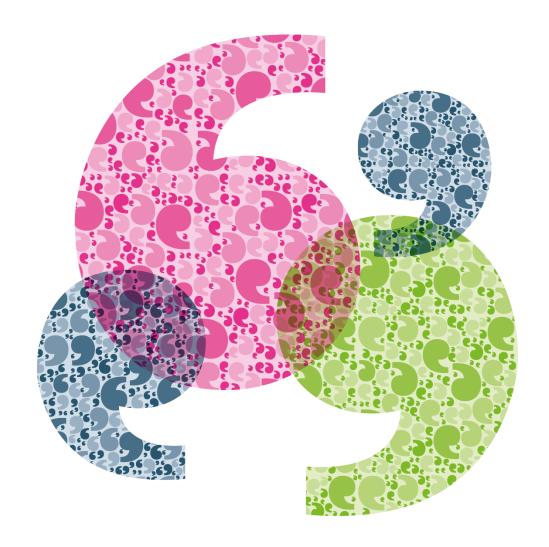


Enter and View Report

Ward B2, Acute Stroke Unit, Royal Blackburn Hospital



Report author: Sharon Hardman, Enter and View Coordinator, Healthwatch Blackburn with Darwen

Visit: Saturday 24 February 2018

Report Published: Monday 9 April 2018



List of Contents

1 In	ntroduction	3	
1.1	Details of visit	3	
1.2	Acknowledgements	3	
1.3	Disclaimer	3	
2 W	/hat is Enter and View?	4	
2.1	Purpose of Visit	4	
2.2	Research Methodology	4	
2.3	Executive summary	5	
2.4	Results of visit	6	
Pa	atients' Views on the patient experience	6	
Pa	atients' Views on choices	7	
Pa	atients' Views on rehabilitation	7	
Patients' Views on the environment 8			
Carer/family Views on the carers' experience			
Carers/family members Views on the environment9			
Staff Views			
M	lanager's Views	. 10	
2.5	Additional Findings	.10	
	bservations from Enter and View authorised representatives on exterr		
	bservations from Enter and View authorised representatives on recept rea and ward		
0	bservations from Enter and View authorised representatives on staffin	g12	
	bservations from Enter and View authorised representatives on additional states active the servations from Enter and View authorised representatives on additional states are servated as a servation of the servations of the servation of the servations of the servations of the servations of the servation of the servat		
2.6	Recommendations	.12	
2.6	Service Provider Response	.14	
2.7	Distribution List	.15	
2.8	Contact Details	.16	



1 Introduction

1.1 Details of visit

Details of visit:			
Service Address	East Lancashire Hospitals NHS Trust		
	Royal Blackburn Teaching Hospital		
	Haslingden Road		
	Blackburn		
	BB2 3HH		
Service Provider	Ward B2, Acute Stroke Unit		
Date and Time	Saturday 24 February 2018 2 pm - 3.30 pm		
Authorised Representatives	Sharon Hardman (Lead) and Diane Adams		
Contact details	Healthwatch Blackburn with Darwen,		
	Suite 17, Kings Court, 33 King Street, Blackburn, BB2 2DH		
	sharonhardman@healthwatchbwd.co.uk		
	01254 296080		
Ward Sister	Anna Woodruff		

1.2 Acknowledgements

Healthwatch Blackburn with Darwen would like to thank the patients, carers/family members and staff of Ward B2, Acute Stroke Unit for their contribution to the Enter and View visit and for making us feel so welcome during the visit. We would also like to thank Ward Sister Anna Woodruff for encouraging staff to complete our staff questionnaires. Thank you to our trained Enter and View authorised representatives for their contributions.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all patients, carers/family members and staff, only an account of what was observed and contributed at the time.



2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Healthwatch Blackburn with Darwen authorised representatives carry out these 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 (2012) allows Healthwatch Blackburn with Darwen authorised representatives to observe service delivery and talk to service users, their families/carers and staff on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Blackburn with Darwen Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Blackburn with Darwen safeguarding policies.

2.1 Purpose of Visit

To capture the experiences of service users, carers/family members and staff and any suggestions they may have for improvement.

