



## Enter & View Report

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### Arrowe Park Hospital: Ward 43

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Service address:

Wirral University Teaching Hospital Foundation Trust

Arrowe Park Road,  
Upton  
Birkenhead.  
CH49 5PE

Service Provider: Wirral University Teaching Hospital Foundation Trust

Date: 14/08/2018

Authorised representatives: Elaine Evans, Mary Rutter, Tina Fiddies

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## Acknowledgements

Healthwatch Wirral would like to thank staff, patients and visitors on Ward 43 (Formerly Ward 33) at Wirral University Teaching Hospital NHS Foundation Trust for talking to Healthwatch Wirral Authorised Representatives.

Please note that this report relates to findings observed on the specific date and time of the visit. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## What is Enter and View?

Part of the Healthwatch Wirral's work 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 use the service first hand.

### 1.0 General profile of the service that was entered and viewed.

Ward 43 is a General Medical ward. It specialises in treating and caring for patients, male and female over the age of 17, who are medically unwell.

## 2.0 Purpose of visit

Familiarisation - and as part of a series of thematic visits to Health and Social Care service providers to observe catering and nutrition provision

## 3.0 Type of E&V visit undertake

Announced visit

## 4.0 Methodology

The visit is not designed to be an inspection, audit or an investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Wirral identifies any aspects of a service that it has serious concerns about, then these concerns are to be referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation.

The rectification of less serious issues will be directed to the service provider.

**The Enter & View visits are a snapshot view of the service and findings are reported based at the time of the visit.**

Enter and View visits are conducted in a way that works in accordance with Merseyside Safeguarding Adults Partnership Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.

No Safeguarding issues were identified at the time of our visit.

## 5.0 Discussions, findings and observations

Healthwatch Authorised Representatives were greeted by the Ward Sister and taken to the office for a discussion about the ward.

The Ward Sister informed Healthwatch Wirral representatives that this ward had previously relocated from the third floor of the hospital to the ground floor and was formerly known as Ward 33.

The ward has 18 beds situated in 3 bays, 1 for male patients and 2 for female patients. At the time of our visit there were 12 female and 6 male patients on the ward.

We were informed that visitors are welcome between the hours of 2-7pm and at other times by special request. Meal times are protected and visitors are welcome to help if they wish to do so. Visitors are also allowed to bring in food for their relatives and staff are trained to store this food safely.

### **Staff .**

During the day - 4 nurses (including the ward sister) plus 3 care support workers (CSW)

Late - 3 nurses plus 3 CSW

At night -2 nurses plus 2 CSW

Ward 43 also has administrative support from a ward clerk and additional support from domestic staff.

The Ward Sister agreed that these staffing levels are adequate now since the bed numbers have reduced to 18 (Ward 33 had 25 beds)

The ward covers staff absences by using their own staff and NHS Professionals agency staff.

All staff have Induction when they start working for the Trust and receive in-house mandatory training including further training pertinent to their role.

Staff performance and development is formerly monitored.

Staff have annual appraisals and Registered Nurses have a 6 month preceptor. Management encourage staff to seek support when appropriate.

Staff handovers are conducted daily along with staff huddles.

### **Complaints.**

These are dealt with by the Ward Manager on an informal basis first in order to prevent complaints being escalated to formal if it is not possible to resolve at a local level.

### **Clinical Incidents.**

These are logged on the computer and Management are automatically notified.

### **Falls Risk assessment**

Healthwatch were informed that these are carried out and documented. Staff are made aware of those patients who are at risk and patients may receive 1:1 care if necessary, falls alarms and red socks and a falls calendar may be used.

### **Pressure Ulcer Care**

Patient's skin condition is checked on admission.

If pressure ulcers occur, the patient may be referred to the Tissue Viability Nurse. Healthwatch were informed that skin condition is closely monitored and recorded following good practice guidelines.

### **Infection Control**

Healthwatch were informed that procedures were closely adhered to and incidences treated appropriately.

## Medication

This is administered by a Registered Nurse wearing an identifiable tabard. Medication is dispensed from a designated pharmacy room on the ward. The pharmacy is staffed by a pharmacist and a technician Monday to Friday and the technician restocks medications weekly.

