West Middlesex University Hospital Adult inpatient wards Enter & View report

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healthwatch Richmond upon Thames

Contents

Introduction

In October 2018, Healthwatch Richmond conducted a series of Enter & View visits to the adult inpatient wards at West Middlesex University Hospital. This report details the feedback that we received from patients, relatives and staff, as well as the observations made by our team.

Healthwatch Richmond are the independent NHS and social care watchdog for residents in the London Borough of Richmond upon Thames. We help to shape, challenge and improve local health and social care services.

Healthwatch Richmond was set up by the Health & Social Care Act of 2012. The Act and its regulations granted Healthwatch the power to: enter and view premises that provide health and/or adult social care services, request information from health and social care providers and receive a response within 20 working days.

The reports for Healthwatch Richmond's Enter & View visits can be found on our website - www.healthwatchrichmond.co.uk - or are available from our office. Please contact us on 020 8099 5335 for further details.

Background

West Middlesex University Hospital is a 600 bed hospital that provides core inpatient, day-case and outpatient care services to a population of 600-700,000 people in the boroughs of Hounslow, Richmond and Ealing. These services include: accident & emergency; general and acute medicine; elderly care medicine; general & acute surgery; children's services; maternity services; and specialist services, such as stroke care, endoscopy and intensive care.

The hospital is run by Chelsea & Westminster Hospital NHS Foundation Trust. We last undertook visits to the hospital's adult inpatient wards in 2014, prior to it joining the Trust in 2015. As such, we were keen to visit again and review the quality of care currently provided to adult inpatients.

Our primary aims were to find out whether the wards we visited were meeting the needs of their patients and, if appropriate, to make recommendations about how the service may be improved.

The hospital can be found at the following address:

West Middlesex University Hospital
Twickenham Road
Isleworth
Middlesex
TW7 6AF

Methodology

Prior to undertaking our visits, we reviewed the pre-existing patient data on the hospital's adult inpatient wards, including:

- Our own data from patient experiences recorded over the previous 18 months.
- Patient reviews left on NHS choices.
- Friends & Family Test data for West Middlesex University Hospital.
- The Care Quality Commission's 2018 report for their most recent inspection of the hospital, as well as the results of their most recent survey examining the inpatient services provided by Chelsea and Westminster Foundation Trust as a whole.

This preliminary research, alongside our discussions with the hospital team, helped us to identify topics of particular interest and establish how best to gather feedback from patients.

We decided to base our conversations with patients around a list of pre-set questions - see ***'Appendix 1 – Patient Questions'*** - whilst also allowing patients to raise other topics according to their individual experiences of the service. We used a pre-prepared checklist - see ***'Appendix 2 - Observation checklist'*** - to guide our own observations throughout the visits.

We chose to visit six different adult inpatient wards that covered a range of different specialties:

- Marble Hill 1: general medical, care of the elderly (acute frailty)
- Marble Hill 2: endocrine & general medical
- Crane ward: care of the elderly/dementia
- Lampton ward: heart failure/cardiology & general medical
- Richmond ward: elective surgery & surgical assessment unit
- Syon 2: trauma & orthopaedics, surgery

To maximise patient feedback, we visited each of these wards twice, leaving a two week gap between visits to reduce the likelihood of speaking to the same patients repeatedly. We chose to conduct our visits at times when patients were more likely to be awake and available to speak with, whilst also allowing us to observe lunch being served. In addition, we conducted a short late evening visit to each of the wards, as we were interested in observing the ward atmosphere prior to lights out.

Our visits were conducted at the following times:

- Monday 15th October, 10:00 – 12:00
- Wednesday 17th October, 10:30 – 12:30
- Tuesday 23rd October, 21:00 – 22:30 (evening observation visit)
- Monday 29th October, 13:00 – 15:00
- Tuesday 30th October, 10:30 – 12:30

The visits were planned in accordance with Healthwatch Richmond's Enter & View Policy and undertaken in a spirit of partnership and openness. Every visit was led by a member of staff, with a pair of Enter & View volunteers visiting each individual ward. Enter & View volunteers undergo a thorough recruitment process that includes the completion of: a written application, references and interview; DBS check; and relevant training in safeguarding adults and conducting Enter & View visits.

Analysis

In total, we gathered usable feedback from over 100 patients and/or their relatives. We were also able to speak with 27 members of staff in a variety of different roles.

The qualitative data we collected was analysed as follows:

- The data was labelled and separated according to the overarching 'themes' that emerged.
- Individual comments and observations were assigned a sentiment (e.g. as positive, neutral, negative, mixed or insufficient data).
- Once the data within each theme had been compiled, the frequency, specificity, emotion and extensiveness of individual issues were examined. A descriptive summary was then prepared for each theme.
- The overall results were reviewed, conclusions drawn and specific recommendations made.

Limitations

The experiences and observations recorded in this report relate only to the five specific visits conducted by Healthwatch Richmond. The report is not representative of the experiences of all patients, relatives and staff; only those who were able to contribute within the restricted time available.

As we did not conduct any weekend visits, we are unable to comment on whether the standard of weekend care provision differs to that provided during the week. However, neither our background research nor the feedback collected during our visits suggested any significant variation in the quality of care provided over the weekend. This supports our decision not to conduct further visits in addition to those carried out.

While every attempt has been made to provide a sense of scale to the issues raised by patients, the methodology employed does not allow for issues to be robustly quantified.

Overall experience

When asked about their overall experience of the ward they were in, over 50 patients gave positive responses compared with only six who were clearly unhappy. In each ward, the majority of patients were positive - in many cases, very positive - about their stay. Comments that patients made include:

"Very happy" *(Marble Hill 1)*

"Can't fault" *(Marble Hill 1)*

"Restored my faith in the NHS" *(Marble Hill 2)*

"Brilliant, I am very impressed" *(Marble Hill 2)*

"Brilliant, absolutely brilliant" *(Crane)*

"Very impressed" *(Crane)*

"I'm given all the care in the world" *(Lampton)*

"Very good, excellent" *(Richmond)*

"Very good… they are really looking after me" *(Syon 2)*

"It's marvellous" *(Syon 2)*

Three people, having had multiple recent admissions to different hospitals, described the care as being the best of all the hospitals they'd attended.

Of the six people who were unhappy with their overall experience of the ward: three were in Marble Hill 1, two were in Marble Hill 2 and one was in Richmond ward. A brief summary of these peoples' feedback is given below; the specific issues they encountered are addressed fully in different sections throughout the report.

In Marble Hill 1, the relatives of two different patients were very unhappy with various aspects of the care provided; one intended to raise a formal complaint with the hospital. One relative voiced that they felt more worried about the patient being in Marble Hill 1 as they don't get much contact with doctors compared to the Acute Medical Unit (AMU). Another patient also cited a number of issues they had encountered in the ward and said they were a *"bit disappointed"* overall.

In Marble Hill 2, two patients cited poor communication from staff as being the main reason for their overall dissatisfaction. Finally, in Richmond ward, one patient was dissatisfied with an operation. Whilst the exact details of this patient's journey were unclear, it was clearly apparent that they were very unhappy with their stay.