2.2 Research Methodology

This was an unannounced Enter and View visit. We approached the Ward Sister before we spoke to anyone in Ward B2, Acute Stroke Unit and followed her advice on 11 patients who should not be approached due to their inability to give informed consent, or due to safety or medical reasons. The Ward Sister asked her staff team to complete our staff questionnaires during our Enter and View visit.



Authorised Enter and View representatives completed questionnaires with 6 patients at Ward B2, Acute Stroke Unit. Topics such as patient experience, choices, rehabilitation and environment were explored.

Our visit was also observational, involving authorised Enter and View representatives walking around the public/communal areas and observing the surroundings to see how the patients and carers/family members engaged with staff members and the facilities. An observational checklist was prepared for this purpose.

We spoke to 6 patients, 7 carers/family members, 17 staff members and undertook 2 observations.

2.3 Executive summary

Healthwatch Blackburn with Darwen Enter and View representatives conducted an unannounced Enter and View visit at Ward B2, Acute Stroke Unit on Saturday 24 February 2018 at 2 pm - 3.30 pm to collect views directly from patients, staff and carers/family members on their experiences of Ward B2, Acute Stroke Unit. We spoke to 6 patients, 7 carers/family members and 17 staff members and undertook 2 observations.

The key findings are:

All of the patients, carers/family members and staff members described Ward B2, Acute Stroke Unit as good, very good or excellent.

All of the patients and carers/family members said that the staff were very good or excellent. All of the patients and carers/family members said that the staff met their specific individual needs, were friendly and helpful, responded promptly to them and always treated them with dignity and respect. All of the patients and carers/family members found that the information that they had received from staff helpful.

- All patients said that they had a choice meal times.
- All patients said that they had seen a Physiotherapist.



- All of the patients and carers/family members said that Ward B2, Acute Stroke Unit is clean, the floors were in good condition and that Ward B2, Acute Stroke Unit was well maintained and decorated to an acceptable standard.
- The majority of patients and all of the carers/family members said the best thing about Ward B2, Acute Stroke Unit was the friendliness of the staff.

Recommendations are:

- Recommendation 1: To provide a notice board with the names, photographs and roles of all staff who work on Ward B2, Acute Stroke Unit at the entrance of the ward.
- Recommendation 2: To review staffing levels on Ward B2, Acute Stroke Unit.
- Recommendation 3: To continue to build stronger links with the local Stroke Association.
- **Recommendation 4:** To share best practice working as a successful effective team with other wards/units in East Lancashire Hospital NHS Trust.
- **Recommendation 5:** To plan and offer activities/sessions to allow opportunities for patients to socialise.

East Lancashire Hospital NHS Trust to inform Healthwatch Blackburn with Darwen of actions in regard to all recommendations by 31 December 2018.

2.4 Results of visit

Patients' Views on the patient experience

Half of the patients we spoke to on Ward B2, Acute Stroke Unit were diagnosed with a stroke and half of the patients said they had not experienced a stroke. All of the patients described Ward B2, Acute Stroke Unit as very good or excellent. All of the patients said that the staff were very good or excellent. One patient described the staff as, "Excellent. Absolutely brilliant, they are fantastic." All of the patients said that the staff met their specific individual needs, were friendly and helpful, responded promptly to them and always treated them with dignity and respect. All of the patients found that the information that they had received from staff helpful. One patient said that they



would know how to find the complaints procedure, four out of five patients said that they would not know how to find the complaints procedure with patients commenting, "Wouldn't be complaining anyway as its very good" and "I don't have a need to access this." Three out of five patients said they felt lonely and/or isolated, with one patient commenting, "Everyone does stuck in a ward like this." Two patients said they did not feel lonely and/or isolated. When we asked patients what they liked about Ward B2, Acute Stroke Unit, four of the six patients said the friendliness of the staff. One patient commented, "Gets 10/10 from me. Friendly, helpful staff that go above and beyond." One patient said, "It's very comfortable and quiet enough at night time" and another patient remarked, "The right place for the situation." When we asked patients what changes they would like to see on Ward B2, Acute Stroke Unit half of the patients we spoke to did not want any changes. One patient said, "it would have been helpful if staff would have told me my neighbour had a machine that bleeped regularly as this kept me awake all night. Could this patient have been put in a separate room or could it have been explained to me that it would be noisy?" One patient would like free television.

