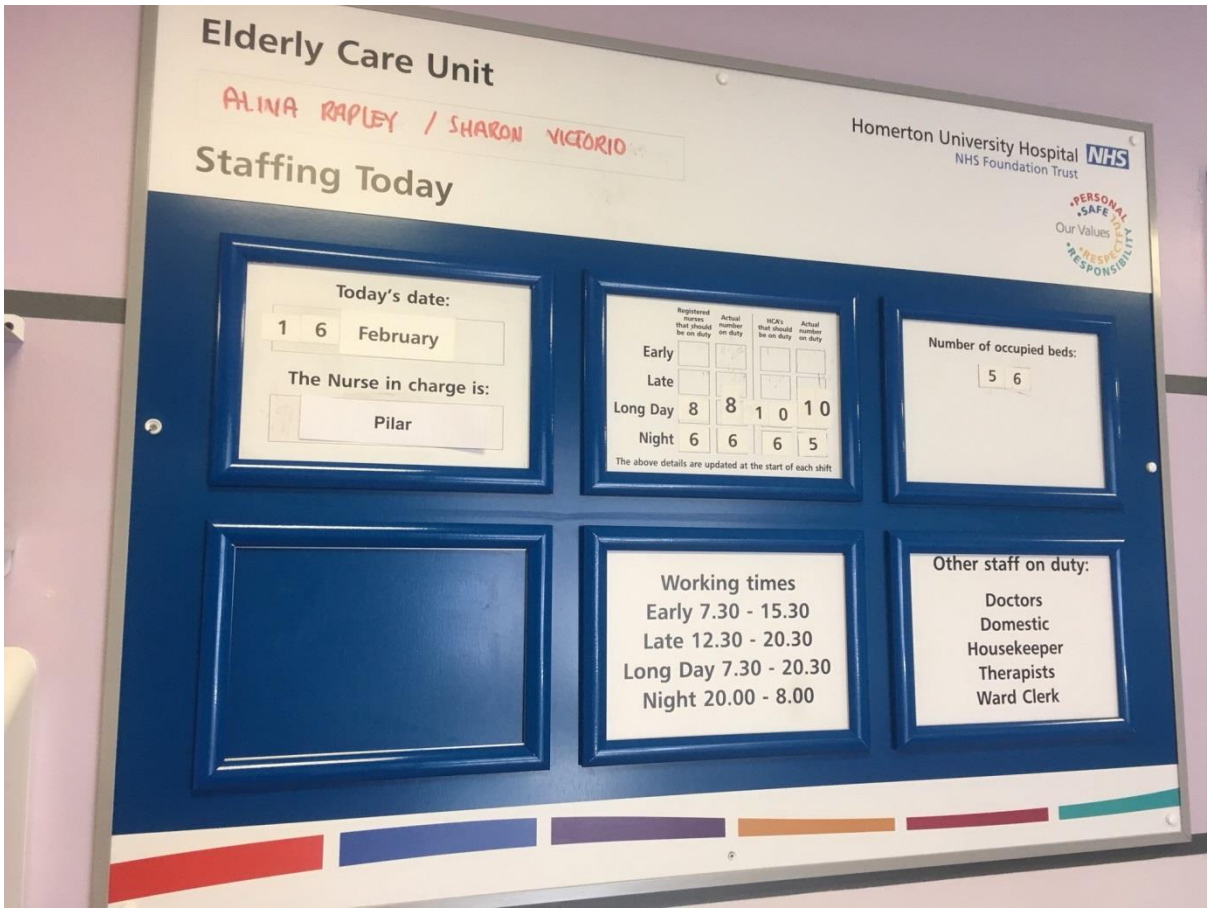
Enter and View visit
Elderly Care Unit
At Homerton University Hospital

16 February 2018



Hospital name and address	Homerton University Hospital, Homerton Row, E9 6SR
Date/Time of visit	16/02/2018
E&V representatives	Kanariya Yuseinova, Healthwatch Hackney administrator Lloyd French, board member Malcolm Alexander, board member
Healthwatch staff contact	Kanariya Yuseinova kanariya@healthwatchhackney.co.uk
Ward contact	Jennie Wood -**Matron Acute Services** jennie.wood@nhs.net

About Healthwatch enter and view visits

The Local Government and Public Involvement Act 2007 as amended by the 2012 Act and directed by Local Healthwatch Regulations 2013 imposes a duty on health and social care providers (including the independent sector) to allow authorised representatives of Local Healthwatch to enter premises that they own or control to observe the services that are being provided. These are legally binding directions and are often referred to as 'the right to enter and view'.