## Nutrition and Hydration,

Healthwatch were informed that;

- Ward 43 uses the MUST Tool (Malnutrition Universal Screening Tool) 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers.  
Fluid and balance charts are completed.
- The Nutrition board is completed and a meal time co-ordinator is appointed daily.
- Patients are prepared and supported during meal times.
- Red trays, beakers and adapted cutlery are used when required for people who require assistance at meal times.
- Diabetic plans are completed if necessary.
- Patients are offered a choice of sandwiches at lunchtime (or a hot meal if they are on a special diet) A choice of hot meals are offered in the evening.
- The ward has an appointed housekeeper who monitors and records food intake.
- Patients are offered hot drinks and water during the day. There is also a 'snack fridge' available in the staff kitchen for patients 24 hours a day.
- It was reported that most of the time the patients get the meal of their choice.

## Quality and Performance monitoring

The ward measure performance against-

- Reduction in complaints and concerns
- Patient feedback through Friends and Family test (FFT)
- Harm free care i.e. reduction in pressure ulcers and falls etc.
- Matron audits
- Daily huddles (Ward and Directorate based)
- Infection control audit
- Clinical incident reporting
- Ward accreditation

The Ward Manager invited Healthwatch Authorised Representatives to view the facilities.

Healthwatch Authorised Representatives visited at lunch time and were told that the current policy is to provide soup and a sandwich at this meal service. However, patients who have specific nutritional needs can request a hot meal when appropriate.

There was a limited choice of sandwiches available on the day of our visit.

The meal time co-ordinator wore a blue tabard and was supervising the service. Staff appeared to be working effectively as a team.

Hot drinks were being served from the trolley and water was readily available, but not always within reach at the bedside.

Staff were observed treating patients with dignity and respect whilst assisting them during the meal service.

Patients appeared to have been appropriately prepared for receiving their meal.

A patient's relative was observed assisting them with their meal.



## **Environment**

### **Main corridor**

The corridor was clean and tidy but was narrow and dimly lit. There were pieces of equipment stored along the perimeters which made the area look cluttered.

Hand sanitizers were available and explanatory notices reminding visitors to use them. The sanitizer at the entrance was positioned a little high on the wall.

The information Boards were up to date and provided comprehensive information for patients and visitors.

We did not notice handrails positioned along the wall to support patients to move around safely.

### **Ward Bays**

The 3 bays were clean, spacious and fresh. There was plenty of room for patients and staff to manoeuvre around safely. The lighting in the bays was much better than in the corridor.

In one bay a number of curtain hooks were missing. The external windows in general needed cleaning and we observed a ward clerk removing old notices from the internal windows before cleaning them.

On the day of our visit it was very warm and Healthwatch Authorised Representative observed that fans had been provided to make patients feel more comfortable.

Call bells were within easy reach for patients to use if required.

Hand washing facilities were within each bay but there were no obvious gel dispensers apart from entering and leaving ward. If they were present Healthwatch representatives failed to spot them so positioning could be improved.

**Kitchen (Staff only)**

The kitchen was small clean and tidy.

**Communal Room**

The communal room was clean and fresh and we were informed that the ward is awaiting delivery of new furniture for this facility

**Quiet room**

The room was small, clean, tidy and fresh. It had comfortable seating and a TV

**Toilets and bathrooms**

The rooms viewed appeared to be clean and tidy.

They had clear dementia friendly signage, call bells available, handrails and appropriate equipment, such as shower chairs etc. available in the shower rooms and toilets.

However, one shower room had damaged floor covering which had been covered by a strip of tape which could have been a trip hazard.

We reported this to the Ward Sister who was already aware of the problem and was waiting for the floor to be repaired.

The lighting in this room was inadequate in comparison to the other bathroom facilities.

**Sluice**

This was clean, tidy and organised.

**Waste Management**

The bins were used correctly and were not overflowing.

**Staff observations**

All of the staff were welcoming and helpful despite being very busy with their duties. They were interacting well with each other and clearly had good rapport with the patients.

## Patient Feedback

All patients who spoke with Healthwatch thought that staff numbers were adequate. Only one person said that sometimes it was a problem when they needed the bathroom. On occasions they waited longer than they were comfortable with.