Quality of care

Positive staff attitudes

In each of the wards we visited, we received a large amount of positive feedback about the attitudes of staff and the care they provide. Over 75 people made positive comments about staff, repeatedly describing them as kind, friendly and helpful. Some of the comments made are listed below:

"Really kind and lovely.. very attentive" (Marble Hill 1)

"All wanted to help as much as possible" (Marble Hill 1)

"Staff couldn't be better" (Marble Hill 2)

"Angels without wings" (Marble Hill 2)

"Excellent, knowledgeable, caring, nothing too much trouble" (Crane)

Relative *"wanted to say thank you"* to one of the nurses, as they had *"been so kind.. a real star" (Crane)*

"Nothing too much bother", nurses *"very visible and approachable" (Lampton)*

"Very, very good… can't fault them… everyone works so hard" (Lampton)

"Really friendly.... have a good laugh" (Richmond)

"Very pleasant and helpful" (Richmond)

"Very caring, professional, attentive… it's been great compared to the USA" (Syon 2)

"Very efficient, very caring" (Syon 2)

Seven people made positive comments about the doctors in their ward. One doctor was described as *"very, very good"*, whilst another was said to be *"very nice"* and did *"what is in their power to help"*. We also received a few pieces of positive feedback about support staff. One patient said the serving staff at meal times were *"very nice"* and that being greeted by a friendly face makes a *"vast difference"* to your mood. Two patients complemented the cleaning staff, while one patient noted that the tea person was always polite; we ourselves observed tea staff being friendly and chatting to patients in both the Marble Hill wards. Lastly, two relatives commented on how staff were friendly and flexible towards them; for instance, one relative was allowed to stay with their patient throughout the night.

It is worth quickly noting that staff on all the wards were wearing clear uniforms that were easy to differentiate. We did however notice that staff's name badges were often difficult to read as the font on the badges was small. In general, patients really appreciate knowing who it is that is treating them and as such, staff's badges should be made clearer.

Poor staff attitudes

Whilst feedback on the attitudes of staff was generally positive, a small number of patients across different wards made general remarks about staff they weren't impressed by:

"Some are patient and kind, others not..." (Marble Hill 1)

"Depends on the nurse" (Marble Hill 1)

"Some are short-tempered and don't always give much thought to what they're doing" (Marble Hill 2)

"The doctors are the worst" (Marble Hill 2)

"Some you like, some you don't" (Lampton)

Two patients said that staff didn't always do what they should to help patients – *"do what they want"*, *"don't do what they should"* – while another felt the standard of nursing was poor and that better training was required. A couple of patients remarked specifically on the limited time that staff spend with patients; one patient said that staff were *"very preoccupied"* and wished they could see the same nurse twice.

Good quality care

Alongside the feedback that patients gave, we observed numerous examples of staff being caring and professional across all the wards. Staff were broadly observed to be engaging with patients in a friendly manner and seeking their consent prior to administering care. For each ward, we have highlighted some specific examples of the good care we witnessed.

- In Marble Hill 1, we observed a Healthcare Assistant (HCA) gently assist a frail patient with walking to the toilet. As they approached the toilet, the patient became more unsteady and looked as if they may fall. The HCA was friendly and calm, quickly calling a nurse over who fetched a chair and glass of water for the patient before thoroughly checking their blood pressure and temperature. We also observed a patient's bed being changed to ensure it was clean before lunch and, during our evening visit, noticed HCAs checking on patients' comfort and pain levels as they prepared for bed.
- In Marble Hill 2, two patients specifically remarked that staff took time to chat as they provided care, which helped raise the patients' morale. Another patient said that staff had brought them a cake and sang on their birthday, which was a nice personal touch.
- In Crane ward, we observed a nurse being reassuring to a confused patient who was worried about the nurse leaving, while another nurse was comforting towards a patient who was coughing and clearly distressed. We were also encouraged to see the ward manager getting involved and supporting distressed patients on a number of occasions.
- In Lampton ward, staff were gentle and discrete in supporting a patient who suddenly needed to go to the toilet. We also observed a nurse checking that a patient consented to having their blood pressure taken as the patient's initial response had been unclear.

- In Richmond ward, a patient was struck by how *"proactive"* the staff were in *"looking out for patients' needs"*. When the patient arrived from A&E at 11pm, they were offered a toothbrush and toothpaste, as well as a towel the next day, and recalled that another patient was asked whether they would like a shave. The patient noted that patients *"don't know what's available"*, so can feel *"reticent about asking"* staff things as they don't want to be demanding. As such, they really appreciated the efforts staff had made to make them feel comfortable. On a separate note, we observed an HCA assessing patients' pain levels in a friendly and responsive manner during our evening visit.
- Finally, in Syon 2, one patient was impressed that physiotherapists came to the ward over the weekend to assist with patients' recoveries.

Poor quality care

Specific cases of poor care were notably more prevalent in Marble Hill 1 than the other wards; as such, we will focus on Marble Hill 1 separately in the next section.

A common feature across all the wards was that staff were rarely able to stop and interact with patients unless they were performing a specific care task. This was particularly apparent with elderly, bed-bound patients in the non-surgical wards (Marble Hill 1, Marble Hill 2, Crane and Lampton wards). We also did not notice any instances of patients being encouraged – where appropriate – to get up and move in order to help them maintain their mobility and other independent functions. The hospital has since informed us that they have a "HOME" initiative whereby suitable patients are encouraged to get up and dressed each day - if they have their own clothes with them – and to use the day rooms in the wards that have them. As this was not an element of care that we were specifically looking out for, we are unable to comment on whether or not this was happening.

Barring Marble Hill 1, specific instances of poor care provision did not appear to be widespread across the wards. The individual instances that we encountered have been outlined in the paragraphs below.

In Marble Hill 2, a patient was unimpressed by the behaviour of one nurse in particular. They had observed this nurse trying to wake another patient in what they felt was an uncaring manner. They also said that this nurse had been disruptive during the night, making personal calls on speaker phone, which were disturbing for patients. Another patient in Marble Hill 2 said they had been *"excellently treated"* barring one occasion where a nurse had *"ripped off"* a bandage without warning, which had been very painful.

In Crane ward, a patient said they had wet themselves and that their leg had not been washed properly afterwards. We also observed a junior staff member ask a nurse to assist them with something. The nurse did not initially respond and appeared reluctant to assist when the junior staff member repeated their request.

In Richmond ward, one patient was very dissatisfied with the outcome of a recent operation, the reasons for which were unclear. Regarding the ward itself, the patient said that the use of latex materials had caused them to develop a rash on their arm, despite having told staff that they were allergic. Another patient was generally happy with their care in the ward, but noted that their scan - to determine whether an operation was required or not - had been delayed. As a result, they had been waiting for two days, during which they had been unable to eat. The patient also highlighted that the hospital had originally intended to discharge them without the scan despite the fact they were still

in significant pain. The patient felt that they had had to take the initiative to ensure the required action was taken and that other patients in their situation may have been sent home without their condition being properly resolved.

Finally, in Syon 2, one patient commented that a staff member made no effort to converse while taking a blood pressure reading and did not respond when the patient asked what the result was.

Marble Hill 1

Across our two visits to Marble Hill 1, we received a noticeably higher amount of negative feedback from patients and relatives, with four people relaying specific examples of poor care that they had experienced:

- An elderly patient had been in and out of the hospital numerous times over the last six months. The patient's relative felt that the patient's condition had markedly deteriorated because ward staff had not provided enough support with maintaining the patient's physical capabilities (e.g. being put in nappies instead of being walked to the toilet and being washed in bed, not showered/bathed). According to the relative, staff had said the patient was 'non-compliant' with some physical activities, but the physiotherapist had confirmed that this was not the case and had raised concerns about the patient's treatment with the ward. The relative also said the patient had previously been discharged from the hospital with lots of sores (however, it was unclear whether this related to Marble Hill 1 or another ward).
- Relatives of another elderly patient were very unhappy with the quality of care. They said that the patient had had diarrhoea and had not been washed often enough by staff. They also said that the patient had developed genital ulcers and thought the patient had inappropriately been given sugary food (see the section ***'Help with food - Poor care'***).
- A patient was *"a bit disappointed"* with the standard of care, saying that staff hadn't done the *"little things"*, like coming to check on them or asking how they are. The patient had been in the ward for two days and had not been offered a wash or been able to brush their teeth. This compared strikingly to another ward they had been in previously, which they couldn't fault; staff had made them cups of tea and helped them shower and wash their hair.
- A patient said that some of the nurses have a *"different approach"* and are *"really rough"* in how they hold and move patients, noting that this is unpleasant for patients who are already unwell. The patient said that these staff members *"don't mean to be"* rough and hadn't noticed when the patient had commented on it to them. They also felt that staff treated them as if they were *"out of their mind"*, when they were actually quite aware.