Purpose of our visit

The purpose of our visit was to observe services being provided by the Elderly Care Unit (ECU) at Homerton University Hospital (HUH) and interview patients about their experiences of care on the ward. We conducted a visit because of:

1. Comments made by service users during our routine comment collections across various health venues in Hackney, suggested that we should more closely examine this service.
2. The need to compile a report highlighting any matters of concern raised by patients, families and staff and to record good practice and recommendations for service improvement

Acknowledgements

Healthwatch Hackney would like to thank Sister Sharon Moscoso-Victorio and ward staff for accommodating our visit. We would also like to thank the patients for participating in our interviews. We are also grateful to our volunteer board members who were the authorised representatives conducting this visit.

Important Information for HUH management

- We expect the Elderly Care Unit to provide an 'Action Plan and Response' addressing issues raised under the **'**Recommendations' section of this report.
- Copies of this report, once finalised and shared with HUH, will be circulated to City and Hackney Clinical Commissioning Group (CCG), the Care Quality Commission (CQC) and will be published on the Healthwatch Hackney website
- We will publish the Elderly Care Unit's 'Action Plan and Response' along with our report

Disclaimer

- The observations made in this report relate only to the visit carried out at the Elderly Care Unit on 16 February 2018 which lasted for a total of four hours
- This report is not representative of all patients on the Elderly Care Unit on the day of the visit. It only represents the views of 14 patients, one carer and two members of staff who were able to contribute during out E&V visit.

How we carried out our visit

This report is based on our second attempt to visit the ECU. The initial visit was planned for 29 January 2018, but we agreed to postpone due to the pressure on staff during the flu epidemic, and because essential staff were away from work. We agreed a new date and gave the ECU several days' notice. We provided the unit with posters to advise patients of our forthcoming visit. We spent four hours recording observations and interviewed 14 patients, one carer and two members of staff.

Key information about the provider

- The Elderly Care Unit (ECU) is a 56 bed ward for patients over 65 years old who require acute care and rehabilitation
- The ward has two entrances
- The ECU has 8 bays and 8 side (isolation) rooms with 6 patients per bay and one patient per side room. Side rooms are generally used to nurse patients with special clinical needs such as infection that could spread on an open bay. If there is an infection risk, a notice is placed on the outside of the room with the following colour coding: Yellow: MRSA, Green: flu, Blue: diarrhoea
- Side rooms may be used to accommodate patients with no infection risk, if there is no space in the ward bays or if the patient has special needs
- All bays are gender segregated. At the time of our visit there were 5 female and 3 male bays
- Patients are located in bays according to their clinical needs. Patients with the highest acuity are placed closer to the staff desk to enable closer observation
- At the time of the visit the ward was fully occupied
- There are only two main shifts at the ward: long day and night shifts
- The daytime ward team consists of 8 staff nurses and 8 health care assistants (HCA). One nurse and 1 care assistant are allocated to each bay and side room
- During night shifts there are six staff nurses and 4 health care assistants on the ward.
- There are three dementia care assistants who are supernumerary and work alongside dementia patients depending on individual need. They can assist with patient centred activates or give 1 to 1 nursing care if required
- The ward has 8 fully equipped accessible toilets, six with shower facilities.
- There are four hand-wash basins in the ward
- The unit has two defibrillators, one at each entrance
- There were two fire extinguisher in each entrance of the ward
- There are two kitchens – one located near each entrance
- The unit has a small ‘dementia room for patient use with black and white television for showing historical media
- Ward staff provide an art therapy, pet therapy and music therapy for patients in the activity room. These therapies are supported by an art therapist. The ward ‘activity room’ is only be used for supervised activities or if family wish
to take their relatives to the room for some privacy
- All unit healthcare and nursing staff get weekly briefing/teaching sessions
- The ward employs many bank and agency staff to fill gaps and permanent staff shortages
- Staff on duty during our visit was as follow: doctors, a ward sister; staff nurses, dementia nurses, health care assistants, physiotherapist, assisting staff nurses, ward clerks/ receptionists; housekeeper (ward cleanliness, stocktaking, reporting problems, providing the nurse with medication), domestic workers

