

## **Enter and View Report**

Place visited: Coronary Care Unit (CCU) & High Dependency Unit (HDU), Diana Princess of Wales Hospital, Grimsby

### Registration Details:

Diana, Princess of Wales Hospital (DPOW) provides medical, surgical, critical care, maternity, children's and young people's services for people across North East Lincolnshire. The hospital also provides accident and emergency (A&E) and outpatients' services.

Date: 3 December 2015

Visited by: Freda Smith, Carol Watkinson, Karen Smith and Paul Glazebrook

### Acknowledgement:

Healthwatch North East Lincolnshire would like to thank the patients, visitors and staff for their contribution to the Enter and View programme.

### Disclaimer:

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed during the visits.

### What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch 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 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential 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 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 safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

### Purpose of the visit

This visit is provided in support of an agreed approach with Northern Lincolnshire and Goole Foundation Trust to explore how the individual's dignity is respected in this care setting and to identify good practice.

### Strategic drivers

This visit upholds the strategic aim of Healthwatch North East Lincolnshire to:

- listen to the voice of local people.
- ensure that such views influence the improvement and quality of local health and social care provision.

### Methodology

The four Enter and View representatives visited these wards together. The appended questionnaire was used in interviewing patients and in making observations.

Before speaking to patients, we spoke to the senior nurse on duty, Lisa McAdam at CCU, while Jo Loughborough spoke to staff at HDU to check if there were any rooms not to visit because of isolation and to ensure that any patient who may have struggled to answer questions accurately were not interviewed. We agreed not to go into rooms where patients were isolated. In both units, the staffing ratio is 2 patients to one nursing member of staff. At the HDU, many patients were being attended to behind drawn curtains so we limited our visit to the two patients that were available to speak to. For this reason we have combined our findings for the HDU with those relating to the seven patients seen on the CCU.

An explanation of the aims and purpose of our visit was made to patients prior to interview. Enter and view cards were made available to patients on request. The visit was facilitated by the Patient Experience Practitioner, Jo Loughborough, who worked in the vicinity during our visit.

## **Summary of findings**

We would want to commend the staff team for their general standards of care and attention on these wards but we are making a few recommendations which we believe will improve the patient and visitor experience in the future in relation to:

- storage of chairs
- timing of injections

## **Results of Visit:**

### General observations

The décor and hygiene/cleanliness in these ward appeared clean and satisfactory. The appearance of both patients and staff were all good. All staff observed appeared to be wearing name badges. By the time we visited these wards, most patients had finished their lunches so we did not observe whether any required or received assistance.

We entered the CCU via the public entrance and noted that there were three stacks of chairs at this point with one stack jutting out which we felt could present something of a safety hazard.

### Safeguarding

There were no patient safeguarding issues observed on these visits.

### Additional findings

None.

## **Patient Interviews**

A total of nine patients were interviewed across these two wards.

### Patient Understanding

Six patients felt that staff had explained why they were visiting the hospital and about their treatment but one did not and two were not sure, probably related to their condition on admission. All eight responding felt able to ask further questions about treatment if needed. Again all eight patients responding felt that nurses and doctors introduced themselves to them.

Six patients felt that discussions on their treatment were conducted in a way that maintained confidentiality while two did not. Comments made noted that staff do put curtains round in bayed areas but that, in an open bay ward environment, even if staff keep their voices low, they can still be overheard. Six of the patients said they

had overheard information about another patient and reference was made to the likelihood of hearing information about treatment when the patient is in an adjoining bed or where the patients has hearing difficulties.

### Meeting patient needs

All patients except one felt that they had had a chance to say how they wanted their practical needs to be met. The one that did not said they did not want anything. Again, all patients except one felt that they had had the chance to say how they wanted their personal care needs to be met. The one who said his needs had not been discussed commented that he manages as best he can.

### Raising concerns

Most patients did not have any major concerns and felt they could talk to someone about them if they had. One patient did express concern that his wife lived 16 miles away and did not drive but that he had not bothered staff with this issue.

All patients who had family/friends visiting felt that they could comment to staff about their care and that they would be listened to except for one patient who said that they did not want them to be discussed with family (but had not told staff this).

Patients mostly felt that their care was given in a respectful and timely way and that, for example, call bells were responded to in a reasonable time. However, one patient who was having a meal when a nurse came to give an injection felt that this had put him off his meal.

### Meeting nutritional needs

All patients responding except for one said they had been asked about their dietary needs with one noting they were diabetic and another that they were vegetarian. All those responding felt that they had been listened to on this issue. All patients said that staff checked to see whether they had enough to eat or drink.

### Satisfaction

Of the nine patients, four patients rated their care as excellent, and five as good with none as satisfactory, poor or very poor.

We heard a number of favourable comments: 'staff cannot do enough to help you'; 'everybody is very helpful and much better than I expected'; 'cannot fault'; 'five star excellent'.

Other comments made included the conflicting views of the consultant and another doctor about one patient's treatment with the patient feeling that his own attempts to clarify the situation were not listened to. Another patient described having been discharged from ward B7 with severe fluid retention and swelling and having to be admitted to the CCU less than 48 hours later. He felt that he should not have been

discharged from B7. Another patient commented that the car parking charges were too high.

### **Recommendations**

We were generally happy with the standards of care on these wards but we would recommend that:

1. Consideration is given to the appropriate location for storage of chairs in CCU.
2. You comment on the timing of injections and whether these should be avoided at meal times.