During our first visit to Marble Hill 1, the ward felt especially busy while lunch was being served. In one particular bay, a couple of issues arose and may have stemmed from the lack of staff available; over lunch, the bay was only manned by the ward clerk and a volunteer. We noticed one patient lying near horizontal with a tray of food balanced precariously on top of them. This patient was picking up rice with their hands and spilling it over their bare neck; one of our team had to fetch a staff member to help the patient sit up and be assisted (see the section ***'Help with food - Poor care'***). We also noticed an elderly patient looking in some discomfort and taking themselves to the toilet a couple of

times in quick succession; no HCAs or nurses were present in the bay at this point. As the patient left the toilet, a nurse walked past, saw the patient and gently helped them back towards their bed. The patient suddenly keeled over in pain, at which point the nurse closed the curtains to assist them. Whilst the nurse responded gently and swiftly, their intervention had only occurred because they had happened to walk past; the presence of more staff may have enabled the patient's symptoms to be detected earlier.

Overall, patients in Marble Hill 1 appeared more likely to receive lower quality care than in the other wards we visited. It was unclear whether this was a result of staffing issues, management issues, or something else entirely. We raised our concerns with the hospital who provided us with a response outlining the actions they have taken to improve the ward (see final section *'Recommendations & responses from the hospital'*).

Dementia care

During our visits, we saw a large number of patients with varying degrees of dementia. Whilst the highest concentration of patients with likely dementia were found in Crane ward, there were also patients with dementia in Marble Hill 1, Marble Hill 2 and Lampton ward.

In general, patients with dementia appeared to be receiving good quality care. In Crane ward, three people commented on the efforts staff made to care for patients with dementia. One patient said the staff are *"absolutely brilliant"* with dementia patients, allowing them to walk around under supervision and then gently guiding them back to their beds. A relative of a patient with dementia said that staff *"understand"* dementia and know the patient, while another relative had observed staff trying to calm patients during the night.

We ourselves observed various examples of staff being patient and understanding towards patients with dementia in Crane ward. A nurse was kind and patient with a restless, patient who was prone to falls but wanted to move about. Whilst encouraging the patient to stay sat down, the nurse allowed them to get up when they wanted and ensured they were never unattended. We saw an HCA showing care and understanding towards an agitated patient who needed guidance back to their bed. Lastly, we observed the ward manager popping in and out to see a patient who was regularly shouting from a side room, fetching them tea and toast.

We also observed good care towards patients with dementia in Marble Hill 1. One nurse tried extremely hard to gently encourage a very agitated patient to eat their lunch, whilst another nurse took the time to gently brush a patient's hair. Furthermore, in Marble Hill 2, two patients separately commented that staff made continued efforts – *"pulled out all the stops"* – to calm a very loud, agitated patient (to no avail).

Despite the high quality care that we observed, it was nevertheless clear that staff did not often have the time to provide the level of interaction that some patients with dementia required to remain calm and comfortable. In both Crane and Marble Hill 1, we observed patients with seemingly advanced dementia - who were distressed and making repeated noises and movements - spending a long time without any form of staff interaction.

We also encountered a few examples of staff in Crane ward showing a lack of awareness towards the needs of some patients with dementia:

- A patient with probable advanced dementia was lying in bed, moving and moaning in apparent discomfort, when two staff members arrived to administer care. Whilst the staff were gentle - and ensured that care was provided behind the curtains – we could hear them conversing over the patient as if the patient wasn't there. Whilst the patient did not appear capable of verbal communication, this may still have been unpleasant for them.
- A patient sat on a chair outside their bay was anxious, stating *"I don't know where I am supposed to be"*. It transpired that the activities therapist had left them there after their session in the day room. The patient said *"they shouldn't have dumped me like that…these youngsters have no sense"*.
- We overheard one patient shouting from a side room asking for toast. Lots of staff were stood nearby chatting together and sorting out their ID photos, but no one popped in to reassure this patient. Although it was clear that this particular patient regularly shouted and was likely quite difficult to manage, it would have been nice for one staff member to have responded.

The above examples demonstrate how easy it is for the needs of patients with dementia to be missed. This highlights the importance of all the different ward staff having a thorough understanding of dementia and how to provide person-centred care to these patients.

Medication provision

The vast majority of patients confirmed that they were given their medication at the appropriate time and had not encountered any issues. Three patients made comments about their pain relief being well managed and having the opportunity to discuss this with staff. A patient in Syon 2 said that nurses had been flexible in allowing them to take their medication with breakfast instead of at 6am.

We only came across four issues around medication provision, two of which occurred in Marble Hill 1. A patient with Parkinson's had not been given the correct number of tablets that morning and their pain relief was administered over an hour later than it should have been; these issues were only resolved once the doctor came round on their morning rounds. In addition, a relative of an elderly patient said the patient had sometimes not been given their eye drops, which were required to prevent their eyes from getting sore. This relative was generally unhappy with the care the patient had received and, in light of this, was also worried by the possibility of the patient's diabetes medication being improperly managed throughout the night.

In Marble Hill 2, one patient had faced ongoing confusion around restarting their medication for managing water retention. The patient's medication was initially stopped when they entered A&E, but on transfer into Marble Hill 2 – on a Thursday - the doctors agreed it should be restarted. A delay of four days then ensued because a senior doctor was required to see the patient before the decision could be authorised and none were available until after the weekend. Once the medication was reinstated the relative said it then took *"an age"* for the hospital pharmacy to supply it to the ward. Finally, in Richmond ward, one patient said they had repeatedly asked for pain relief over a number of hours without it being provided.

Privacy and Dignity

The vast majority of patients felt that their privacy and dignity had been respected throughout their stay. We consistently observed staff using curtains appropriately to provide privacy whilst care was being administered. In addition, a patient in Richmond ward informed us that patients were encouraged to wear their own clothes, which helped them feel more comfortable.

We did however notice that conversations could be heard through curtains, with one patient commenting that *"everyone can hear everything"*. This makes it very difficult for bed-bound patients to have private conversations unless they are situated in a side room. Two patients – on different wards – also talked of their embarrassment at being able to hear through the curtains when they or others were using a bedpan to go to the toilet. One of these patients had asked for some air freshener, which was not provided.

We also came across a small number of isolated issues that related to patients' privacy and dignity. These are detailed as follows:

- In Richmond ward, a patient was apparently told by a staff member that they could not close their curtain when getting changed because this would prevent staff from being able to see other patients in the bay. We raised this example with the hospital who said they believed it was a miscommunication and that staff had subsequently been reminded to make sure that patients understand them when discussing where to get changed. The hospital explained that they discourage patients from keeping their curtains drawn all day as they need to be able to see other patients in the bay. As such, staff encourage patients to either get changed in the bathroom or to close their curtains while they are getting changed and to open them as soon as they are ready.
- In Marble Hill 1, the positioning of a window in one of the side rooms meant that people in the ward's main passageway could see the patient getting changed without them knowing. We raised this with the hospital who said that this would be addressed.
- In Marble Hill 2, a patient observed another patient opposite them expressing discomfort while being hoisted out of bed to be weighed and felt that the hoist appeared *"undignified"* for anyone watching. We raised this with the hospital who explained that while hoisting should take place behind curtains if it can, this is not always possible due to space constraints; it is important that staff have sufficient space to work safely.
- Another patient in Marble Hill 1 said that although they didn't mind too much, they could feel *"embarrassed"* when receiving help with certain personal care tasks, especially from male staff. As both the HCAs in the patient's bay were male, they didn't feel able to ask if there were female staff available to help them. The hospital informed us that while they do their best to accommodate patients' wishes, the staffing of wards is not gender specified; ie there may be days when staff are primarily male or female. Patients can ask to be seen by staff of a different gender but the hospital is not always able to accommodate as it may lead to delays in care.