Data received prior to the visit:

- **Falls:** 215 were recorded in 2017. Of these, 193 were described as causing no harm or insignificant harm (89%). Four patients suffered moderate harm and 2 suffered major or long term harm.
- **Serious incidents:** There were 12 serious incidents recorded in 2017 including:
  - Five related to slips, trips and falls and four suffered a fracture
  - Four related to pulmonary embolism or DVT (blood clots)
  - One a hospital acquired grade 4 pressure ulcer
  - One a 'deteriorating' patient (no cause given)
  - One unexpected death

Summary of findings and observations

The following observations were made during the visit:

- Mood of staff in the ward seemed good
- Most patients expressed satisfaction with treatment they had received
- Most patients felt communications with staff were good and timely.
- Overall patients rated the ward 4/5

Physical environment, cleanliness and hygiene

- The ward was fairly clean. Two domestic staff were working in the ward, but there were few areas requiring extra attention.
- One toilet was missing hand towels, but these were quickly replenished when this was raised with staff.
- One toilet seat had been left contaminated and there were shower accessories left in a bathroom clearly had been forgotten as the floor was dry
- The corridors and store rooms were cluttered, but clean and hygienic.

Patient centred care, dignity and safety

- Two fire extinguishers were available at each entrance to the ward. Fire signs were painted on the floor pointing to locations where fire signs should have been placed on the nearby wall.
- An emergency resources (first aid) trolley was located close to the reception area and easily available in case of an emergency.
- One toilet did not have an alarm cord located in the correct position.
- At the time of our visit the doors of two of the side rooms with isolation/infection labels had been left open.
- We witnessed an elderly lady being taken to the toilet. After a while a staff nurse approached the toilet door to check if the lady was ok. She knocked and opened the door at the same time without giving time for the patient to respond.
- Most patient alarms were clearly accessible, though one was stuck under a mattress.
- Safes were available next to each patient's bed, but they appeared not to be used. Some patients said they were not shown how to use them
- We observed a nurse use a slightly abrupt manner and approach with a dementia patient who wandered off the bay. The nurse asked if the patient needed the toilet but then failed to guide them gently toward the bathroom and turned her back on the patient who headed in the wrong direction but was then intercepted and redirected by a domestic worker. The nurse's tone of address to the patient was markedly different to the way she spoke to us as ward visitors

Communication with patients and access to information

- Well stocked leaflet racks were available at the entrance and middle of the ward and included information on 'Understanding and Supporting a Person with Dementia'; City and Hackney Guide for Carers; Families and Friends of People Living with Dementia and Deprivation of Liberty Safeguards.
- Prior to our visit, we requested that posters and leaflets about our visit were distributed across the ECU and to patients individually two days before our visit. Our posters were displayed in the ward corridors but leaflets had not been distributed to patients with meal cards in line with our request.
- At one entrance, a blue board displayed the roles of staff on duty that day, but health care assistants and dementia nurses were not included.
- Patients complained that no hard copy menu was left for them when choosing their food. Patients described a member of the ward staff coming to their bed and reading out a list of options for them to select from.
- During our conversation with the senior nurse in the nurses' room the alarm light flashed several times. We were told the light means that a patient pressed the emergency button. This allows nursing staff to respond quickly to patients. Unfortunately there was only one indicator light to which all the bay alarms were attached. If alarms were to go off in quick succession, managers would have no idea how quickly they were being responded to.

Access issues (physical or accessible information)

- We noted trolleys were stored in the entrance to the ward by the 'dementia room'. We were concerned that should a patient grab a trolley (without breaks) to stop a fall, the patient could suffer considerable harm.
- Cluttered corridors and small side rooms presented a health and safety risk in case of fire or other emergency.

Recommendations

All recommendations are based on patient feedback and our observations

Recommendation 1
Infection isolation rooms: staff should ensure isolation room doors are kept closed to ensure other patients, staff and visitors are not at increased risk of infection. Observable hand cleansing facilities for visitors to isolation rooms are required to ensure visitors wash/decontaminate their hands before leaving the ward. Staff should remind visitors to isolation rooms that they need to ensure effective hand hygiene to prevent the spread of infection.