Patients' Views on choices

There were mixed responses from patients about involvement in planning their discharge from hospital. Two patients said that they were not at this stage yet, one patient said her son/daughter would sort this out, one patient was involved in planning their discharge from home and one patient said that they were not involved in this. All of the patients said that there was a choice at mealtimes and one patient commented, "Good choice, meals very good." Three patients said that they could have something else if they did not want the meals on offer, one patient said that they didn't know about this option and one patient said there wasn't something else available if they did not want the meals on offer. Four out of five patients said that there were drinks available during the day, one patient said that there were not drinks available during the day.

Patients' Views on rehabilitation

All patients said that they had seen a Physiotherapist. Two out of five patients said they had seen an Occupational Therapist, two patients said they had not seen an Occupational Therapist and one patient said this was "not needed. I'm independent that way." Three out of five patients said they had seen a Speech Therapist and one patient said that they had not seen a Speech Therapist and one patient said that this was not needed for them. One patient said they had received information and support from the Stroke Association, two patients said that this was not required for them as they had not been diagnosed with a stroke and two patients would like information and support from the Stroke Association and had not received this yet.



Patients' Views on the environment

All of the patients said that Ward B2, Acute Stroke Unit is clean. Four out of five patients said the lighting on Ward B2, Acute Stroke Unit was suitable. One patient with an eye condition said it was too bright and preferred to wear her dark glasses. Three out of five patients said that Ward B2, Acute Stroke Unit was at the appropriate temperature, two patients said that Ward B2, Acute Stroke Unit was too warm. All of the patients said the floors were in good condition and that Ward B2, Acute Stroke Unit was well maintained and decorated to an acceptable standard.

Carer/family Views on the carers' experience

All of the carers/family members described Ward B2, Acute Stroke Unit as very good or excellent. All of the carers/family members said that the staff were very good or excellent and that Ward B2, Acute Stroke Unit always met the specific individual needs of the patients. Carers/family members were unable to eat with the patients due to protected meal times. All of the carers/family members said that they were treated with dignity and respect and would feel comfortable approaching the staff with any concerns and be confident they would be listened to. All of the carers/family members had been provided with information about the person they care for on Ward B2, Acute Stroke Unit. Five out of seven carers/family members had received information or support from the Stroke Association, two carers/family members had not received any information or support from the Stroke Association yet. Four out of seven carers/family members said they were involved in the discharge planning of the person they cared for, two carers/family members said they were not at this stage yet and one carer/family said they were not involved in the discharge planning.

We asked carers/family members what they liked about Ward B2, Acute Stroke Unit and all of the carers/family members commented on the friendly and pleasant staff, for example, "The friendly staff, the calming atmosphere, very professional and dedicated staff," "the staff, the atmosphere in the ward is friendly and kind." One carer/family said, "The room my mum is in, near the door is great and quiet for her needs (can visit most times)" and one carer/family commented positively on the cleanliness of Ward B2, Acute Stroke Unit. Half of the carers/family members said nothing would improve the experience of the person they cared for on Ward B2, Acute Stroke Unit. Other carers/family members said, "I appreciate the staff are extremely busy but a little bit more 1-1 communication between staff and patient would be good," "there is a language barrier, using a system or an app if available to translate" and somewhere to hang cards.



Carers/family members Views on the environment

All of the carers/family members said that Ward B2, Acute Stroke Unit is clean, the lighting is suitable and that Ward B2, Acute Stroke Unit was at the correct temperature. All of the carers/family members we spoke to said that the floors were in good condition and that Ward B2, Acute Stroke Unit was well maintained and decorated to an acceptable standard.

Staff Views

All of the staff rated Ward B2, Acute Stroke Unit as good, very good or excellent. Comments from the staff were, "Thoroughly enjoyable ward to work on as patients pathway well established & patients receive good quality of care", "very good ward, all staff work as a team, good communication", "staff hard working and caring, always put patients first and treat everyone as an individual. Always work at a high standard", "staff are friendly and helpful", "fantastic, helpful staff. All very knowledgeable of the area of care. Great with patients", "this is my sixth week on the ward as a Student Nurse and I have loved every moment. It is clear that this ward is patient focused and all staff are supportive of learners", "very good ward, staff relationships with each other are very good, also with patients and their relatives. More staff are required to accommodate for the hyper acute unit", "we feel the ward is excellent against obstacles eg lack of staff/work load/one trained to 9 patients is inadequate," "Not always fully staffed", "more staff needed. Current staff work hard to ensure best care for patients and family" and "awaiting hyperacute Stroke Unit."