### **Service Provider response**

The Trust welcomes the external support given through the Healthwatch visits.

The positive comments indicate the satisfaction of care received and are a welcome read.

Highly acute areas, such as Coronary Care Units and High Dependency Units care for some of our most unwell patients within our Trust and provide highly intensive treatments. It may be vital that some treatments be administered during a mealtime period, however whenever possible staff will always try to avoid this. This is reflected within the attached response.

This will be monitored by the Unit Leader, Associate Chief Nurse, Patient Experience and Healthwatch.

| <u>Issue</u>                | <u>Action</u>  | <u>Timescale</u> | <u>Lead</u> |
|-----------------------------|--|------------------|-------------|
| Storage of Chairs<br>CCU    | <ul style="list-style-type: none"> <li>• Ensure chairs are stored in an appropriate and safe place – stacked no more than 4 high.</li> </ul>   | Ongoing          | Ward Leader |
| Timing of Injections<br>CCU | <ul style="list-style-type: none"> <li>• Staff to avoid the administration at mealtimes, unless critical to patient safety.</li> <li>• Protected mealtime is adhered to within the unit</li> </ul> | Ongoing          | Ward Leader |



**Enter & View- Diana Princess of Wales Hospital - Dignity & Respect**

Name of Ward

Bay

Name of person completing form

|   |  |
|---|--|
| Purpose of Visit  | To explore how the individuals dignity is respected in this care setting and to identify good practice |
| Aim of Visit  |  |
| <p>Our aims were:</p> <ul style="list-style-type: none"> <li>a) To observe the environment and routine of the ward with a particular focus on how well they supported the dignity of the patients</li> <li>b) To speak to as many patients as possible about their experience on the ward, focusing specifically on the personal interactions with ward staff and others providing their care and treatment</li> <li>c) To speak to family members visiting the patients about their perspective on the care provided</li> <li>d) To speak to members of the ward staff about running the ward</li> </ul> |  |

Running of the Ward:

Matron/Senior Nurse spoken to:

Normal nursing complement:

Patient group(s) treated:

Any points to be aware of including patients not to interview:

## Observations Checklist

**What do you see?** please remember to comment on the following:-

- Décor of ward (welcoming?) and layout of communal areas (does it encourage interaction?)
  
- Do you see any trip hazards or other areas where safety might be at risk?
  
- Appearance of service users and staff.
  
- Do staff take people to somewhere private when providing personal care?
  
- Do staff wear ID badges?
  
- Hygiene/Cleanliness of the ward area
  
- Do you see Vulnerable Patients being assisted with meals

### **Safeguarding**

Were there any safeguarding concerns identified during the enter and view visit?

Healthwatch 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 safeguarding policies.

## Enter & Review Representative Patient Interview

I am an Enter & View representative for Healthwatch North Lincolnshire which is an independent watchdog that keeps an eye on health and social care services. We take views from local people to find out what works well and what doesn't and we use this to improve services.

We are visiting today to find out if our local hospital respects and maintains the privacy and dignity of its patients. Once the interviews are completed we will compile a report that will be published. All the comments we receive will be kept anonymous, but we would look to include them in the report. We don't use people's names in our reports or when we discuss the findings. This will not affect your care in any way. Can we ask a few questions? If you want to stop the discussion at any point, just let me know.

### **Respecting and involving People who use the service**

| <b>Patient Understanding</b>   |                             |
|--|-----------------------------|
| 1(a) Did staff explain why you are in hospital and your treatment to you clearly?  | Yes                      No |
| 1(b) Did you feel able to ask further questions about your treatment?  | Yes                      No |
| 2 Do the nurses and doctors introduce themselves to you?   | Yes                      No |
| 3(a) Do you feel when your treatment is being discussed with you it is conducted in a way which maintains your confidentiality | Yes                      No |
| 3(b) If no, what alternative would you like to see being offered?  |                             |
| 4(a) Have you overheard information about another patient? (for example, on the phone, at nurses station etc)                  | Yes                      No |
| 4(b) If answer is Yes, what type of information? Briefly explain:  |                             |



## Meeting Your Needs

5(a) Have you had a chance to say how you want **your practical needs** to be met e.g. extra towels or pillows, cultural needs, contacting relatives?.

Yes                  No

5(b) If no, give examples:

6(a) Have you had a chance to say how you want **your personal care** needs to be met e.g. help with toileting, washing, changing, combing your hair?

Yes                  No

6(b) If no, give examples:

## Raising Concerns

7 Have you had any concerns? If so were you able to talk to someone about them? (explore if appropriately/sensitively)

8 Do you feel that family/friends are able to comment to staff on your care and that they will be listened to?

Yes                  No

9 Is your care given in a respectful, timely way e.g. help with personal care, ringing bell more than once, waiting a long time for things, does it happen often?

**Meeting nutritional needs**

10(a) Have you been asked about your diet i.e. the food and drink that you prefer?

Yes                      No

10(b) Were you listened to?

Yes                      No

11 Do the staff check/ask if you had enough to eat and drink?

Yes                      No

**Satisfaction**

12(a) How would you rate the care you have received?

Excellent              Good              Satisfactory              Poor              Very poor

12(b) Please give a reason for your answer:

13 Is there anything else you would like to tell us about your stay in this hospital?

Any other Comments including from staff members/relatives (please identify who provided these comments ie staff /care family member/friend)