Recommendation 2
Obstacles in corridors: The unit should consider clearing the ward corridors of equipment presently stored there. ECU staff and management should ensure mobile trolleys are not placed in locations that where they might be used by patients to hold onto thus causing a fall). Trolleys stored in corridors are an obstacle in case of an emergency

Recommendation 3
Fire exit signs: Ward management should make sure fire exits are clearly signed. Writing on the ward floor suggests uncompleted action to place additional fire signs on walls.

Recommendation 4
Ward transfer: A review should take place of the movement of patients from ward to ward and attempts made to reduce incidences of multiple moves post-admission.

Recommendation 5
Meal cards: Ward staff should ensure all patients have copies of meal cards prior to being asked what food they would like and that patients get more time to process options and decide.

Recommendation 6
Alarm calls from patients: The hospital should consider converting the alarm indicator system to a digital indicator that can better display the bed number of patient alarm calls.

Recommendation 7
Information about staff: A board with large pictures of permanent staff, with their names and job titles, should be placed around the ward so patients and visitors can identify ward staff.

Recommendation 8
Reading materials: The hospital should consider supplying reading materials such as newspapers for the ward and encourage patients to socialise in the activity room.

Recommendation 9
'Do not attempt resuscitation' notices: These **s**hould never be left on patients' lockers or beds while they are away from the ward. These notices MUST always be discussed with patients and families before being issued. Consent from the patient and or family is essential.

Recommendation 11
Agency and bank staff: Information should be provided to HWH about the number of agency staff, the reason for the high number of bank and agency staff and the steps being taken to mitigate this issue. **Please provide us with the data for the last 6 month and potentially for the next 6 months.**

Recommendation 12
Staff uniforms: Action should be taken to ensure that new staff have uniforms within a week of starting work in the ward

Recommendation 13
Information about Healthwatch Hackney Enter and View visits: For future visits, every patient should receive a leaflet at least 2 days in advance of our visit, to ensure they know who we are and why we are visiting.

Recommendation 14
Patient complaints: Six month evidence should be provided on all recommendations made as a result of complaints investigations together with action plan for implementation. This is needed to demonstrate how patients' complaints improve services including the quality of treatment and care, discharge and security issues.

Recommendation 15
Safety checks: The outcome of the Safety Orientation Check List (SOCL survey) should be displayed on the ward and shared with Healthwatch Hackney.

Recommendation 16
Reducing falls and DVTs: Evidence is required of the ward's strategy and action plan to reduce the number of falls and deep vein thrombosis on the unit.

Recommendation 17
Staff should be reminded in regular training to approach and talk to dementia patients with the same level of respect when addressing patients who do not have dementia as they would use for other patients and ward visitors

Recommendation 18
Patients should be either shown how to use the safes next to their beds or safes should be removed to avoid confusing the patient.

Patient Feedback

Patient 1 was in a lot of pain and obviously very ill. Food was spilled down his gown. I raised these issues with the nurse who was seeing a nearby patient. He attended to the patient as I left. The patient had been in hospital for 4-5 days. Alarm was visible. As he was unable to talk, we chatted about football. He asked me to stop asking questions and stay with him for a while, which I did.

Patient 2 The patient said he feels safe in the ward and has been there for a while. Communication was a little difficult as he has dysphasia. He said he had arrived by ambulance and was in A&E for a short time but had become ill from a virus infection. Moved to several wards but did not find this to be a problem. His emergency buzzer was stuck under mattress. I removed it and placed it on his bed. The patient was due to be discharged on 21 February. He is happy with the arrangements for his discharge. Finds nurses and doctors easy to talk to and discuss his care. He could not recommend any improvements. He is happy with food ('no problems') though privacy can be problem. The patient in the next bed was quite noisy. Rates ward 4/5

Patient 3 had been in hospital for 3 weeks and had had previous admissions. She had suffered a fall, came in by ambulance. There was quite a long wait for the ambulance. She went to A&E and 2 other wards before arriving at the ECU. The patient was an emergency admission. She said things had been quite difficult, but said communication with doctors and nurses was very good. Alarm works ok and response is quick. Food could be improved. Cornish pasties would be very welcome. 'Staff come round and ask you what you want, but no menu'. Privacy is adequate. She needs more help with rehabilitation following a fall. She hasn't used the safe as she had not been told how to use it. She said the ward was clean, 'spotless'. Rated ward: 4.5/5

Patient 4 came in by ambulance and had been in hospital for 15 days. We talked for a while but she said she didn't want to answer any questions.

