

Ward C5 Royal Blackburn Hospital Enter and View Report



Reception & Entrance to the Ward C5

Visit: January 2019

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1 Introduction

1.1 Details of visit

Ward C5 Medical Ward for Older People.	
Service Address	Royal Blackburn Hospital Haslingden Rd, Blackburn BB2 3HH
Service Provider	East Lancashire Hospitals NHS Trust. (ELHT)
Date and Time of Visit: January 2019	8th 11am-12:30pm to 2pm-4:30pm & 17 th 2pm to 15:30pm
Ward Manager	Priscilla Manual
Authorised Representatives	Linda Brown-Lead, Saad Hashmi, Saliha Bax, Chloe Dobson

1.2 Acknowledgements

Healthwatch Blackburn with Darwen (HW BwD) would like to thank East Lancashire Hospital Trust Patient Experience Team, The Dementia Leads and the Ward Manager and ward staff for supporting Healthwatch Blackburn with Darwen to undertake this visit. We would also like to thank all the patients and visitors who shared their feedback with us.

1.3 Disclaimer

Please note that this report relates to responses from staff, patients and carers/family members at the time of the visit. 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 to during this time frame.

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 HW BwD safeguarding policies.

2 What is Enter and View?

The Health and Social Care Act (2012) allows Healthwatch BwD 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 may carry out Enter and View to contribute to activities in their statutory functions. Enter and View is not a statutory function, but Healthwatch can choose to use it, depending on their local priorities. Wherever possible Healthwatch BwD will make these visits announced.

For more information about Enter & View please refer to the Healthwatch BwD website.

2.1 The purpose of visiting Ward C5.

As part of a wider Healthwatch BwD project we are collating the experiences of patients discharged from hospital who are also affected by dementia. This Enter & View visit will contribute to the information recorded in that report. Ward C5 is a dementia friendly medical ward for older people, which has achieved the quality mark status with the Royal College of Psychiatrists.

2.2 Methodology

Three separate announced visits were made to Ward C5. An initial visit was supported by the Dementia Lead for the Trust who was able to give the representatives an overview of the ward. A short questionnaire was used as a discussion tool to gather feedback from a total of eleven patients and relatives on the ward at the time of our visits. We had the opportunity to speak to the Ward Manager and some relatives about the discharge pathway for those affected with dementia that will be included in a wider Healthwatch BwD report.

2.3 Summary

Ward C5 was found to be a friendly ward that had a calm and relaxed atmosphere despite being busy. The ward appeared to be well staffed by people who are attentive and caring.

Patients and visitors who spoke to Healthwatch BwD representatives were positive about the ward environment and the care provided. The open visiting hours and ability to be able to support loved ones whilst in hospital was said to have contributed to a positive experience.

Some carers and relatives commented that they were only informed about the progress of their loved one if they asked and did not always know what was happening. Most of the carers and relatives we spoke to were unsure about discharge planning.

Healthwatch Blackburn with Darwen's recommendations, in brief, are:

 **Recommendation 1:**

Better communication of a patient's progress, where consent is agreed and where appropriate, between hospital staff and the carer or next of kin.

 **Recommendation 2:**

The Trust to review if the Welcome booklet is being distributed to patients and their carers.

 **Recommendation 3:**

Clearer communication about discharge planning with carers and close relatives especially those who provide day to day care.



2.4 Findings & Observations

2.4.1.1 Environment

Healthwatch representatives were made to feel very welcome by the ward receptionist, as indeed by all the staff on the ward. A representative was given a descriptive tour of the ward and the features that make it a dementia friendly exemplar.

On first impressions it was noted that the ward was odour free and had a calm relaxed atmosphere.

The ward entrance and exit are secure with ample hand sanitising gel available at all key points on the ward.

The reception area to the ward is pleasant with comfortable seating and a large mural of an outdoor scene where patients and visitors can sit.