Responsiveness

Across all six of the wards, the majority of patients said that staff were quick to respond if they needed something. One patient said that, given all the negative news stories they'd heard about the NHS, they were surprised by how quick all the staff were at responding.

Some specific examples of staff being responsive are as follows:

- In Marble Hill 1, staff reacted very quickly when a patient was having a severe angina attack during the night. Another patient said that staff quickly fetched them incontinence pads when they needed them.
- Patients in Richmond ward were complimentary of staff, noting that they are *"paying attention"* and *"come straight away"* even at night. One patient commented that a nurse came quickly to look at their wound when they were in pain.
- In Syon 2, a patient said that they were always given a bedpan when they needed it – *"I don't have to wait, they come when I ask"*.

Six patients said that the wait time to be seen varied according to how busy staff were. Two patients mentioned how they try to be mindful of how busy staff are and time their requests accordingly. A patient in Marble Hill 2 said the nurses always strive to inform patients *"where they are in the queue"*, which patients appreciated.

Of all the patients we spoke to, only four spoke negatively about the time staff had taken to respond. One example was in Marble Hill 1, where a patient said they had waited 15 minutes after ringing the call bell to use the commode that morning.

Discharge and ward transfer

A couple of staff members highlighted the array of difficulties they can face when trying to ensure that patients are safely and swiftly discharged home; for instance, difficulties liaising with care homes and care agencies or arranging the provision of appropriate equipment. These issues are beyond the control of the hospital and reflect wider problems within the social care system.

Of all the patients we spoke to, only a small number mentioned any problems relating to discharge or transfer between wards. One patient had been in and out of West Middlesex Hospital repeatedly over the last six months. Their relative brought up a number of issues they had experienced related to discharge. The relative highlighted that care packages had not always been in place when the patient was discharged and said that delays arose because staff who came to collect the patient were unaware that two people and a stretcher were required to transport the patient home. The relative also described the handover between wards as being *"very poor"*, citing an example of when staff left the patient's nebuliser in another ward. Another patient referred to a couple of issues that arose when they were transferred wards; namely, their bed wasn't made when they arrived and lunch wasn't provided when they were told it would be.

One patient's discharge had been delayed due to problems with providing a specialised hospital bed for their home. The patient was unsure who was at fault for the delays and did not know when the bed would be available. Finally, a few patients in Syon 2 said that delays in receiving their medication from the hospital pharmacist had caused their discharge to be postponed.

Food

Quality of food

We received very mixed feedback on the quality of food provided across all the wards, with similar numbers of patients providing positive, neutral/mixed and negative feedback (26, 23 and 20 patients respectively). This is, in part, unsurprising given that patients are likely to have very different tastes and expectations when it comes to food. Nevertheless, the volume and variety of negative feedback indicates that there are definite improvements that could be made.

Over a third of patient feedback (26/69) about the quality of food was positive. Various patients highlighted dishes that they had particularly enjoyed – e.g. the roast lunch or the salads - while two patients expressed that the food was better than they had expected. Some of the positive comments that patients made are as follows:

"Sunday roast lunch is excellent"

"Very good - plenty of flavour and taste"

"Brilliant…lovely salad"

"Very good, very tasty"

"Food is lovely"

We also received some positive feedback about the service provided in specific wards. Three patients in Lampton ward commented that the food was suitably hot. In Marble Hill 2, a patient appreciated that tea and biscuits were offered between meals, while another patient was pleased they could tell staff how much food they wanted. Finally, in Richmond ward, a patient said that staff *"always get a cup of tea when you want one"*, while two others appreciated that water was readily available.

Despite the positive feedback outlined above, we also received a significant number of negative comments about the quality of food, some of which were very negative. Some examples are as follows:

"Absolutely disgusting… disgusting taste"

"Foul… disgusting"

"Dreadful, no evidence of effort!"

"Pretty dire"

Cheese omelette had a *"horrible flavour"* (the patient couldn't eat it)

Meal described as a *"pork mess"*

Four patients raised the fact that the fruit and/or vegetables were not fresh. Two vegetarian patients commented on food being poorly cooked, while another two patients said the food was too stodgy. It is also worth noting that a patient and a staff member - from different wards – both commented that the toast was poor quality; the staff member felt the hospital should use thicker bread as the thin bread used could be *"inedible"*. Finally, in Lampton ward specifically, three patients commented on the portions being too small, although one patient did say that staff would get them more when they asked.

Choice of food

We also received decidedly mixed feedback about the choice of food available to patients. Overall, it was clear from patients' comments that the variety of food on offer could be improved, particularly for patients who are: vegetarian, of different ethnic groups, or at risk of developing constipation.

Six patients expressed that there were a good array of choices available, four of whom highlighted that they felt three choices per meal was generous. Three other patients appreciated the fact that there was any choice at all, while another said that staff were flexible in letting them eat at the hospital restaurant if they fancied a change.

However, six patients felt that the variety of choices on offer were limited. Two vegetarian patients made comments about choice being restricted; one of these patients in particular thought the choice was very poor. Three patients commented on there not being enough variety of ethnic foods available, while one patient was very unimpressed at the lack of healthy options available – *"in an age when we are trying to eat more healthily, pies and crumbles aren't helping"*.

A patient in Syon 2 said that the food was *"stodgy"* and led to constipation. Three different patients in Crane ward also expressed discomfort due to constipation. With movement restricted, constipation is clearly a potential risk for many elderly patients. We also noted that serving staff in Crane ward were unaware that prunes could be requested for patients; a food type that can assist with reducing the risk of constipation.

A few patients made specific comments about the lack of choice available at breakfast. One patient had asked if they could have yoghurt and fruit juice but were told they couldn't have both. Another had asked to have apple juice but were told there wasn't any on offer. One particularly unhappy patient said that they and three others were so *"sick to death"* of the breakfast menu that they had all bought breakfast at the canteen that morning. On a separate note, a patient in Marble Hill 2 found that breakfast and lunch were too close together, which meant they didn't eat much at lunchtime. As dinner was usually a lighter meal, they often found themselves hungry throughout the night.

It is finally worth noting that we came across various instances of patients not being told what food was available to them. In Lampton ward, a patient said that staff did not inform patients that starters were available. This same patient was unaware that snacks could be accessed between meal times, which had proven difficult on one occasion after they had been sick; they had nothing extra to eat and felt hungry as a result. Three patients in Syon 2 gave similar examples of not being told know what was on offer, while in Crane ward patients were unaware that fruit was available. Lastly, in Marble Hill 2, a patient declined to have a biscuit because the tea person did not make it clear that there were other biscuit types available. Altogether, these issues appeared quite widespread and could all be easily addressed with improved communication.

Help with food

Good care

We observed many examples of staff providing thoughtful and appropriate assistance to patients at meal times, especially in the wards with higher numbers of frail, elderly patients. Patients voiced that help was available if they needed it, with a couple of patients noting that staff offered to help them open things. We observed staff: serving food in a friendly manner; reminding patients of the menu options and checking what they had ordered; and positioning tables correctly to ensure that food and water were within reach. We were also pleased to see the senior staff in different wards getting involved and helping serve lunch.