Patient 5 had been in the hospital for a week and shared that she finds things in hospital difficult because she is so ill. She came by ambulance and it didn't take long to get from home to the ward. The patient finds it easy to communicate with doctors and nurses and was happy with the food. She appeared very dehydrated. I shared this observation with nurse who said she would review the problem. She was very unwell and couldn't talk much

Patient 6 had been in the ward for five days and has difficulty walking. The patient shared satisfaction with the treatment which he said was 'very good'. He found the doctors and nurses very sensitive, but told us the ward can be noisy at night. The patient came in by ambulance and had a long wait in A&E. He found it unsettling going from the acute admissions ward to ECU and was worried about his discharge arrangements. The patient said: 'Food is OK, nothing special'.

Patient 7 had been in hospital for 10 days, and was previously in the ward 18 months ago. The patient described the ward as 'very good' and said things had improved. 'Everything is better'. Food was variable and would like to be able to see menu. The patient would like fish and chips or cod in parsley sauce but doesn't like white toast. The patient felt pressurised when choosing his meal. 'They ask you what you want but it feels pressurised. Salads are good'. Nursing care is very good and the alarm was easily accessible (nearby). Response to alarm calls is good, but slower at night.

'**One of the doctors** is abrupt and has a poor bedside manner'. The patient was very upset that a 4-5 page Do Not Resuscitate notice was left on her bed. There was no discussion with the doctor first. Daughter will make contact re this issue. In the past, discharge had been handled well. 'The safe is not used. Nobody shows you how to use it'. Admission to hospital was arranged by GP with HUH doctor and carried out efficiently. A&E and Acute Admissions Ward were good. But going from ward to ward is a problem. The ward is clean. Staff are very thorough at cleaning the ward. Rated the ward 4/5.

Patient 8 was sitting up alert but spoke little English so was not able to respond to questions in a meaningful way. The patient indicated that her daughter interprets for her and said: 'Service is good. Very nice'. The patient appeared comfortable and content with her care and environment.

Patient 9 was too ill and confused to fully respond to questions. The patient was able to say "everything is ok" regarding her general care and rated the service 4/5. Nothing of any significance was noted concerning her care and environment.

Patient 10 was admitted via A&E following a fall and was sitting up alert. The patient was happy with the attitude of consultants and ward staff and felt they were provided with all the information they needed about their treatment and care. The hospital meals were 'nice' and help was provided when requested. When asked about complaints, the patient said there was nothing to complain about. The patient can be easily visited by her relatives. When asked to score the service the patient replied, 'It's not my job to give a score'

Patient 11 was admitted by a GP referral for her skin complaint. The patient was not prepared to answer any questions other than to rate the service 4/5. The patient was sitting up alert and adamant they were feeling better and should be discharged: 'I don't know why I am here and want to go home'. Other than wanting to be discharged, the patient appeared content with the care received and the environment. While I was interviewing another patient, she called me to assist her to get back into bed. I said I would call a nurse at which point she appeared annoyed and was a bit sharp with the nurse who came to assist her.

Patient 12 The patient was admitted to the ward after attending HUH A&E. and was happy with her care and treatment by ward staff and consultants. The patient is expecting to be discharged soon although was on a specal liquid diet. Rated the service 4/5

Patient 13 was admitted to the ward via HUH A&E and was happy with his care and treatment by ward staff and consultants. The patient was Jewish and said the meal choice catered for his needs. He felt able to raise concerns or questions about his care with any of the hospital staff. He would discuss complaints with the ward sister but did not have any complaints. He wanted to have it noted that 'staff are wonderful'. Rated the service 5/5

Patient 14 The patient appeared slightly confused so was not able to answer many questions. The patient suggested they relied on their daughter when communicating with hospital staff. The patient was admitted to the wards after a GP referral. The patient was happy with hospital food and that relatives were also allowed to bring food in. The patient was happy with the treatment. Nothing of any significance was noted concerning patient's care and environment. Rated the service 5/5

General
During the visit we noted that few patients were engaged in social activities.

