visited, most patients we met were elderly. One third were older women with only 3 or 4 younger men on the ward during our visit.

Staff told us that patients are first admitted to Wrekin ward and spend at least 6 weeks lying flat. Whilst there, they are fully screened for infections that spinal patients are particularly prone to, such as urinary infections. If necessary, side wards are used to prevent spread of infection. Patients transfer to Gladstone Ward when they are ready to start their rehabilitation.

We were also told by staff that one of the main reasons for re-admission to the MCSI was pressure sores, and on the day we visited we met several patients on Gladstone ward waiting for or recovering from surgical treatment for pressure sores.

Staff told us that, although patients are discharged from the ward, they are never discharged from the MCSI and most return at least once a year as an outpatient for a check-up.

Staff and rotas

The Sister in charge told us that most of the nursing staff and therapy staff have worked on the ward for many years. We were also told that staff do not rotate very much within the MCSI but work in their area of choice as far as possible. We were told that there are new, additional staff starting soon, because the nursing care required has increased as the number of older patients has increased.

Night staff are also employed, though sometimes day staff may be required to do nights.

Currently the MCSI has three Consultants with a fourth due to be appointed.

We were told that the Multi-Disciplinary Team (MDT) for each patient includes the named Key Worker, a Consultant, a Clinical Psychologist, an Occupational Therapist, a Physiotherapist and a Resettlement Co-ordinator.

We were also told that there is a Resettlement Team of three therapists and that much of their time is spent negotiating with all the different Clinical Commissioning Groups, Welsh Health Boards and Local Authorities on behalf of patients, who come from a wide catchment area. We were also told that delays to discharge are often encountered due to the complex needs of spinal patients, particularly the need to have significant alterations to their homes.

We met with one of two Generic Workers on the ward. About two weeks before a patient is ready for discharge they will help the patient 'fine tune' their skills for managing at home. They also visit patients' homes before discharge to teach carers, to advise on adaptations and equipment, and to talk through any concerns.

We were told by senior staff that Generic Workers are invaluable on the ward and that they will also provide support for any patients who might prefer to speak to them rather than to the other ward staff. For example, young men might prefer to speak to a young male Generic Worker rather than female staff about their concerns. When asked what single improvement might help staff on the ward, a staff member said more Generic Workers would be the greatest help.

Staff training

Staff who take on the role of Key Worker receive additional training to enable them to fully support patients throughout their stay in hospital.

We were told that all staff receive training in Adult Safeguarding. The hospital sends a monthly report to the MCSI listing staff members who need to book refresher training. The training is held within the RJAH hospital. We were assured that adult safeguarding issues were taken very seriously and that each morning senior staff attend an MDT meeting when any concerns are discussed. If necessary a member of staff is allocated to investigate further.

We were also told that sometimes it is suggested that a patient meet a member of the Patient Advice and Liaison Service (PALS) to discuss their concerns with someone from outside the ward. During our visit, we found evidence that this option is taken up by patients.

The patient experience

The questionnaire

We collected 14 completed questionnaires and spoke to 12 of the patients who had completed them. The length of stay of the respondents on Gladstone ward varied from 4 days to about 6 months. Patients came from a wide area including Warwickshire, Herefordshire, Staffordshire, Worcestershire, Wolverhampton and Wales.

The results of the brief questionnaire are summarised below:

During your stay, have you felt...?	Not at all	Not very	Quite	Very	Don't know
Comfortable			5	9	
Able to relax			6	8	
Confident in staff ability		1	2	11	
Supported			1	13	
Listened to and understood			5	9	
That staff communicated with you well		1	5	8	

Experience of being on the ward:

Comfort and ability to relax

We noticed a friendly and relaxed atmosphere on all parts of the ward and we found the temperature comfortable.

- One patient we spoke to had a long history with the hospital. They said "you are not a number, you are part of a family."
- Two patients in one bay told us it was usually a bit hot with no air conditioning.

Patients' comments about sleeping:

- "I sleep OK but it's a long night."
- One patient told us that they don't sleep until 3am and that they watch television until then. Therefore, the Nurses leave them until last to get them washed in the morning.
- One patient who had been to exercise class and physio the day before said they "were shattered and slept well."
- Another patient said that they "sleep well."

Quality of food

Staff told us that, to introduce variety for long stay patients, the kitchen will prepare individual meals when asked by patients to do so. Patients can also send out for 'take away' food. Alcohol is not allowed for those on certain medications. For others, an occasional drink is permitted on the ward.