Some specific examples of good support at meal times are noted below:

- In Marble Hill 1, a nurse was very gentle towards a very agitated patient with dementia, working hard to encourage them to eat. Staff also supported a blind patient with complex needs eat and drink in a caring manner.
- In Marble Hill 2, a nurse was reminding patients to keep drinking lots of water to ensure they stayed hydrated.
- In Crane ward, staff were making sure that patients were asked whether they preferred to eat their meal sat in bed or in their chair.
- In Richmond ward, a patient awaiting an operation said the catering team still took their order to make sure that the patient was given food if the operation happened to be cancelled, which the patient appreciated.

Poor care

We did not observe any instances of staff assisting patients with opening or using hand-wipes. In wards with high numbers of patients who are elderly and frail, many of whom have sensory impairments or varying degrees of dementia, this meant that many patients were unable to wash their hands before eating. We raised our concerns about this issue with the hospital who informed us that ward staff have been reminded of their responsibility to help patients with opening hand-wipes (see final section *'Recommendations & responses from the hospital'*).

In Marble Hill 1, whilst we observed various examples of good practice, we observed some very poor food-related care. Issues arose in one bay in particular, which seemed understaffed and disorganised over lunchtime. An elderly patient in this bay had a tray left precariously on their lap as they lay almost flat in bed. The patient was using their hands to pick up rice – their hands were unwashed – and spilling it onto their bare neck. Staff, including two doctors who walked right past without taking any action, were unaware of this patient's situation, which was only resolved when one of our team fetched a staff member to help the patient sit up and put the tray on the table as it should have been. We also saw a nurse drop off food to another patient and leave without speaking to them. The patient called the nurse back as they had not been given the food they wanted.

In addition to our observations, a few people raised particularly negative feedback about food-related care in Marble Hill 1. Relatives of one patient said that the patient was not always given the help they needed at meal times. They also thought that the patient had inappropriately been given sweet foods; the patient had a notice above the bed saying no

sweet drinks or food. A relative of another patient said that staff had previously left tea for the patient, but because the patient was blind in one eye they couldn't see the tea and therefore hadn't drunk it. Lastly, a patient had been transferred from another ward having had a scan over lunchtime. They had not had any breakfast and were told that their lunch order would be transferred over to Marble Hill 1; this did not happen.

Finally, whilst we observed a lot of good food-related care in Crane ward, we also encountered a few issues. One of the staff serving food was not aware what was on the menu and was handing out trays to patients without speaking to them. It was therefore unsurprising when one patient told us *"I don't always get what I ask for"*. We noticed that a stroke patient was unable to lift their mug as they had not been given a lightweight alternative. This was not the case for another patient who highlighted that they had been given a plastic cup because the normal ones were too heavy. Lastly, one patient was using a bedpan – with the curtains closed - while other patients in the bay were starting to eat nearby. Whilst we were pleased to see that staff were checking if patients needed to go to the toilet before lunch, doing this slightly earlier could have avoided an overlap with other patients eating.

Communication

General

The majority of people were happy with the quality of communication from staff and had been kept up-to-date about their care. However, a significant number of patients in Marble Hill 2 had encountered difficulties with receiving timely information. As such, we will look at this ward separately in the next section.

We received a lot of positive feedback from patients regarding the clarity of information provided by staff. Staff were repeatedly said to be providing clear explanations and making efforts to keep patients up-to-date. Five patients praised doctors for providing clear explanations about their condition and treatment plan, whilst three patients noted that they felt comfortable raising questions with staff if they needed to.

In Richmond ward, one patient specifically praised ward staff for making the effort to follow up and pass information on to senior staff. This patient was particularly impressed by the gynaecological team, who were *"very fast"* at responding and keeping the patient updated. Similarly, two patients in Syon 2 praised the surgical team for their good communication. Lastly, in Lampton ward, we observed a staff member taking the time to carefully take a deaf patient's lunch order. A nurse further informed us that staff use writing or pictures to make sure that this patient had fully understood them.

A relatively small number of patients gave more negative feedback about staff communication. In Lampton ward, one patient had received inconsistent information – *"each day they tell me something different"* – one had struggled to get hold of a doctor to speak to, and another patient - in their twenties – said they were leaving today but still didn't know what was wrong with them. In Crane ward, two patients voiced that they didn't know why they couldn't to be discharged. Lastly, in Richmond ward, one patient said that communication between doctors and nurses was *"really poor"*, while another noted that there had been delays in the surgical team getting back to them.

Feedback from patients in Marble Hill 1 was mainly positive, with seven patients saying they were satisfied with the communication from staff. However, one patient described the communication as being *"slow"* and said they had not been kept up-to-date on what was wrong with them or what was being done. The relative of another patient referenced the lack of clear information they'd been given, saying *"you should be able to talk to someone and know what's going on"*. They also said that the hospital had continued to call the patient's spouse who has Alzheimer's – which had been distressing for the spouse - despite the family having asked them to call other family members instead. Lastly, a patient had been told that they needed a scan but was not informed when this would take place. Just as lunch was commencing, porters arrived to take the patient for their scan. The ward manager was unaware that the porters were coming and was clearly frustrated that they had arrived just as lunch was about to be served.

On a separate note, it is worth noting that four patients across the wards made comments about certain staff being difficult to understand due to their accent and/or limited English. One of these patient remarked that some staff *"don't like to repeat things"* if the patient had struggled to understand them the first time round.

Marble Hill 2

Feedback from patients in Marble Hill 2 was especially mixed, with equal numbers (seven) making positive and negative comments about the standard of communication. In particular, patients referred to issues with the communication from doctors in the ward, as well as the information they were given about scans and medications.

While two patients complemented doctors for the clarity of their explanations, four patients felt that doctors' communication could be improved. Two of these patients said they had received different information from different doctors. One remarked that *"everyone tells you different things"* and *"the junior doctors have no clue"*, while the other said that doctors in different teams could be a lot better at *"providing joined up information so that everyone is on the same page"*; hearing slightly different things had made this patient feel anxious. One patient had to chase up doctors to ensure that their scan was arranged, whereas another patient's relative said they'd been waiting three days to review whether a scan was necessary, with no indication of when they would find out. Lastly, one patient felt that some doctors came across as *"scholarly, not down to earth"*, which made the patient feel *"not intelligent enough"* to ask questions.

Three patients in Marble Hill 2 gave positive feedback regarding the explanations provided about the medication they were on, why they were taking it and any potential side effects. However, a couple of patients commented that they had been given new medication without knowing and would appreciate if this were made explicitly clear. Lastly, one relative, who was particularly unhappy with the communication in the ward, felt that communication should be improved between the different teams (ward teams, doctors, physiotherapists, occupational therapists) to ensure that *"everyone was in the loop"*.

Involvement in decisions

We asked patients whether they felt involved in decisions about the care and treatment they had received. Of the 34 patients who gave responses, the vast majority had felt suitably involved in decisions. Some patients highlighted that staff were best placed to make choices about treatment options and that they, as patients, were happy to trust a clinician's judgement.

Only five patients gave feedback that was more negative in nature, which mainly focused on doctors not involving patients or relatives in making decisions. Three of these were patients in Marble Hill 2:

- A relative said that opportunities for involvement in decisions were limited by the general lack of information provided by doctors.
- A patient had been alarmed when doctors informed them that they were planning to change their antidepressant. Whilst the doctors did reverse their decision, the patient felt the doctors should have approached the topic more sensitively and better explained why they wanted to change their antidepressant in the first place.
- A patient commented that *"they do involve me though I don't understand it"*. This patient would have liked information to be written down to enable them to go through it again later and share it with their relatives.