Carer feedback

Carer 1 was the daughter of a very frail, elderly patient. She said the patient admitted to the ward after being brought to A&E by the family. The patient was then discharged against the family's wishes and taken back to the GP, after their health deteriorated further. The GP then referred the patient back to hospital on the same day and they were admitted to the ward. A large number of relatives visit often so the patient was placed in side room to minimise disruption to other patients. The carer confirmed that the patient felt well looked after. She was given a 'carers card' to visit out normal visiting times and is also allowed to sleep over. She said communication with consultants and nursing staff was good. The family is kept informed of the patient's care plan and can ask questions and raise concerns the plan's delivery. The patient is happy with the meals provided but relatives also bring in meals. The patient said: 'service is good, staff are good'. Whilst speaking to the carer, the patient was examined by a consultant and a junior doctor. The side room felt cramped with myself, the carer and two medical staff with the patient.

Staff comments

We met Sister Sharon Moscoso-Victorio on the day, to discuss a number of issues both before and after our visit. We also briefly met Nicola Sands Senior Nurse IMR and spoke to the ward domestic manager.

Staff member 1

The following issues were raised with Sister Sharon Moscoso-Victorio:

1. **Do Not Attempt Resuscitation Notice** Patient 7 comments:

   Staff comment: It is policy that all DNAR notices are discussed in detail with the patient and/or family before being agreed. This matter will be looked into.

2. **Moving patients** from ward to ward causes confusion.

   Staff comment: Agreed that moving patients from A&E to acute admissions then to two more wards was not conducive to good practice but pressure on beds creates this difficulty.

3. **Data:** We shared the data provided to HW with the Sister.

   Staff comment: She had not seen the data before. It would have been preferable for her to have seen it so that an informed discussion could have taken place. **Data is attached.**

4. **Many Bank and agency staff** currently employed because of staff shortages. Unfortunately, this can cause inconsistency in care provision.

   Staff comment: Ward policy is to keep the same nurses with patients who have dementia to reduce their confusion.

5. **Blocked corridors:** We noted that trolleys were stored in the entrance to the ward by the Dementia Room. We were concerned that grabbing a trolley to stop a fall would not be mitigated by a mobile trolley.

   Staff comment: Sister agreed that the trolleys are not best placed in the corridor, but said there was no other room for storage. She acknowledged the risk posed by mobile trolley.

6. Most **Patient alarms** were clearly accessible. One was found stuck under the edge of the mattress and inaccessible to the patient.

   Staff comment: There will shortly be a Safety Orientation Check List – SOCL survey.

7. **Safes** were available next to each patient's bed but they appeared not to be used appropriately. Some patients shared that they were not shown how to use them.

Staff comment: Sister agreed. Property is stored in central hospital safe.

8. **Staff ID and Patient Information Board** in staff desk area. Well designed, easy to read, shows bays by colour, bed numbers shown with accountable doctors. No patient names. We proposed large photos of staff and their names placed around the ward.

   Staff comment: Agreed this would be a good idea.

9. **Meal cards.** Patients said they did not receive meal cards to choose their meals. Patients described a member of the ward staff coming to their bed and reading out a list of options for the patient to select.

   Staff comment: The Sister said that she was not aware this happening and assured us that there is a process in place to ensure patients get enough time to select their meal.

Staff member 2

We had a short discussion with one of the domestic workers on the day. The information she gave us regarding the overall cleaning process on the ward was as follows:

There are two domestic workers during the day, one for each ward entrance. They start working at 7:30am and finish at 2:30pm, a 7 hour shift. The next domestic worker arrives at 3pm and cleans both sides until 5pm. After that there are no domestic workers on the ward until 7:30am on the following morning.

The domestic worker we spoke to shared her concern that the current number of staff and the hours they are working are not sufficient to manage the busy workload in the ward. The worker also shared with us that there is a plan to cut the domestic work time from 7 hours shifts to 5 hour shifts.