Patient's comments about food:

- "Five Star. Good choice. Where else can you get bacon egg and beans every breakfast?"
- "Only complaint is there is too much. I'm used to two meals a day, here there are three, so I choose the smallest meals."
- "Food is lovely."
- "Food is good. Before I had to force myself to eat."
- "Lovely food, good choice."
- One patient said there was an excellent choice.

Daily activities

Each bed has a small overhead television which does not have to be paid for. Senior staff told us that there are plans to upgrade the televisions, patients' access to the internet and the nurse call system. For patients who are unable to use the regular call system, they rig up a simple to use 'ping-pong ball' system, which only has to be tapped, however this is fragile and frequently breaks down.

- We did not notice many people making use of their televisions during our visit.
- We observed that a number of the less mobile patients seemed to spend quite a lot of time sitting and staring into space.
- On the day we visited, we noticed that most men were out of bed and many were independently mobile in wheelchairs.
- In contrast, on the women's bays we noticed that it was late morning before patients were helped to get out of bed. When we asked a patient whether that was alright, we were told that the patient got up just before they had a planned activity. Some patients were already dressed and just sitting on top of the covers. They were transferred to a chair halfway through the morning.
- We noticed that after getting up most women remained sitting by their beds.

Staff told us that they work with each patient to develop an activities timetable to suit their rehabilitation. It is arranged in hourly slots.

- We noticed copies of their week's timetable fixed to the front of each patient's wardrobe by the bed.
- One patient we spoke to was concerned because their scan was delayed and it was going to interfere with their physio slot.

We were told by staff that the hospital has a physio gym and hydrotherapy pool, and a rehabilitation kitchen and 'heavy workshop' run by Occupational Therapists. These facilities are shared with the rest of the hospital and are generally only available to patients on the ward between 11.00am and 4.00pm weekdays. Staff told us that patients from Gladstone ward can choose to use them outside of their therapy sessions but only if there are staff present to supervise their activities.

Staff confirmed that there are no activities available at weekends and that there are very few opportunities for patients to go 'off site' at any time. The visit team were told about occasional visits to a local garden centre.

We were told that staff try to organise week-end 'home leave' visits whenever possible.

Patients' comments about activities:

- "There's not a lot to do. We can't use the gym without staff there, and then there are lots of patients there, and the pool is only available once a week. There is a lifeguard so I would like to use these facilities from 9.30am. I would be happy to swim by myself to strengthen my muscles but I need help to get into the water and there is no hoist."
- "Weekends are particularly tedious. I feel any progress I make during the week slips back again."
- "There's nothing to do. The gym shuts at 4pm. Social activities are just inadequate."
- "There's always something going on – every hour something different."
- "Your time is planned out for you to meet your needs, not necessarily what I would choose."
- "Days are long."
- A patient told us that the physio comes to the bed every day to exercise their arms and that they are turned every 3 hours.
- One patient told us that there's always something going on during the day and that they don't really get bored.

- Another patient told us that there was a library trolley but that they didn't want books. They went outside occasionally.
- A patient told us activities included physio, occupational therapy and talks about treatment and that there are music afternoons.
- Patients told us that visitors help fill the time and that there had been a recent BBQ and a summer fete is coming up.
- One patient said that the vicar comes around.
- A patient told us that they had been taken to the salon to have their hair done.
- When we asked a patient about 'fun things' they said that therapy activities were fun and they enjoyed a recent visit to a garden centre.
- One patient said that they had adopted a self-preservation strategy. They kept their head down and "survived".
- We were told by one patient that they did not need a sitting room and that occasionally beds are wheeled to a talk in the dining room or outside when the weather is nice. It was also good to "whizz around" in an electric chair.
- Another patient said that there is a billiards room but that they were too busy to go and that they "watch television at night".
- One patient had a concern about their wheelchair, which they could not propel themselves. It had to be pushed because it was not electric and did not have wheels for self-propulsion. This meant they could not engage in any activities unless staff took them.

Contact with friends and family

Staff told us that it is common for patients to have repeated admissions over many years and that many patients are a long way from home and family. They also told us that Wi-Fi is available for patients who have their own tablet or iPad. They said that mobile phone reception is poor but that personal landlines can be set up for those who want them, with bills sent to the person directly.