All patients looked clean and comfortable and one even joked about their tidy bed!

When asked about food, answers were mixed as one patient had no appetite and sometimes didn't fancy anything. This patient seemed unaware of any other options such as toast and soup.

Feedback from other patients was that sandwiches were monotonous and there was no variety in the fillings. All patients who spoke to Healthwatch representatives reported that they had menu choices offered to them for their evening meal.

We observed one patient being asked about following day's menu and they chose sandwiches. This person had previously stated that they were fed up of constant sandwiches.

Healthwatch representatives wondered that perhaps this patient chose the final choice, as this was the one they remembered or actually heard (This patient was quite deaf). A staff member had read out the list of options, which was quite long, rather than the person being shown the menu options.

One patient, who was unable to get out of bed, said that they had plenty of water but didn't like it and would prefer juice. This person reported that they hated going to the toilet, as it was such an effort, so they kept their own fluid intake down.

A number of patients said they would like cool water as it became warm in the jug provided for them.

## Staff feedback

Healthwatch Authorised Representatives spoke to several members of staff on the day, including a Bank Nurse. All were helpful and reported that they liked working on Ward 43, especially since the downsizing to

18 beds. They reported that staffing levels did not feel adequate when they worked on Ward 33 as they had more patients to look after.

The Bank nurse stated that they chose this ward for extra shifts because staff worked as a team and all helped each other. They also stated that this wasn't the case in all wards they worked extra shifts on.

A member of staff formerly employed as a Care Support Worker informed Healthwatch that they were enjoying their new role as a Ward Housekeeper.

Staff reported that patients were helped at meal times if it was needed and this support from staff was evident on the day of our visit.

## 6.0 Conclusions

We were made welcome by the Ward Manager and other staff during the visit. General information was forthcoming and answers appeared honest and open. The Ward had a nice atmosphere and all patients that spoke to Healthwatch Authorised Representatives felt that they were receiving good care from the staff team.

The entrance and main ward corridor was dark due to lack of natural lighting and poor illumination. Staff who spoke with Healthwatch stated this as one of the few things they would change.

The ward appeared cluttered in some areas.

Staff appeared to be happy working on Ward 43.

## 7.0 Recommendations

**Improve the lighting and storage in some areas of the ward.**

**Improve patient rounding to include checking that water is cold and is within reach. Patient preferences such as fruit juice, rather than water, could also be identified.**

**Patients could be asked more often whether they need assistance to go to the toilet, therefore preventing them from restricting their own fluid intake on occasions.**

When gathering the menu option choices from patients ask the patient whether they would like to look at the menu or whether they are happy to have it read to them. This would become a more interactive exercise between the staff member and the patient.

## 8.0 Supplementary feedback from the provider post visit

*Thank you for your visit. Your recommendations are important to us to enable us to continue to provide high quality care.*

*As you are aware, we have recently moved to Ward 43 and are in the process of making it our home.*

*We are aware of a number of areas that need improvement and have highlighted this to the works/estates department. We are currently in the process of improving the aesthetics of the ward.*

*As part of our patient rounding staff are now asking if patients would like juice rather than water and staff are ensuring that water is fresh.*

*This is being communicated to all staff at the morning 'huddle'*

*Gill Hunter*

*Deputy Sister, Ward 43.*

## 9.0 Healthwatch follow up action

## 10.0 Glossary

<b>CSW</b>	<b>Care Support Worker</b>
<b>MUST</b>	<b>Malnutrition Universal Screening Tool</b>
<b>Patient Rounding</b>	<b>Patient rounding is a proactive, systematic, nurse-driven, evidence-based intervention that helps anticipate and address patient needs.</b>

## 11.0 Distribution of report

Healthwatch Wirral will submit the report to the Provider, Commissioner and to CQC.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest.

### Healthwatch Wirral

Liscard Business Centre

The Old School House

188 Liscard Road

Wallasey

Wirral

CH44 5TN

Telephone: 0151 230 8957

Email: [info@healthwatchwirral.co.uk](mailto:info@healthwatchwirral.co.uk)

Website: [www.healthwatchwirral.co.uk](http://www.healthwatchwirral.co.uk)