Summary of demographic/equality information collected

Gender	
Male	4
Female	13

Key ECU staff:

Sharon Moscoso-Victorio – Senior sister
Alina Rapley – Senior sister
Dr D Dasgupta – Consultant
Dr C O'Sullivan – Consultant
Dr S Mufti – Consultant
Dr I Harrod – Consultant
Dr C Quah – Consultant

ECU Ward commentary on other issues raised in the DRAFT report

	ECU ward comment
Communication with patients	Patient call bells do light up by the patient bed side and to the entrance on the bay to indicate who is calling There are also 2 digital display boards behind the nurses station which also indicate which alarm and where is going off.
Recommendation 4 **Ward transfer**: A review should take place of the movement of patients from ward to ward and attempts made to reduce incidences of multiple moves post-admission.	Patient moves are kept to a minimum of 2 wards – the admission ward from A/E – ACU ward and the permanent ward where they will stay until discharge. Variations from this will be based on the clinical condition of a patient only.
Recommendation 5 **Meal cards:** Ward staff should ensure that all patients have copies of meal cards prior to being asked what food they would like and that patients get more time to process options and decide.	We have multiple copies of the menus on the ward and this is managed by ISS and their hostess team

Recommendation 15 **Safety checks:** The outcome of the Safety Orientation Check List (SOCL survey) should be displayed on the ward and shared with Healthwatch Hackney	The safety and orientation checklist is completed in the patient's medical records and therefore cannot be displayed due to patient confidentiality.
Recommendation 17 Staff should be reminded in regular training to approach and talk to dementia patients with the same level of respect when addressing patients who do not have dementia as they would use for other patients and ward visitors	Staff do all receive specific dementia care training on site.

Elderly Care Unit Action Plan May 2018

Recommendations	Actions/Considerations	Progress
Recommendation 1: **Infection isolation rooms:**		
Staff should ensure doors to side rooms are closed & Staff should remind visitors to isolation rooms that they need to ensure effective hand hygiene	Senior Sisters to email all staff to remind them of keeping doors to side rooms closed & reminding visitors to adhere to hand hygiene when nursing/visiting an infectious patient in the side room	**Completed 01/05/2018**
	Reinforced during daily safety briefings	**Ongoing**
	PDN to ensure infection control mandatory training is up to date for all staff members	**Ongoing**
Observable hand cleansing facilities for visitors	Already in place – Located at entrance to the isolation rooms and within each bay	**N/A**

Recommendation 2 : **Obstacles in corridors**	All obstacles that can be stored elsewhere have been. Fire exits are clear. Domestic trolleys returned to ISS offices when not in use. Remaining catering trolleys (In which we have nowhere else to store) are locked in position and stored away from thoroughfare areas. ISS Managers emailed by senior ward sisters to request that all ISS staff securely lock all catering/domestic trolleys when not in use.	**Completed - Ward Sisters have completed a round of ward on 01/05/2018 and confirmed that the fire exits are clear. Arrangement made for domestic trolleys to be returned with domestic manager during ISS operational review meeting 19/04/2018.** **Ward sisters to undertake weekly compliance auditing.** **Completed 01/05/2018**
Recommendation 3 : **Fire exit signs to be improved**	Ward sisters are currently liaising with Fire safety officer on this matter.	**Newly appointed fire officer has joined the trust. Aim to complete this work End May 2018.**
Recommendation 4 : **Ward transfers (excess pt. moves between wards)**	Patient moves are kept to a minimum of 2 wards – the admission ward from A/E – ACU ward and the permanent ward where they will stay until discharge. Variations from this will be based on clinical need of the patient only.	**Any patient move from ECU is made by a member of the senior site management team in conjunction with medical teams.**
Recommendation 5 : **Meal cards available for pts pre food ordering**	Meal cards are in use already however Senior Sisters have requested that more meal cards are made available from ISS.	**Ward housekeepers to monitor stock of ISS meal cards and alert ISS when stock requires replenishing.**

Recommendation 6 : **Alarm call bells for patients should be digital**	Digital display in place already at time of visit (Located behind nurse's station).	**Nil action required.**
Recommendation 7: **Information about staff: A board with large pictures of permanent staff, with their names and job titles, should be placed around the ward so patients and visitors can identify ward staff**.	Senior ward sisters are in process of compiling staff uniform/job title information board for display on the unit. This will enable patients and relatives to identify which uniform signifies which designation/job title of staff.	**Ward sisters aim for completion end May 2018.**
Recommendation 8 : **Reading materials should be provided**	Daily Metro newspaper provided on the ward (multiple copies) by the ward house keeper. Hospital mobile library attends once a week on a Wednesday.	**In place already on the ward**
Recommendation 9: **Do not attempt resuscitation notices:** **These should never be left on patients' lockers or beds.** **These notices MUST always be discussed with patients and families before being issued.**	All medical records are electronic. These forms are kept electronically. Unable to determine what health watch are referring to in this recommendation. DNAR decisions are made by the medical team in consultation with the patient and family where applicable.	**Senior ward sisters to continue to monitor compliance with this process**