Half of the staff said that they had enough time to engage with patients, seven out of sixteen staff said that they did not have enough time to engage with patients and one member of staff preferred not to comment. Current examples of person-centred care included, "Communication between employees is excellent and a multi-disciplinary team approach is always carried out to ensure all of the patients' personal needs are taken into consideration", "meeted and greeted in Emergency Department. Fast assessment/followed up quickly with multi-disciplinary team in Emergency Department and on ward/CT scan done urgently/fast assessment", "asking for consent before commencing any type of therapy. Enables the patient to say whether they are feeling up to it or it they are feeling unwell", "patients have different needs, feeding and toileting, for example (soft diet), (thickened fluids), (commodes)", "supporting patient with their personal care, promoting their choice of meals etc."

The three most popular dates for the last training and development opportunities for staff were October 2017, January 2018 and February 2018. Members of staff said they had undertaken a wide



range of training and development covering BSL, basic life support, moving and handling, refreshment training when returning to work from maternity leave, advanced planning, clinical governance, mental health and mandatory training. 62.5% of staff said they had an appraisal every 12 months. When we asked staff members what they felt could be improved on Ward B2, Acute Stroke Unit the most popular answer was more staff to improve patient care. Other themes were an ice machine for patients, closer unit to ED/CT scan, more jugs, more useable bath, better facilities for disabled people as the ward was cramped, a larger break room and better patient/family expectations of rehabilitation.

Manager's Views

The Ward Sister on duty completed the Ward Manager questions during our Enter and View visit. The current staffing structure is 1 Ward Manager, 2 Ward Sisters (day), 1 Ward Sister (night), 13 Band 5, 2 band 5 (nights), 7 HCA band 3, 7 HCA band 2, 2 Ward Clerks (Monday to Friday) and 1 house keeper. At the time of our visit there were 20 patients on Ward B2, Acute Stroke Unit with 18 patients currently diagnosed with a stroke and 2 patients who had not been diagnosed with a stroke. The facilities for rehabilitation are Marsden Ward PCH with Physiotherapists, Occupational therapists and Speech and Language therapists available on Ward B2, Acute Stroke Unit. The Ward Sister described the relationships been nursing and therapy teams as a very close relationship working in teams with good communication. The process to identify the best time to transfer from acute to rehabilitation care was liaised with therapists and doctors. 1-2 patients had accessed the Early Supported discharge team this week. Patients were waiting for their medication before being discharged. One thing that the Ward Sister felt could be improved on Ward B2, Acute Stroke Unit was more staff.

2.5 Additional Findings

Observations from Enter and View authorised representatives on external access and appearance

The signage on approach to Ward B2, Acute Stroke Unit is clearly labelled for Ward B2, however it is not stated on any signage that Ward B2 is the Acute Stroke Unit. The external environment is pleasant and well maintained. There is a bus stop nearby. Car parking is available for visitors with clearly marked disabled car parking spaces. There is also a disabled ramp. There is an accessible lift and stairs to access Ward B2. We were not asked to sign in on entry to Royal Blackburn Hospital or Ward B2, Acute Stroke Unit. Sanitising hand gel was available on entry.