- We learnt from one patient that, due to the long-term nature of their rehabilitation, they have a caravan based nearby so their family can stay in the caravan to visit the hospital whenever they are admitted.
- One patient told us their family could not visit often but that they all kept in touch by phone.
- Another younger patient told us that they had visitors most days.

- Another said that their partner visited and the Pastor.
- One patient said that their family phones every day and have visited a few times.
- One patient, whose family lived several hours drive away, said that the family kept a rota so that they received regular visitors.

We also saw that several patients had visitors during our time on the ward.

Support from staff

Most patients highly praised the staff.

Patients' comments about the staff:

- "Staff chat with me. They'll sort out concerns. They don't moan. Most have been here a long time. If they love their job, that's better. There's a nice atmosphere."
- "No matter what you ask them they'll always come and help. I can't complain about a thing. Everyone's very kind, it's very clean and it doesn't smell."
- "Staff are good. Know what they're doing. Feels alright."
- "It's marvellous here. Busy – not enough staff, but they still find time."
- "Everything seems to be covered. I'm sure they would provide what I want."
- "I would stay here permanently if I could."
- One patient told us that there was no problem getting help when needed. The call bell was answered promptly.
- Another patient and their relative said the staff were wonderful.
- One patient expressed concerns about some of the night staff. They did not seem to be familiar with helping someone use a urine bottle so the bed had got wet on occasions. The patient felt very stressed and tense particularly as they suffered from stress incontinence. Sheets had to be changed and the patient felt that they were being judged a nuisance by some staff. They said that other staff "oozed confidence" and made them feel reassured about asking for help.
- One patient talked about the support they needed to come to terms with what had happened to them and they said that the necessary help was available on the ward and they found it effective.

- We were told by one patient that communication could be better; when a Nurse is asked to do something or to find out about something and they say they will come back sometimes they don't. The patient 'does not know what to do as they do not want to nag or be labelled as a grumpy patient'.
- One patient mentioned a friendship with another patient on the ward who had obviously been a great support.
- A patient told us that they had been very low and that a counsellor had been sent in. "She was marvellous." Staff have also stayed with the patient when they have been very upset and "given moral support and a shoulder to cry on". They said that they are "feeling more focussed and positive now".
- Another patient said "You get a connection. You get to know staff and patients. Talking to other patients helps you accept what's happened."

Involvement in care planning

Staff told us that patients are fully involved in all aspects of their care with the MDT meeting with the patient every fortnight to review progress and set new goals. The meetings take place by the patient's bed.

We were told that there is a small team of Clinical Psychologists for patients facing significant lifestyle changes.

Staff told us that each patient is allocated a Key Worker, who may be from any discipline. We were shown a 25-page 'Needs Assessment Checklist' used by the Key Worker regularly to record the patient's knowledge and understanding of their injury. It also records goals and achievements in Activities of Daily Living, Skin and Posture Management, Bladder & Bowel Management and Mobility. There are sections on planning for the provision of equipment and preparation for discharge from the ward, including managing all aspects of living and working in the community.

Staff told us that patients often found the change from being fully cared for on Wrekin ward to the emphasis on gaining their independence on Gladstone ward a bit difficult to get used to at first.

Patients' comments about Care Planning:

- One patient told us that they were part of a meeting with staff which was helpful but "quite intimidating with six people in front of you".
- Another patient had chosen not to be involved in MDT meetings because of the lack of confidentiality by the bed and they did not wish to leave the bay.
- One patient was concerned about delays to their surgery for pressure sores. They did not understand the reason for the delays and said that "the doctor doesn't say a lot" and "talks a lot of technical stuff". They had been told the problem was unavailability of the theatre but they thought that other people had been admitted and had surgery before them.
- One patient told us that they would like to have information on a day to day basis.
- A patient and their relative said the Psychologist was very approachable.
- One patient said that they had no complaints about their treatment, therapy, staff or consultants and that they had no feeling of isolation.

Discharge planning

Although both staff and patients told us that patients are never discharged from the MCSI, we found that there is comprehensive planning to enable them to be discharged from the ward. Staff told us that few patients are able to return to the same work they did before their injury. The hospital will liaise with workplaces to negotiate for them to return to work in a different job and they offer individual education sessions with patients on getting back to work. We were also told that over 50% of patients are able to return home from Gladstone Ward.

Staff told us that they ask patients for feedback about their stay as part of the discharge process but there tends to be a low response rate as patients are keen to leave as quickly as possible.