Ward environment

General

Most patients were satisfied with the general, daytime environment in the wards. Although most of the wards were described as being busy at times, patients were generally unbothered by this. Four patients mentioned that they enjoyed having a view out the window, while another said that a nurse had brought them a heater to stop them getting cold. It's worth highlighting that we were particularly impressed by the welcoming and dementia-friendly décor in Crane ward. The walls of the bays were colour coordinated with the doors, bedside lockers and chairs and displayed some nice painted pictures.

More patients in Marble Hill 1 raised negative feedback about the general ward environment than in any other ward. Four patients commented that the ward was noisy, two of whom specified that other patients – likely with dementia – were very loud; one patient described the ward as *"feeling like a mental hospital"*. Patients in Marble Hill 2, Crane and Lampton ward also referred to similar instances of patients with dementia causing discomfort for others in the ward, particularly at night; the issue of night time disruption is addressed in a later section.

We observed there to be some issues with untidiness in the corridor leading to Richmond ward and in the ward itself. The corridor leading to Richmond ward contained a large number of trolleys and hospital equipment, the majority of which appeared to be out-of-order. The ward itself had a cluttered feel to it and contained a large wall of particle board cupboards, which looked quite worn and disorderly. Lastly, a staff member in Lampton ward felt that a quiet room was needed for families and staff to discuss upsetting news in privacy.

Cleanliness

Throughout our visits, the wards themselves were consistently clean, as were the toilets and washroom facilities. We only observed one example where this was not the case where, in Marble Hill 1, a bin was full to the brim with used tissues and gloves etc with the lid wide open.

We received relatively little feedback from patients regarding the cleanliness of the wards and what we did receive was mostly positive. However, we did receive some negative feedback about unclean toilets in Marble Hill 2, where the issue was raised by four separate patients. Of these patients, three of them voiced their unhappiness at having to use mixed toilets because of the fact they were unclean. Lastly, a patient in Richmond ward noted that the toilets were not always clean during the night - when cleaning staff were off duty – and that this could sometimes be unpleasant.

Night time

Patient feedback

We received some feedback about what the wards were like during the night. Patients in Crane, Lampton and Richmond were generally more positive, describing the wards as mostly being quiet. In Lampton ward, two patients mentioned that staff were always happy to make tea for them if they were up in the night.

Only two patients in Marble Hill 1 gave specific feedback about the night time environment, one saying it was noisy and the other that it *"varies"*. The latter noted that their last night was *"dreadful"* because staff - not patients - were being noisy and they got *"hardly any sleep"* as a result.

Patients in Syon 2 were more mixed with their feedback. One patient said they slept well at night and two others noted that nurses were generally quiet. However, four patients referred to some disruption during the nights, with two having experienced repeated disturbances while nurses attended to other patients. One patient recounted the arrival of a new patient during the night and how all the lights in the bay were switched on, waking them up on two separate occasions. They felt that switching on all the lights was unnecessary and that the lighting could have been confined to the new arrival's bed.

Patients in Marble Hill 2 were similarly mixed with their responses. While three patients said that it was generally quiet enough to sleep, a number of others talked about disruption from both staff and patients:

- Two patients made comments about staff being disruptive during the night. One patient said the noise from staff talking was *"atrocious"*, whilst the other referred to one particular nurse who had made personal calls on speaker phone.
- Four patients said that other patients could be noisy during the night. One patient highlighted that some patients took a long time to settle and how it could be 2am before it was quiet enough to sleep properly. They described it as *"organised chaos"* when several patients needed attention and noted that they had not been offered ear plugs to assist with sleeping. Two other patients described the difficulties they had had due to a patient with dementia being very loud during the night. One of them said that the lack of sleep this caused had made them and others feel physically unwell; the experience had been so unpleasant that were it to happen again they said they would request to move wards.

The issue of patients with dementia causing disturbances during the night was not confined to Marble Hill 2. Two people in Lampton ward spoke about patients with dementia wandering during the night, one of whom described a recent incident where a patient had walked over and grabbed them while they were asleep, startling them and causing them to hit out. A patient's relative in Crane ward noted that patients shouted during the night and felt there was no easy way to prevent this.

The hospital highlighted that this is a difficult issue to manage as patients with dementia often cannot distinguish night from day. Other than move someone to another part of the ward - if possible - there is often little that staff can do to control patients' noise levels. Overall, this was clearly an issue that applied across the wards and was something that was understandably difficult for patients and staff alike.

Observations from evening visit

We conducted a brief evening visit to the hospital, observing each of the wards between 21:30 and 22:30.

Crane, Lampton, Marble Hill 2 and Syon 2 were all observed to be calm with patients settled at a good time. Richmond ward was bright and busy at 21:40 with patients still receiving care. However, by 22:30 the ward was calm and quiet; lights were out and most patients were asleep.

The atmosphere in Marble Hill 1 was noticeably different to that of the other wards. When we left the ward at 22:10, the lights were still on, most patients were still awake - many appeared to still require assistance – and staff were very busy providing a wide range of care; e.g. walking patients to the toilet, providing medication, washing patients etc. Staff were all observed to be providing professional and considerate care but nonetheless appeared under pressure, as demonstrated by the kind of issues they were still having to deal with. For example:

- A patient was wandering and required supervision.
- A confused patient was attempting to climb out of a bed that had the sides up.
- A patient was walking with a rollator frame that was set too low for them.

Whilst all of the above examples were appropriately managed by staff, they demonstrate the demands that staff were under late in the evening. This was particularly striking given that one staff member said the ward was quieter than it had been over the past few days. It was unclear whether the noticeable difference in atmosphere in Marble Hill 1 was driven by issues around staffing, management of the ward, or something else. We raised these issues with the hospital who provided us with a response outlining the actions they have taken in relation to the ward (see final section *'Recommendations & responses from the hospital'*).

Ward information

Throughout our visits, the wards were displaying a range of useful and mostly up-to-date information of relevance to patients, relatives and staff. There were photos of the staff who worked in the wards, up-to-date lists of those on duty for the upcoming shifts and coloured uniform charts explaining the roles of different staff. In Marble Hill 1, we noticed that patients' preferred names and dietary requirements were clearly visible above their beds, whilst in Crane ward we saw a clear sign highlighting that a patient was nil-by-

mouth. It was also encouraging to see that 'Friends & Family Test' feedback forms were clearly displayed on the front desk in Marble Hill 2.

It's finally worth mentioning that we observed two instances of confidential patient information – including the patient's name, address and phone number - being left unattended for extended periods of time; one was on a large computer screen in Marble Hill 1, the other a set of handover notes in Crane ward. In both cases, patient confidentiality could have been compromised were someone else – whether another patient or relative – to have seen and copied this information.

Activities

Six patients specifically commented on there not being much to do or feeling bored in the wards. A couple of patients mentioned that the ward newspaper rounds weren't running and that there wasn't a mobile library. Two patients also commented on the lack of functioning Wifi in their ward.

While TVs were located in the bays, one patient remarked that it was too high for them to see properly. Furthermore, in Marble Hill 2, we noticed that one TV was broken and that the remote control was lost for another.

Altogether, there was not a great deal for patients to do in the wards, especially those with limited sight or hearing. It was clear that long term investments in recruiting more volunteers – to chat to patients and distribute reading materials - and improving the Wifi coverage would go some way towards alleviating patients' boredom. It is however important to note that we were impressed with the activities that we observed running in the day room of Crane ward. Furthermore, the room was being refurbished with new, coloured chairs to match the patient bays and make it a nicer environment for patients to spend time in. The hospital have informed us that activities – including art, music, dance and pet therapy - are also provided for elderly patients in Marble Hill 1, Marble Hill 2 and Lampton, with plans to extend the programme to the two Syon wards. The hospital are also considering the possibility of providing music to patients in Richmond ward and Intensive Care Unit.