Observations from Enter and View authorised representatives on reception area and ward

Signage around the reception desk in Ward B2, Stroke Unit was clear. The latest CQC report was displayed throughout Ward B2, Acute Stroke Unit. There were notice boards and useful information displayed in Ward B2, the Acute Stoke Unit such as Welcome to B2 Ward noticeboard containing information about visiting times, ward contact number, protected meal times, refreshments and free Wi-Fi, shuttle bus service information and contact details for Ward Manager and Matron, representatives staff names for Hand Hygiene Champion, Fire Safety Champion, Health and Safety Champion, Infection Prevention and Control Liaison Nurses. There were wall displays/noticeboards such as Let's End PJ Paralysis, 8 Simple Steps: Prevent Falls, The Butterfly Scheme and Tell Us What You Think? Noticeboard. Another noticeboard published patients feedback from the Friends and Family test with 35 Friends and Family completing this in February 2018 and 100% of friends and family recommending this ward to family and friends if they needed similar care or treatment. This notice board also published performance data showing Ward B2, Acute Stroke Unit had achieved 100% in Hand Hygiene Audit, no instances of MRSA, CDifficile and no pressure ulcers for patients in February 2018. It was noted that this Enter and View visit was conducted on 24 February 2018 so the Friends and Family and performance data published for February 2018 may not reflect the full calendar month for February 2018. The staffing board was accurately completed with the correct date displayed, clearly showing Ward Sister Woodruff as the Nurse in Charge Today with the correct number of the patients on the unit recorded and the number of Registered Nurses, Nursing Assistants on the early shift, the late shift and the night shift displayed.

Certificates were displayed for Quality Improvement Award September 2017, Supportive Team Award 2017, Supportive Clinical Area Award 2017 and 4th SSNAP (Sentinel Stroke National Audit Programme, which is the single source of stroke data in England, Wales and Northern Ireland) Annual Report November 2017 in recognition of quality improvement case study contributions featured on the 4th SSNAP Annual Report website. There was a wide range of leaflets from the Stroke Association displayed and leaflets available from Blackburn with Darwen Carers Service, Alzheimers Society, East Lancashire Hospital Trust: How we use your information and Healthwatch Blackburn with Darwen. The Healthwatch Amplify leaflets were not displayed as requested. On the walls at Ward B2, Acute Stroke Unit were inspirational quotes such as "Laughter is timeless, imagination has not age and dreams are forever" and "The future belongs to those who believe in the beauty of their dreams." There was no noise noted that would affect the privacy of patients. The impression of Ward B2, Acute Stroke Unit was calm, friendly, caring and professional.



Observations from Enter and View authorised representatives on staffing

All the staff talked to the patients respectfully and were very friendly and helpful throughout our visit. All the staff looked well-presented in their uniforms with their ID badges clearly displayed. There needs to be a notice board with the names, photos and roles of all staff who work on Ward B2, Stroke Unit at the entrance of the ward. All the staff consistently said that more staff were needed on Ward B2, Stroke Unit to improve patient care and it is recommended that staffing levels are reviewed and ensure that the needs of very dependent patients are reflected in the staffing levels. There is a need to share best practice working as a successful effective team with other wards/units in East Lancashire NHS Hospital trust as the staff on Ward B2, Acute Stroke Unit are such a friendly, helpful and lovely team of people who are clearly passionate about providing the highest quality of patient care.

Observations from Enter and View authorised representatives on additional facilities

There was a disabled toilet accessible with handwashing and drying facilities, an emergency cord and support arm for the toilet. There was no evidence of British Sign Language Support facilities. There was access to a translation service via a translation app that staff have been trained to use on their phones for people where the first language is not English. The ward was dementia friendly as it was on one level and there were dementia friendly signs for toilets, assisted shower and toilet and the quiet room. In the quiet room the furniture was brightly coloured with a different coloured flooring, which is dementia friendly. There was clock on Ward B2, Acute Stroke Unit that was dementia friendly.

2.6 Recommendations

Recommendation 1: To provide a notice board with the names, photographs and roles of all staff who work on Ward B2, Stroke Unit at the entrance of the ward. East Lancashire Hospital NHS Trust to inform Healthwatch Blackburn with Darwen of actions in this regard by 31 December 2018.



Recommendation 2: To review staffing levels on Ward B2, Acute Stroke Unit and ensure that the needs of very dependent patients are reflected in the staffing levels. East Lancashire Hospital NHS Trust to inform Healthwatch Blackburn with Darwen of actions in this regard by 31 December 2018.

Recommendation 3: To continue to build stronger links with the local Stroke Association who provide help and support to stroke survivors and their carers/family members. East Lancashire Hospital NHS Trust to inform Healthwatch Blackburn with Darwen of actions in this regard by 31 December 2018.