Patients' comments about Discharge Planning:

- One patient told us that they had personally organised a new job with their employers.
- A Resettlement Officer and Ward Sister came up to a patient we were talking to for discussions about assessment for discharge.
- One patient said that things were moving about discharge and that they will go to a home for a short while until more suitable accommodation is built.
- Another patient, who was going home soon, had a care package set up and told us they had had good meetings about home visits and their discharge with a Social Worker and District Nurses.
- A patient told us that they were not sure about discharge, e.g. where to, when, if it was soon, but they were happy to leave it to the medical staff. "I feel that I'm in a safety net. They involve me in every aspect of my care." It was not clear whether the first stop for this patient would be a care home or whether they could go straight home.
- Another patient we spoke to said that they had just had good news. When we asked about it they said that they expected to be told at the next MDT meeting when they could go home. They hoped this would be the case but they did not seem too sure.
- A patient told us they were going home soon as their family have organised access to the house to be altered and now they are just waiting for a wet room to be installed. They pointed out it was the family not their local Council who had done the work.
- One patient said that planning for discharge had only just started and a date of two weeks had been suggested. They think this unlikely as they cannot live on their own and their family is trying to find somewhere appropriate for them.

If you could change one thing what would it be?

We asked several patients this very open question to obtain feedback on the most important issue to them at the time.

We got the following responses:

- "There is nothing [to do] at night time. After 6.30pm the lounge area is empty and we aren't encouraged to use any social area."
- "A 'practical area' where I can practise transferring from wheelchair to bed or the toilet by myself."
- "Freedom to use the gym."
- "More physio please."
- "Gym open at weekends."
- One patient and their relative wanted more clarity as to who to speak to about their concerns on each shift. They suggested that at the start of every shift, their contact person makes a point of introducing themselves.

Observation

In addition to the Enter and View team two authorised representatives (ARs) conducted observations of the interaction between staff and patients / visitors and the environment.

Observation ratings

The ARs rated each observation as:

- Positive, showing a high level of compassionate care; or
- Passive, showing good care but little empathy or positive engagement with the patients or their visitors; or
- Poor, showing a lack of care and compassion.

The ARs also noted the staff's attention to the ward environment, covering issues such as cleanliness and tidiness, noise levels, and the steps taken to maintain high standards.

Observation findings

Much of the observation took place on the female bays of Gladstone Ward, which have a majority of high-dependency patients with limited mobility. During the two hours or so of the observation, which covered most of the morning and included lunch time, the ARs witnessed many of the routine interactions and procedures which take place on the ward, e.g. making checks/observations, checking or filling in charts, moving patients, handing out drinks, giving medicines, cleaning.

General Care

Forty-four specific observations were made under this category, which covers all the routine care and provision for patients, including food and fluids. Forty-one were Positive and three were Passive. The three Passive observations involved staff members doing what they had to do without much engagement with the patient involved, for example not looking at them when speaking.

Staff moved around the ward purposefully, quietly and efficiently. Patients were addressed by their first names, and staff explained what they were going to do before doing routine procedures. Curtains were closed when appropriate to maintain patients' dignity.

Some examples of compassionate care

- Healthcare Assistants (HCAs) coming to use a hoist to move a patient from bed to chair were cheerful and seemed efficient. They greeted the patient by name, said what they were there for, and closed the curtains. It was clear that the patient was relaxed and had no anxiety about the move as they were laughing and chatting freely throughout. This was true of all the hoist manoeuvres observed.
- A nurse helped a patient to fit a support, responding to the patient's instructions: "Yes, that's just right!"
- A patient was taken so discreetly to the bathroom in the corner of a bay during a ward round that nobody realised until the bed space was seen to be empty.
- A nurse taking the details of a patient who had just arrived was warm, friendly and used appropriate touch to convey empathy.

- When lunch was served patients were asked what help and adjustment they needed, and the food was positioned for maximum ease and convenience.
- An HCA asked a patient if they wanted their meal cut into smaller pieces, and arranged the food conveniently on the plate.
- An HCA assisted a patient to eat with patience, attention and relaxed conversation.
- Drinks were put in reach. Two members of staff carefully checked the temperature of drinks before serving them.
- An HCA moved pillows under a patient's foot to make them more comfortable.
- An HCA made sure that a patient's chair was in exactly the right place, and that everything needed was to hand in the exact order the patient wanted.
- The nurse conducting the medicine round wore a tabard asking not to be interrupted. Patients were addressed by name. Checks were made before dispensing drugs, and patients were asked whether they wished to take 'on demand' pain medication.