Noticeboards were up to date and clutter free, clearly displaying relevant information such as ward visiting times, who is in charge, staffing numbers and key campaigns such as end PJ Paralysis, John's Campaign and the Butterfly Scheme. (See appendices 2.7. (1.1) 2.7. (1.2) & 2.7(1.3))

Posters informing people about John's campaign were evident at the reception area and entrance to the ward.



Carers and relatives, we spoke to give a mixed response about their awareness of John's Campaign and the Butterfly Scheme.

“I know about the Butterfly Scheme but not John’s Campaign”.

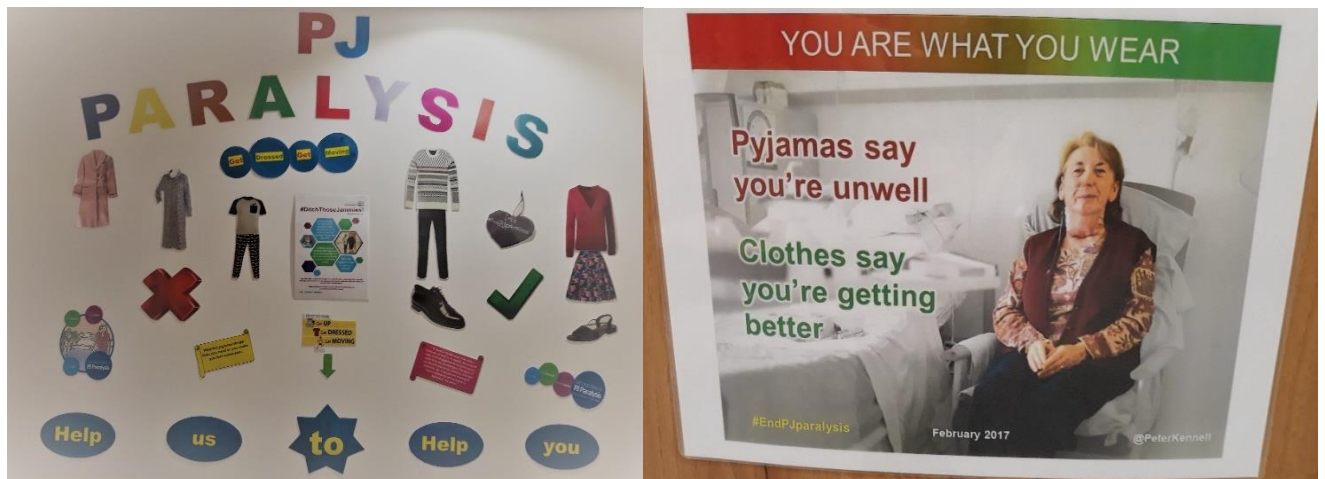
“We aren’t aware of John’s Campaign but my (relative) might know”

“I was aware of the John’s Campaign because I read about it at the entrance to the ward and at the door”.

In line with the recommendations in the John’s campaign there is open visiting on the ward. Relatives who spoke to us stated that this had been helpful in supporting their loved ones whilst in hospital.

“The open visiting hours are brilliant and made it a better experience for my (relative)”.

Patients are encouraged to get dressed during the day to help maintain a normal routine and encourage patients who can to be more active as recommended in the Butterfly Scheme. There is a wall on the ward dedicated to informing patients and visitors about the benefits of this initiative.



The ward was well maintained and clutter free. There is a dementia friendly colour scheme and ample pictures of iconic buildings and landscapes of the local area throughout.



Although the ward is mixed the bays are designated to either male or female.

Ward C5 was refurbished to an exemplar dementia friendly standard with additional funding received from the King's Fund. As wards are refurbished throughout the Trust they are made as dementia friendly as possible. We were told that relatives, whose loved ones are affected by dementia on the ward, were consulted when designing the unit. A small sofa set into an alcove half way down the ward was created as a rest point and an opportunity to interact with staff, visitors and other patients. It is designed to look like a small lounge area complete with an old style television playing reminiscent film and media. In addition, a large lampstand acts as a good navigational point to help orientation supported by different coloured bays.