Staff feedback

We were able to speak to 27 staff members in a range of different roles, including: sisters (senior nurses), nurses, student nurses, Healthcare Assistants (HCAs), cleaning staff, tea staff and a physiotherapist. Staff were consistently positive about the teams they worked in and felt well supported by senior staff. It was particularly encouraging to hear from both student nurses on placement and staff who had recently joined the hospital that they were very happy with the support from their teams.

In five of the six wards we visited, either: staff expressed concerns about staffing levels and the effect that this has on quality of care; or we observed evidence of staffing-related issues. This feedback has been broken down as follows:

- In Marble Hill 1, two staff specifically referred to difficulties that arise when the five-bed annex is in use (bringing the total number of patients in the ward to 33). One of them felt an extra staff member was required to prevent issues being missed due to there being too much to do. The hospital informed us that they usually bring in an additional staff member when the annex is open. However, the fact that staff raised this with us would suggest that staffing can still be an issue when the ward is at full capacity.
- In Crane ward, three staff talked about how patients with dementia, who may be agitated or confused, require a lot of support – sometimes from multiple members of staff – and that this presents difficulties for staff when other patients are waiting for care.
- Two staff – in different wards – expressed that staffing at nights was a particular issue. Again, one of them felt that an extra staff member was needed, as they currently relied on one nurse to cover all of the side rooms.
- One member of staff said that the pressure caused by staffing issues had negatively affected their wellbeing and thought that this was the case for other staff as well.
- Two staff referred to the extra workload they faced due to senior staff vacancies in their wards. In Syon 2, the ward manager was on long term sick leave; this post has recently been filled. In Marble Hill 1, a ward sister had recently left, which left the ward with only two sisters. A replacement third sister was recruited in early December 2018.
- In Syon 2, two ward staff said that staffing issues had been particularly bad a few months ago but were now much improved. However, they both highlighted that it was still difficult to provide orthopaedic care – the primary purpose of the ward - to patients who have more complex needs, whether that be dementia, severe autism or other physical health conditions.
- We observed that Lampton ward was two staff short for an upcoming night shift.

With the exception of Richmond ward, patients across the wards commented on the busyness of staff, with nine patients saying they did not feel there were enough staff. A couple of patients remarked upon the difficulties that staff face when supporting demanding patients, one saying that *"staff have too much to deal with"*.

Conclusion

The overall quality of care being provided was very good. Patients were generally very happy with the care they had received. Staff were praised by the majority of patients for their friendly approach with over 75 people making positive comments about them, much of which was very complimentary indeed. We repeatedly observed staff working hard to provide a kind, caring and professional service in all the wards we visited. In addition, the wards were clean and – barring a couple of isolated instances – patients' privacy and dignity were upheld.

The majority of poor care we encountered took place in Marble Hill 1. This is not to diminish the efforts of staff in the ward, who were frequently observed to be working hard in a caring manner. Nevertheless, in this ward alone there were a concerning volume of issues that spanned a range of different areas, including: care at mealtimes, medication provision and patient hygiene. Furthermore, the atmosphere in the ward during our evening visit was noticeably more frantic than that of all the other wards we visited. We raised our concerns with the hospital who have provided us assurances regarding the quality of care being provided in the ward (see the next section, ***'Recommendations & responses from the hospital'***).

Whilst instances of poorer care were observed in other wards, they did not appear to be widespread. It was broadly apparent that staff were rarely able to spend time interacting with patients unless they were conducting a care-related task; something that was particularly noticeable with patients who had dementia. We were nonetheless pleased to see a lot of good care being provided to patients with dementia, although there were a couple of instances where the awareness of staff could be improved.

Patients gave extremely mixed feedback about the quality and choice of food on offer. The strength and breadth of negative feedback highlights the need for food to be improved, particularly for patients who are vegetarian or used to particular ethnic foods. Furthermore, constipation was clearly an issue for elderly patients and may, in part, be exacerbated by the types of food available.

We observed many examples of staff appropriately and thoughtfully supporting patients at meal times, although issues were particularly apparent in Marble Hill 1 and – to a much lesser extent – Crane ward. More broadly, patients were not being assisted with opening hand-wipes and were therefore unable to wash their hands before eating. Furthermore, staff were not always informing patients about what food choices were available to them.

In most of the wards, patients were generally happy with the level of communication from staff. In Marble Hill 2, issues were raised regarding poor communication from doctors and a lack of information about scans and changes to medications. Patients in a number of wards also highlighted the issue of noise at night and the difficulties this presents. Whilst predominantly caused by other patients who had dementia, a few examples were raised where staff themselves were making unnecessary noise.

We were impressed with the pleasant, dementia-friendly layout of Crane ward, whereas the areas in and around Richmond ward felt distinctly cluttered. Lastly, we were encouraged by the consistently positive feedback made by staff about the teams they worked in. However, we were concerned by the number of staff who referred to issues around staffing and the pressures this places them under.

Recommendations & responses from the hospital

Marble Hill 1

Considering the limited time that we were in the ward, we encountered a concerningly high volume of poor quality care in Marble Hill 1, spanning a range of different issues.

We requested that the hospital use our feedback to:

- Review the ward and identify the causes behind the issues we encountered.
- Produce an action plan that details how these issues will be addressed.
- Provide assurances that the ward will be appropriately managed to prevent these issues from arising in the future.

Hospital's response:

The hospital informed us that our feedback was immediately shared with the ward manager and interim matron who then discussed it with their team at a ward meeting. Reminders were given to staff regarding the quality of care, communication and mealtime support they provide (including the 'protected' nature of mealtimes and the use of red/blue trays to highlight patients with specific needs).

The staffing for Marble Hill 1 has been reviewed and increased. As of December 2018, the ward has had an additional early-shift nurse Monday-to-Friday, who can join the doctors' rounds, as well as oversee care and planning in the ward. The ward also recruited a new matron in December 2018; an interim matron was in place at the time of our visits.

The hospital explained that Marble Hill 1 was previously used as an escalation ward and was staffed with a high proportion of agency staff. Since the decision was made - in December 2017 - to keep the ward open all year, this has gradually changed with the majority of staff now in substantive positions.

The hospital informed us that Marble Hill 1 had seen a reduction in both incidents and complaints over the last 3-6 months (these are reviewed on a weekly basis). The hospital have been working closely with the CQC - the ward was previously an area of concern for the CQC – and were pleased with the feedback they received at their most recent quarterly meeting (held in late January).

Poor care provision

We encountered a few examples of poor quality care in the other wards we visited, some of which were particularly concerning (for instance, the case of the nurse in Marble Hill 2 apparently making personal calls on speaker phone).

We request that the hospital outline how they have responded to each of the issues we raised in the section *'Poor quality care'*.

Hospital's response:

The hospital said that our original feedback was immediately shared with the relevant ward managers, matrons and lead nurses and raised within their teams in ward meetings.

Staff will continue to be reminded of the need to communicate clearly and consistently with patients and families at all times. The hospital also added that staff will be reminded that they are not to use their mobile phones in patient areas.

Food & drink

A significant number of patients gave negative feedback about the quality and choice of food on offer, particularly for patients who are vegetarian or are used to particular ethnic foods.

We request that the hospital outline the steps they are taking to improve the food available to patients.

We also encountered issues with:

- Staff consistently failing to help patients with opening hand-wipes.
- Staff not always informing patients of what food was available.
- Small portions in Lampton ward.
- Patients in Crane ward not always being prepared long enough in advance prior to lunch being served.
- Patients eating food which may increase the risk of developing constipation.
- A lack of snacks available between meals; breakfast and lunch too close together.

We request that the hospital outline how they will address each of the individual points outlined above.