Engagement

Forty-one specific observations were made in this category, which covers communication, demonstrating dignity and respect, anticipating care needs and empowerment of patients. There were 40 positive observations and one marginally passive observation.

The general engagement of staff with patients was very natural, with lots of social conversation between patients and staff. There was a relaxed atmosphere and it appeared that staff had time to give patients good attention. The relationship between the staff and the patients seemed friendly and respectful. At one point a group of people in wheelchairs were clustered round a bed chatting to its occupant and the HCA carrying out a routine check. Greetings and brief conversations were exchanged spontaneously between staff members and the more mobile patients in the corridors. The tea service was relaxed and the staff member took time to chat to all the patients and a visitor.

Some examples of compassionate engagement

- The HCA helping a patient to eat did so with great sensitivity and attention to the patient's dignity, making sure the timing and size of each mouthful was right, being careful not to allow drips, and offering choices at each stage. The patient appeared entirely comfortable with the process.
- During a ward round the Consultant spent time listening to each patient, asking follow-up questions, and answering the patients' questions. One patient was given plenty of time to describe symptoms in detail and their concerns were addressed very fully.
- A patient who was worried about being a 'bed blocker' was reassured by the Consultant: "It's not your fault!" and told that the problems "would be sorted in a few days".
- The Consultant was gentle and respectful when physically testing affected limbs and paid attention to the patients' responses.
- A staff member was heard encouraging a patient who was carrying out exercises behind the curtains.
- A staff member kept up conversation throughout a long treatment, and asked how the patient had got on the previous day.
- A staff member checked if a patient needed anything before they left: "Television? Anything else? Sure?"
- A passing member of staff noticed that a patient was unbalanced in their wheelchair and helped them into a more stable and comfortable position.
- A member of staff taking menu orders spent time reading out the choices and discussing them with a patient.
- The arrival of a new patient on the ward was met with an instant response from a passing member of staff, who welcomed them and called at once for the relevant assistance.
- When on the bays the cleaners chatted freely and cheerfully with the patients.
- Patients were asked about their preferences during routine procedures.
- The Resettlement Officer asked if it was acceptable to a patient to discuss discharge arrangements in the hearing of the AR.
- A patient asked for help three times but the staff member was calling across the room and didn't hear. When they did, they said: "Are you OK if I deal with this first?" Another staff member said to a different patient: "Can I deal with X first? I won't go."

- A patient was given personal care very sensitively by two HCAs. However, although the care being given was not intimate, the AR was seated in the doorway close to the bed space, and it could be argued that the curtain should have been drawn.

Safety (Infection prevention and control)

Standards of cleanliness and hygiene observed during the visit seemed high. Thirteen specific observations were made, all of which were Positive.

- The ward floors were being cleaned and swept almost continuously during the visit, alongside other cleaning tasks.
- Each bay was tidy and appeared largely clutter-free. Bin bags had been emptied. A newly-vacated bed was stripped and the space cleaned.
- All staff were 'bare below the elbow', including doctors on the ward round.
- Hand gel at the base of each bed was used by the staff on the ward round, by the nurse conducting the medicines round, and routinely by other staff caring for the patients.
- Plastic aprons and gloves were worn by the HCAs giving personal care and using the hoist to transfer patients.
- Staff members were frequently seen washing their hands.

Observation Summary

- The ward appeared to be well-staffed and well-run.
- The relationships between staff and patients appeared warm, friendly and respectful.
- Routine care was delivered with quiet efficiency in a relaxed and friendly atmosphere.
- Patients appeared comfortable and free of anxiety in their interactions with staff.
- There were many instances of good attention and thoughtfulness on the part of staff.
- The ward was clean and tidy, and staff routinely practised good hand hygiene.

- Considering that the ward is home to patients for prolonged periods, sometimes of several months, the environment lacks visual and mental stimulation and any form of home comfort

Additional findings

- Staff gave us a leaflet about the proposed 'Horatio's garden' which is to be built alongside the MCSI unit. This will include a garden room, a greenhouse and a garden therapy area. Patients will be able to be taken around the garden in their beds.
- This MCSI is one of 11 specialist units in the UK. It has national funding and serves a population of 10 million, mostly from the West Midlands and North Wales.
- Staff told us that negotiations to ensure appropriate Continuing Health Care packages are in place for patients leaving Gladstone Ward have become even more difficult in the last few years. For example, there can be very long waits for bespoke wheelchairs and some CCGs do not commission appropriate bladder or bowel care services.
- There is a national spinal injuries database which records outcome measures from all 11 national Centres.