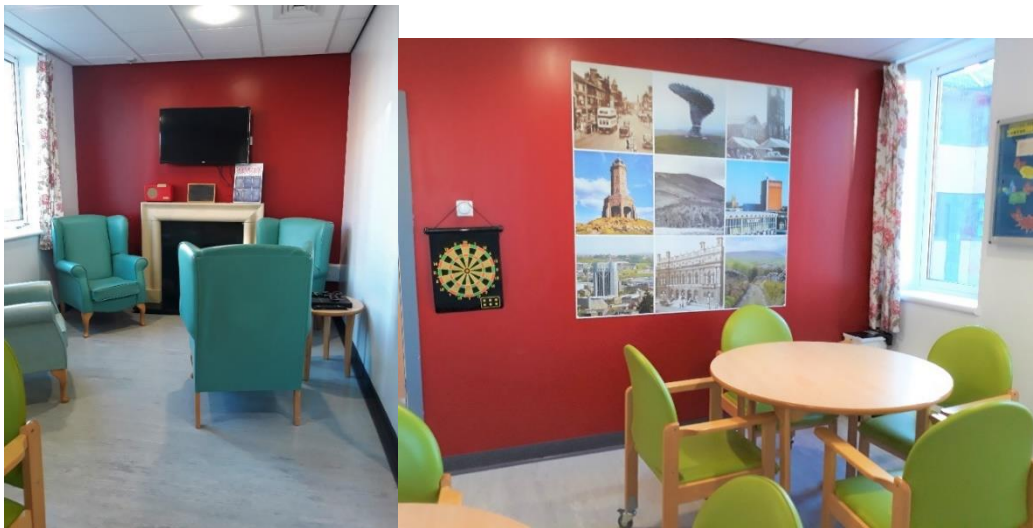


There is a circadian lighting system which emulates the natural daylight process becoming dimmer as the day progresses. This could not have been implemented without the additional funding received though the King's Fund and is not replicated on other wards.

Corridor ceiling lights look like windows looking out onto autumnal leaves. Ceiling lights in the bays display clouds in a blue sky and forms part of the dementia friendly environment of the ward.



A comfortable lounge area is available for patients who are well enough to utilise it. Designed to look like a living room it is complete with a fireplace, television set, old style radio, sideboard, table and chairs where patients can choose to eat at meal times. Some activities are available such as board games, books and a soft tip dartboard which was said to be popular with the gentleman patients.



During our ward visits we did not encounter any patients in the lounge area however, some respondents told us that they did use it.

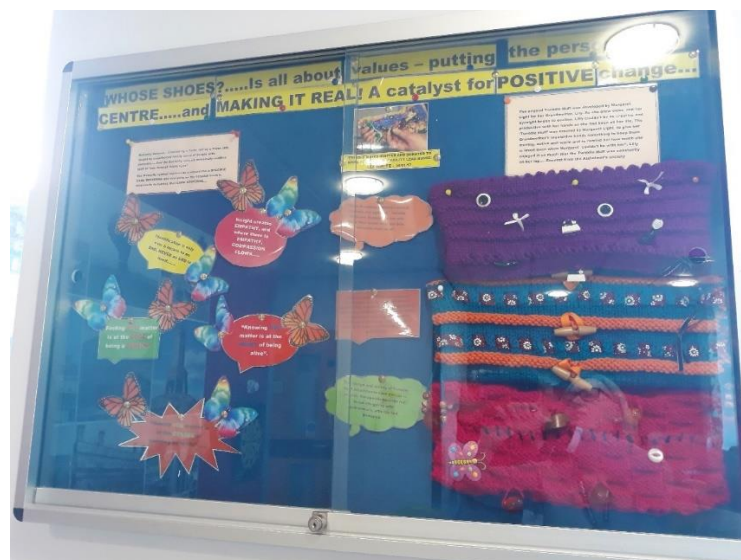
“The day room is lovely; my (relative) can go and sit there so she doesn’t get bored”.