Hospital's response:

The hospital shared our feedback with the manager of the organisation that provides their catering services. In tandem with the hospital's monitoring manager – responsible for the monitoring of food service standards – audits of the food service were carried out in some of the wards.

The catering manager said that the catering team could be more effective in the way they promote the choices of food available to ensure that patients understand the different menus and options. They have briefed the catering teams to ensure they are clearly communicating what is available and offering patients a choice. They will also encourage their teams to be more proactive in obtaining feedback after each meal, helping to immediately rectify any issues that occur.

The hospital have reminded staff of their responsibilities in preparing and assisting patients with meals, including opening patients' hand wipes. The hospital also confirmed that snacks are available for patients throughout the day and that they would address any communication issues around this.

The hospital have raised the issue of portion sizes in Lampton ward with the catering provider; the hospital were unsure why this particular issue had emerged. Lastly, the hospital confirmed that prunes are available via the dietician; both nursing and catering staff have been reminded of how to correctly make special food requests.

Communication

Whilst communication was broadly said to be good, issues were raised in Marble Hill 2 about poor communication from doctors and a lack of information with regards to scans and changes to patients' medication.

We request that the hospital outline how these specific issues will be addressed in Marble Hill 2.

Hospital's response:

The hospital said that the communication issues we raised were immediately shared with the relevant teams. Feedback regarding doctors was shared with the medical leads to ensure that timely responses are being provided to patients and will be monitored through ongoing patient feedback. The nursing teams were reminded through senior nurse meetings to ensure that queries are addressed in a timely manner and escalated if staff are unable to resolve themselves.

Dementia care

Staff were unable to spend much time interacting with patients that had dementia. Furthermore, we also encountered a few instances of staff showing a lack of awareness towards patients' needs in Crane ward.

We request that the hospital outline how they will ensure:

1) That staff fully understand the needs of patients with dementia.
2) That patients with dementia receive the level of interaction that they require.

Hospital's response:

The hospital acknowledged our findings and said that they will be used by the ward manager and specialist frailty nurse to identify further training needs among their staff and ensure that these are met.

Staffing

Twelve separate members of staff – across different wards - referred to issues with staffing and the pressures that this places them under.

We request that the hospital outline how they are working to improve staffing levels.

Hospital's response:

The hospital have recruited an additional early-shift nurse in Marble Hill 1. Furthermore, the ward manager post in Syon 2 has recently been filled; the previous ward manager had been on long term sick leave.

The hospital said that they have been working hard to recruit and retain nurses and HCAs; the hospital has the lowest nurse vacancy rate in London (8.7% for nurses, 16.1% for HCAs). The hospital explained that where there are vacancies or sickness, shifts are requested from temporary staffing, although these may not always be filled. When shifts are unfilled, staff are moved around to maintain safety. The hospital submit monthly staffing returns to NHS England, which shows that they are in line with other organisations nationally.

Richmond ward – clutter

We observed there to be some issues with disused trolleys in the corridor leading to Richmond ward and clutter within the ward itself (lots of equipment and worn-down cupboards).

We recommend that the hospital take actions to reduce the clutter in these areas.

Hospital's response:

The hospital said that there is unfortunately a lack of storage space within the hospital, which means that trolleys and beds are stored in the corridor to ensure they are available if required. That said, the hospital said that these areas are included within their monthly 'temperature checks' of clutter and will be addressed in the future.

Staff noisiness at night

Three patients directly referred to staff being unnecessarily noisy during the night, two of which were in Marble Hill 2 (see the section *'Ward environment: night time'*).

We request that the hospital outline how they will prevent these issues from arising in the future.

Hospital's response:

The hospital said that staff are reminded to keep noise levels down at night, including thinking about footwear and turning down volumes on telephones/alarms. As mentioned earlier, staff have also been reminded not to use their mobile phones in patient areas. Finally, the hospital said that ear plugs are available and that they will remind staff to be offering these to patients.

Confidential information

We observed two instances of confidential patient information being left unattended for around five minutes, one in Marble Hill 1, the other in Crane ward; none of the other wards had any such issues.

We request the hospital provide assurances that these issues will be addressed to prevent them from occurring in the future.

Hospital's response:

The hospital said that these issues were addressed in ward meetings with staff. They informed us that staff are continually reminded of the importance of protecting confidential information, whether on paper or computers. They also said that all staff are required to complete information governance training annually and that issues are monitored as part of the monthly checks of the wards.

Acknowledgements

We would like to extend our thanks to the ward staff who were on duty during the course of our visits. The staff were very helpful and open to us speaking to their patients. Special thanks must go to Vanessa Sloane (Director of Nursing) for helping to coordinate the visits and providing a response to our recommendations.

Appendix 1 - Patient questions

Overall care

1. Overall, how would you describe the care and treatment you have received on this ward?

Staff

2. How would you describe the nurses on this ward? And what about other staff?
    - E.g. doctors, healthcare assistants, cleaning staff
3. Do staff respond quickly when you need something?

Privacy / dignity

4. Do you feel that your privacy and dignity have been respected during your stay?

Medication

5. Have you been able to take medication at the times you need to?

Food / drink

6. How would you describe the food/drink provided here?
    - (If relevant) Have you received the help you need with eating / drinking?

Communication

7. Overall, how well have staff communicated with you during your stay?
    - E.g. have you been kept up-to-date on what's happening with your treatment or plans to be discharged?
8. Have you felt involved in decisions about the care and treatment you've received?

Environment

9. How would you describe the ward environment during the day and night?
    - E.g. is it clean, quiet, busy…

Improvements

10. Is there anything else that you feel could be improved?

Appendix 2 - Observation checklist

Authorised representative name:..... Ward:.....

Date & Time completed:.....

Please try and look at this checklist at least twice during your visit

Topic	Observation	Comments *(Please be specific in your comments - where and when something occurred, who it relates to)*
Care	Are staff treating patients in a **friendly and caring manner?**	
Care	Are staff **introducing themselves** to patients **prior** to undertaking care? Are staff **seeking consent** from patients **prior** to undertaking care? (including severely ill/unconscious patients, by verbal or tactile means)	
Care	How **quickly** are **call bells** responded to?	
Care	**How many** staff are on the wards? Are staff carrying out any **ad-hoc rounds** to check whether patients are comfortable?	
Communication	Are staff wearing **name badges** that are **clearly displayed**? Are staff wearing clearly **identifiable uniforms**?	

Topic	Observation	Comments *(Please be specific in your comments – where and when something occurred, who it relates to)*
Communication	Are staff **communicating clearly** with patients? (e.g. explaining what will happen next; what treatment a patient requires & why) Are staff **attentive/responsive** when patients speak to them?	
Communication	Are staff using patients' **preferred/appropriate names** in routine communication?	
Privacy/dignity	Are patients and relatives able to **discuss personal issues/concerns in a private area?**	
Privacy/dignity	Do all **doors/curtains** provide adequate cover and are they are used appropriately?	
Food/drink	Are staff assisting patients who need **help with meals**? (e.g. help with sitting up, cutting food, eating etc) *"Dropping everything"*	
Hygiene	Are patients given the opportunity to **wash their hands/use hand wipes** before meals?	
Hygiene	Are **patients clean**?	

Topic	Observation	Comments *(Please be specific in your comments – where and when something occurred, who it relates to)*
Environment	Are patient bays **clean, tidy and comfortable**? Is the ward **clean** and **tidy**? (floors, walls, toilets)	
Environment	Are patients' **'self-care' items within easy reach?** (e.g. call-bell, water and jug, self-managed medication, table)	
Environment	Are patients' bedside information boards **up-to-date**?	
Information	Is information provided to patients in an accessible way, including those with **sensory impairments, learning disabilities** or those who **do not speak English**?	