Recommendation 4: To share best practice working as a successful effective team with other wards/units in East Lancashire Hospital NHS Trust as the staff on Ward B2, Acute Stroke Unit are such a friendly, helpful and lovely team of people who are passionate about providing the highest quality of patient care. East Lancashire Hospital NHS Trust to inform Healthwatch Blackburn with Darwen of actions in this regard by 31 December 2018

Recommendation 5: To plan and offer activities/sessions to allow opportunities for patients to socialise. Offer further one to one interaction, for example at '2pm drop' where all staff to stop what they are doing and interact with a patient. East Lancashire Hospital NHS Trust to inform Healthwatch Blackburn with Darwen of actions in this regard by 31 December 2018.



2.6 Service Provider Response

Comments received from East Lancashire Hospitals NHS Trust on Friday 6 April 2018 are:

TRUST RESPONSE

Re: Response to Healthwatch Blackburn with Darwen Enter & View report for Ward B2, Stroke Unit at Royal Blackburn Teaching Hospital

The results of the Enter & View visit were fed back to Christine Pearson, Director of Nursing for East Lancashire Hospitals NHS Trust.

"Healthwatch Blackburn with Darwen volunteers and staff are thanked for the work undertaken to support the Trust in highlighting positive findings from patients, carers and families, as well as highlighting areas for improvement.

It was a pleasure to welcome the Healthwatch Blackburn with Darwen team for their visit to the Stroke Unit on Saturday 24th February 2018. We take all feedback very seriously and constantly strive to ensure all our patients and relatives have a good experience when using the Trust's services. We will be taking on board all the comments received and ensuring any issues raised are looked at in further detail and feedback provided to Healthwatch Blackburn with Darwen.

We are delighted to receive such excellent feedback from our patients, carers and family members. In particular we are extremely proud that all of the patients, carers and family members spoken to reported that the staff met their individual needs, were friendly and helpful, responded promptly to them and always treated them with dignity and respect."

In response to the report we would also like to make the following comments:

 Best practice from the Stroke Unit is regularly shared at our Share to Care meetings and also through discussions at the Sisters Meetings where best practice is a constant reflection.



- The Ward Manager and the Multi-disciplinary Team have a very good and well established relationship with the Stroke Association and will continue to ensure that this is maintained. Representatives from the Stroke Association attend the ward on a weekly basis to talk to patients, their carers and family members to offer their advice and support. Going forward we will ensure that the Stroke Association is involved in any development work around stroke services.
- Ward B2 Stroke Unit at Royal Blackburn Teaching Hospital is an Acute Assessment Ward. Patients are fully assessed on arrival to the unit which includes their tolerance levels for therapy and their ability to engage in conversations at the early stages of a stroke. There is a high level of multi-disciplinary working on the Unit. Patients have 1:1 assessments with the Therapy Team, the length of time being dependant on their tolerance levels, and there are opportunities throughout the day for patients to have therapeutic sessions during their treatment with the Therapy Team. The Ward staff will constantly interact with patients throughout the day and open visiting is encouraged on the Unit to enable further interaction.
- Staffing for Stroke Services has been reviewed and increased. Two Stroke Nurse Consultants have been appointed and hugely enhanced the team. There has been considerable investment in Bank 6 Stroke Nurses over the last few months. We are working hard to ensure any vacancies are filled as soon as possible, and any gaps in staffing are covered approximately from the Staff Bank.
- As part of the Model Ward development that is ongoing within the Trust, we are reviewing the information that should be displayed at the entrance of every ward.

2.7 Distribution List

This report will be distributed to the following:

- e Blackburn with Darwen Borough Council Public Health
- Plackburn with Darwen Borough Council Adult Social Services
- **€** CQC
- Healthwatch England
- CCG Blackburn with Darwen
- Stroke Association



2.8 Contact Details

If you would like more information about Healthwatch Blackburn with Darwen, a hard copy of this report or to find out how you can get involved in future projects please get in touch.

Address:
Healthwatch Blackburn with Darwen,
Suite 17, Kings Court,
Blackburn,
BB2 2DH

Telephone: 01254 269080

Email: info@healthwatchbwd.co.uk

Website: www.healthwatchblackburnwithdarwen.co.uk