Summary of findings

- The ward was clean and had a relaxed and calm atmosphere. Staff routinely practised good hand hygiene and routine care was delivered quietly and efficiently.
- We observed many instances of good attention and thoughtfulness on the part of staff.
- The relationships between staff and patients appeared warm, friendly and respectful and patients appeared comfortable and free of anxiety in their interactions with staff.
- All the patients we spoke to were very appreciative of all the staff, with the exception of some of the night staff. Concerns about some of the night staff were about a lack of compassion and care.

- Each patient is allocated a Key Worker who works closely with them according to their care plan.
- There are regular reviews of each patient's progress and goal setting. The whole MDT is involved and meets regularly with the patients at the bedside.
- Patients are encouraged to speak to PALS if they have concerns they don't want to discuss with ward staff.
- Several patients expressed some concerns to us when we asked them directly. These included concerns about which staff to communicate with on each shift, staff not coming back to them when promised and the format of the MDT bedside meetings. It was not clear whether they all felt confident enough to talk to the staff about these particular issues.
- The concerns raised about the MDT bedside meetings included the lack of privacy, the intimidating size of the team and the technical language used.
- The ward asks for comments and feedback at the time of discharge but staff said many patients do not want to delay long enough to answer questions.
- Over 50% of patients are discharged home but rehabilitation is generally a lengthy process. Stays on the ward are frequently made longer by delays in discharge due to the complex needs of patients and the large number of services and statutory organisations the Resettlement team have to deal with.
- One patient's family had stepped in to carry out home adaptations as the Council was not responding very quickly.
- The demographic of the ward has changed significantly over the last 10 years with more elderly and women patients now.
- We observed that women stayed by their beds, whilst the men, unless on bed rest, were more mobile around the ward and outside.
- Women had the furthest to travel to access the communal area, passing the 'men's side' to get there.
- The one communal/dining area had a billiard table and seemed tailored more towards men.

- For a ward that is home to patients for long periods, there is a lack of home comforts as would be found in residential or nursing homes.
- We were told that patients occasionally make use of the waiting area in Out-patients to socialise after 5pm.
- There is a marked contrast between a highly structured timetable during weekdays and a significant lack of activities at the weekends and every evening.
- For patients restricted to spending all their time on the ward, there is a lack of visual and mental stimulation outside of therapy sessions.
- Apart from those who are able to go home at weekends, there are few opportunities to get 'off site' at any time.
- Apart from visits to the therapy rooms, gym and pool, there are no obvious alternative spaces for patients to use within the general hospital except for the restaurant and cafe.
- Some patients would like the opportunity to practise their rehabilitation between therapy sessions but said there was little opportunity for them to do so.
- Younger patients particularly noticed the lack of opportunities for social engagement.
- All the patients we spoke to felt that they were very well supported to deal with their significant changes to lifestyle.
- All the patients we spoke to were able to keep in touch with their families and friends to some degree.

Recommendations

- The care teams should be congratulated on a friendly, safe and well-run ward, that is much appreciated by their patients.
- Consider improving the communal areas to make them more inviting for long-stay patients, particularly women.

- Consider introducing a greater variety of activities suitable for the needs of long stay patients whatever their level of dependency.
- To consider how spinal patients can have more access to the pool.
- To review social opportunities and social activities in the evenings and weekends.
- To tell patients at the start of each shift who their point of contact is for that shift and to encourage communication about any concerns.
- To review the format of the MDT bedside meetings to take account of the patient's preferences about privacy, language and the size of the team.
- To remind staff who can't respond immediately to a request to say to a patient that they must call/ask again if they don't come back.
- To ask night staff to make it very clear to patients that it is OK to ask for help with toileting whenever needed and to communicate positively and to show compassion and care when providing support.
- To review the approach to collecting feedback to increase the response rate and make it more beneficial for patients while they are still on the ward.