Recommendation 10 : **Bank/Agency Usage- Steps taken to mitigate usage** **(6 months data 0ct 17-March 2018 supplied as requested)**	Safe staffing levels are monitored on a daily basis and reviewed monthly. Nursing recruitment remains ongoing. We hold band 5 recruitment open days every 3 months. The next open day is 12/05/2018. We also facilitate Return to practice students on ECU and currently have 2 working on the ward. Overseas international nurse recruitment took place September 2017. We are expecting approximately 4 international nurses from this campaign with one due to start on the 21/05/2018. Rotas are produced 6 weeks in advance to facilitate pre booking of regular bank and agency staff. This process is monitored at trust board level. HCA open days are also held as required (When we have vacancies). The last open day was held in January and we currently have an advert out for HCA's and apprentices and will be interviewing for these posts the W/C 28/05/2108.	**Ongoing**

Recommendation 12 : **Staff uniforms - Action should be taken to ensure that new staff have uniforms within a week of starting work in the ward**	Head of procurement and Corporate Senior Nurse have plan for delivery and are currently liaising with external contractors in regards to agreeing KPI's for uniform delivery. Head of facilities also in discussion with re-cruitment team to discuss the ordering of uni-forms at time of confirmation of appointment.	**Ongoing**
Recommendation 13 : **Information about Health watch Hackney Enter and View visits: For future visits, every patient should receive a leaflet at least 2 days in advance of our visit**	Senior sisters to ensure this happens in ad-vance of the next visit. Leaflets will need to be provided by Health-watch in a timely way.	**Will be in place prior to next visit.**
Recommendation 14 : **Patient complaints: Six month evidence should be provided on all recommenda-tions made as a result of complaints inves-tigations together with action plan for im-plementation**	Data being collated as requested and will be forward to health watch	**Currently being collated and will be sent as requested.**
Recommendation 15 : **Safety checks: The outcome of the Safety Orientation Check List (SOCL survey) should be displayed on the ward and shared with Health watch Hackney.**	The safety and orientation checklist is com-pleted in the patient's medical records and therefore cannot be displayed due to patient confidentiality. The ward sisters and practice development	**Nil further action required**

	nurse do however complete monthly documentation audits which can be made available if required.	
Recommendation 16 : **Reducing falls and DVTs: Evidence is required of the ward's strategy and action plan to reduce the number of falls and deep vein thrombosis on the unit.**	Falls can unfortunately occur when there is a focus on supporting mobility as part of the rehabilitation process. We have a falls specialist nurse who works closely with the ward sisters and practice development nurse on ECU to ensure that staff receive up to date falls training and strategies are put in place to minimise falls risk for patients (Nursed in highly visible bays, the use of red non slip socks). We have a falls steering group committee that meet on a monthly basis and who look at current falls data, policy revision, teaching programmes etc. Trust wide policies for reducing falls and DVT's will be forwarded to health watch. Please note the trust's VTE risk assessment and treatment policy is currently under review.	**Continuous**

Recommendation 17 : **Staff should be reminded in regular training to approach and talk to dementia patients**	All Staff undertake level 2 dementia training (this is mandatory) Dementia care assistants work as a supernumerary member of the team on the ward alongside the dementia patient's to support the patients and offer additional support /guidance to existing ward staff. Dementia care lead nurse provides ward based teaching and expert clinical advice to any staff who are experiencing difficulties with the care and management of dementia patients as required. Ward based practice development nurse delivers ward based training on the care and management of patient's with dementia.	**Continuous**
Recommendation 18 : **Patients should be either shown how to use the safes next to their beds or safes should be removed to avoid confusing the patient.**	Senior sisters to include in weekly email to all staff that safes are available for patient property use and patients to be encouraged and supported in their use. Details of the use of the safe to be included in welcome packs Ward clerks and housekeepers will be asked to assist patients with the use of bedside safes.	**In progress. Email sent dated 01/05/2018.**