“I read and watch television”.

Bathrooms were clean with adequate handwashing facilities and hand sanitising gel was available throughout the ward. One toilet needed flushing. When drawn to the attention of staff it was dealt with immediately. 'Taps are as dementia friendly as is possible for a hospital environment where infection control is key'.

There is clear dementia friendly signage throughout the ward in both words and pictures.

Twiddle muffs are on display to show relatives that they can be used whilst in hospital and are free from the hospital information desk. However, their availability is dependent on people knitting and supplying them.



Feedback from patients and relatives about the ward:

All respondents said that the ward was well maintained and clean. Some relatives noticed that "it is very secure so that people can't wander out of the ward which is very reassuring". All respondents said that the ward had met their needs, especially the extended visiting hours. For those patients who are affected by dementia there is open visiting even at meal times with some relatives stating that this had been one of the most significant factors to enable their loved one to settle on the ward.

"The ward and staff are very good. It's a friendly place and the food is nice".

"My (relative) had a real fear of coming into hospital but the experience has been a lot better than they thought".

"The visiting times work really well for us".

"The open visiting has been the best thing as it's enabled different family members to be here so that my (relative) is not on their own which has helped to reduce their anxiety and kept them settled. We have also noticed that they are sleeping better at night".

2.4.1.2 Staff and Care

We were told that all new members of the ELHT workforce become dementia friends and undertake Tier 1 Dementia Awareness Training as part of their induction. A Healthwatch Representative was invited to attend the full day's training session including taking the 'Virtual Dementia Tour' which involves altering the recipient sensory perception to give a small insight into some of the barriers that may affect people living with dementia.

During our visit there appeared to be a visible presence of staff on the ward who were obviously busy but attended to patients' requests for assistance. All staff were identifiable by their uniforms and identification badges.

A member of staff is said to be always present in each bay and patients are checked every 15 minutes to see if they have any needs. No call bells were heard during our visits because there is always a member of staff present in the bays, so patients are attended to without having to press a call bell. But call bells were seen to be within the reach of patients should they need them. This was confirmed by patients and relatives we spoke to on the ward.

Staff responded to patients with dignity and respect and were aware of who was having a 'good' or 'bad' day in terms of their mood and physical needs.

Feedback from patients and relatives about the staff and care:

"The Healthcare staff are lovely".

"Some staff I haven't taken to, but everyone treats me well".

"The staff are brilliant".

"The staff have been so supportive and helped my (relative) to settle because they were so afraid of being in hospital".

"The nurses check in on me regularly, sometimes it feels like there's too much staff which is good".

"The staff are really good with my (relative)".

"The nurses can't do enough"

2.4.1.3 Communication

Patients, relatives and carers were asked if they had received the hospital ‘Welcome’ booklet, which provides important information to assist patients, relatives and carers during their stay in hospital which was introduced last year. None of the respondents could confirm if they had received this welcome booklet or knew about it. However, some did say that other relatives may have received it.

‘I haven’t received it but one of my (relative) may have done’.

“We haven’t received it but my (relative) is the main carer and was with (name) when they were admitted so he might have it”.



Welcome A guide for patients, family and carers

When respondents were asked if they had been kept informed about their relative’s progress and if they felt listened to and valued. Only half said they knew what was ‘going on’. Most respondents said that if they asked, they would be given an update. All but one respondent felt that they were listened to and valued.

“We have to ask to find out what is going on and then we are informed”.

“I have asked to speak to someone today so hopefully they will be able to give me an update. My (relative) will not ask and comes away not knowing what is happening”.

“I speak to them every time I come in to visit for an update”.