Service Provider Response

Healthwatch Shropshire has received the following action plan from the Trust in response to our recommendations:

1. **The care teams should be congratulated on a friendly, safe and well-run ward that is much appreciated by their patients.**

The Ward Sisters will

- Circulate feedback from Healthwatch Shropshire to all staff
- Include feedback in the Midland Centre for Spinal Injuries (MCSI) newsletter
- Share comments in handover and safety huddle
- Include feedback in Team MCSI Facebook page

Update: Feedback was shared on late / night shifts on 07/08/17 and will continue for two weeks.

2. **Consider improving the communal areas to make them more inviting for long-stay patients, particularly women.**

The multi-disciplinary team (MDT) will:

- Attain feedback from female patients about what they would like
- Explore updating decor and soft furnishings
- Provide quotations and table proposal at operational meetings
- Identify funding
- Liaise with therapies about planned activities in communal areas

Feedback and discussions will take place within two weeks. Four-six months for furnishings if warranted.

Update: Appropriate staff have been made aware.

3. **Consider introducing a greater variety of activities suitable for the needs of long stay patients whatever their level of dependency.**

The following actions will be overseen by the MDT:

- Identify nurse / HCA to work with therapy activity coordinators
- Activities coordinator to prepare programme and circulate to MDT
- 'Horatio's Garden' Patron visit planned for 22nd August 2017. Work is due to start within 12 months
- There is limited space available at the gym and this is not accessible at the weekends. There is a vision for a dedicated gym and sports facilities for spinal injuries patients

Update: Plans are ready for 'Horatio's Garden'. A proposal for a gym and sports hall has been drafted for the Charitable Funds Committee who are meeting October / November 2017. Other actions are currently underway.

4. **To consider how spinal patients can have more access to the pool.**

The Therapies team will oversee the following actions:

- Hoist in pool area
- Review of therapy timetable and schedule additional sessions if warranted

Update: A hoist is currently on order and the order has been chased. Final date for installation is not yet available. Therapy support is currently available five days a week. There is a review underway to see if either 6 or 7 day working is warranted which will need to be supported with a business case.

5. **To review social opportunities and social activities in the evenings and weekends.**

At the moment activities are carried out by two Therapy TI's as part of their current role.

The MDT will oversee the following actions

- Have dedicated Activities Coordinators to include Nursing staff and members of the MDT
- Consider alteration of specific hours for staff to participate in / facilitate activities
- Liaise with other wards for ideas

Update: Appropriate staff have been made aware. This is on-going.

6. **To tell patients at the start of each shift who their point of contact is for that shift and to encourage communication about any concerns.**

The MDT will oversee the following actions by staff:

- All staff to be reminded of the importance of good communication between staff and patients in handover, 9am quality and safety meeting and safety huddle
- Up-date information boards in each bay daily and introduce themselves to new patients
- Staff to attend 'My name is…' training November 2017

Update: Appropriate staff have been made aware. This is on-going.

7. **To review the format of the MDT bedside meetings to take account of the patient's preferences about privacy, language and the size of the team.**

The MDT will oversee the following actions:

- Ward round discussion to take place before going on the ward and only to have necessary staff members at the bedside
- Interpreters to be contacted when needed

Update: Staff have been made aware that privacy, size of team and language barriers must be addressed on an individual basis for each patient. The discussion before the ward round is in place and interpreters have been contacted when needed.

8. **To remind staff who can't respond immediately to a request to say to a patient that they must call/ask again if they don't come back.**

The MDT will oversee the following actions:

- Use safety huddle, handover and 9am safety and quality meeting to remind all staff about this issue
- To be included in bite-size training that is provided yearly to all staff and in induction for new starters.

Update: Staff have been made aware of this issue and staff continue to be reminded. This is on-going.

9. **To ask night staff to make it very clear to patients that it is OK to ask for help with toileting whenever needed and to communicate positively and to show compassion and care when providing support.**

The MDT will oversee the following action:

- To be included in bite-size training that is provided yearly to all staff and in induction for new starters

Update: This issue was discussed with all staff at handover, including the night staff, regularly for 2-3 weeks to ensure that all members of staff were aware. Staff are aware of the issue and it will be monitored via direct observation and feedback from patients.

10. To review the approach to collecting feedback to increase the response rate and make it more beneficial for patients while they are still on the ward.

The Ward Sisters / Ward Managers will oversee the following actions:

- Allocate a specific member of staff on each shift to be responsible for collection of feedback from discharged patients
- Ward Manager to discuss comment cards with patients on arrival.

Update: Staff have been allocated by the ward coordinator daily. This is expected to be on-going and will be reviewed within one month.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out 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 Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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