“The staff have been great and will tell you what you need to know if you ask. We do feel listened to and valued”.

According to the East Lancashire Hospital Trust's 'Welcome' and 'Planning for your Discharge from Hospital' booklets state that 'preparation for your discharge will begin on admission to hospital and where appropriate and with your consent your primary carer or next of kin will be kept informed. In order to maintain confidentiality this information will be restricted to close family where consent has been given. Where a patient is compromised with dementia the person involved in their day to day care should be fully involved in their discharge planning according to the Dementia Action Alliance recommendations which form the basis of the Dementia Friendly Hospital Charter.

Of the relatives we spoke to, one person said that they had been involved in any discharge planning where appropriate.

"The staff have talked to me about discharge, I feel involved and listened to".

"We haven't started discussing discharge yet, but I feel like we will be involved when the time comes".

"I don't feel involved in the discharge process of my relative and don't know what to expect when they come home".

"I think it's probably too early to discuss my (relatives) discharge yet although they did say they would only be in for a couple of days but not sure what is wrong with them yet".

2.5 Recommendations

Recommendation 1:

Better communication of a patient's progress, where consent is agreed and where appropriate, between hospital staff and the carer or next of kin. Whilst updates were given to carers and relatives this was very much dependent on them asking. Some relatives and carers expressed that they did not like to ask staff because they were busy and ended up not really knowing what was happening. This may need to be in some form of written format, without breaching confidentiality, so that carers or the immediate next of kin has something to refer to when they leave the ward following a visit.

Recommendation 2:

The Trust to review if the Welcome booklet is being distributed to patients and carers.

Recommendation 3:

Clear communication about discharge planning with carers and close relatives especially those who provide day to day care. This may again need to be in some form of written format,

without breaching confidentiality, so that carers or the immediate next of kin has something to refer to when they leave the ward following discharge planning discussions.

2.6 Service Provider Response

TRUST RESPONSE

Re: Response to Healthwatch Blackburn with Darwen Enter & View report for Ward C5, 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 visits to Ward C5 in January 2019. 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 were delighted to receive such excellent feedback from our patients, carers and family members about the ward environment and care provided. In particular we are extremely proud to read the lovely comments from patients and relatives about the staff and care.

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

- An audit will be undertaken to review if the Welcome Booklet is being distributed to patients and their carers.
The importance of the Welcome Booklet will be promoted via the Nursing and Midwifery Leaders Forum.
- Feedback has been cascaded to the team on the ward via the ward meeting, and to the multi-disciplinary team via the Share to Care meetings. Effective and proactive documentation will be promoted.

The Trust will provide more detailed actions to recommendations 1 and 2 in a wider Healthwatch BwD project about the experiences of patients discharged from hospital who are also affected with dementia.

2.7 Appendices

2.7.1.1: The End PJ Paralysis is a national campaign, adopted by ELHT to get patients out of bed and dressed during the day, and then into chairs, activity rooms or to dining rooms for meals. Increased activity can help recovery, reduce muscle wastage, maintain independence and lead to patients being discharged sooner according to Professor Jane Cummings, Chief Nursing Officer for England. For more information see <https://www.england.nhs.uk/2018/03/70-days-to-end-pyjama-paralysis/>

2.7.1.2: John's Campaign is a national campaign calling for the families and carers of people with dementia to be allowed to stay with them in hospital for as many hours as they are needed, and as they can give. For more information, see <http://johnscampaign.org.uk/>

2.7.1.3: Butterfly Scheme aims to improve the care, safety and wellbeing of people with dementia or memory impairment while in hospital because all staff delivering care are aware of any additional needs that may be required. For more information see www.butterflyscheme.org.uk/

2.8 Distribution List

This report will be distributed to the following:

 East Lancashire Hospital Trust

 CQC

 Healthwatch England

2.9 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, Room 28, Bangor Street Community Centre, Norwich Street, Blackburn, BB1 6NZ

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