



# Enter and View Visit Report

## Princess Royal Hospital

### Ward 10 - Frail and Complex

Visit date: 04/12/2018

Publication date:



*The Princess Royal Hospital, Apley Castle, Apley, Telford TF16TF*

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## About Healthwatch Telford & Wrekin (HWT&W)

Healthwatch Telford and Wrekin is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping, delivering/receiving and improving services. We address inequalities in health and social care to help make sure everyone in Telford and Wrekin (T&W) gets the services they need.

There are local Healthwatch across the country as well as a national body - Healthwatch England (HWE).

## What is Enter & View?

Healthwatch Telford & Wrekin gathers people’s experiences of health and social care services and there are times when it is appropriate for Healthwatch to see and hear for ourselves how services are being provided. These visits are called ‘Enter and View’, and can be ‘announced’, ‘partially announced’ or ‘unannounced’. ‘Partially announced’ visits mean the service provider is told we will visit but not the date or time of the visit.



The responsibility to carry out Enter and View visits was given to local Healthwatch in the **Health and Care Social Act 2012**.

Enter & View visits are carried out by a team of specially trained and DBS-checked staff and/or volunteers called Authorised Representatives. These volunteers are not experts in health or social care and report only on what they see and hear during the visit. They make observations and collect people’s views and opinions anonymously and produce and publish a report.

Enter & View visits are not an inspection, and always have a ‘purpose’.



## Details of the Visit

Visit Details:	
Service	Princess Royal Hospital (PRH) - Ward 10 Frail & Complex
Provider	Shropshire and Telford Hospital NHS Trust (SATH)
Date and Time of visit	4 <sup>th</sup> December 2018 2.30pm
Visit Team	4x HWT&W Enter & View Authorised Representatives (2x Authorised Representatives and 2x Authorised Representatives "In-Training" (T-ARs))
Service contact details	Name: Princess Royal Hospital Phone: 01952641222 ex 4010 Address: Princess Royal Hospital, Apley Castle, Apley, Telford TF16TF

## Purpose of Visit

To find out if patients are treated with dignity, have privacy respected, and how staff respond appropriately and with compassion to meet healthcare needs. To find out how patients living with dementia are cared for and supported.

We want to hear about patient experiences and those of any relatives and visitors present, and we will observe the patients engaging with the staff and their ward surroundings. We want to identify examples of good practices and hear about any ideas the residents or staff may have for change.

### 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 users of the service and staff, only an account of what was observed and contributed at the time.



## Context of the Visit

Shrewsbury and Telford Hospital NHS Trust currently has approximately 628 inpatient beds as well as day-case and children's beds located across two acute locations. The Princess Royal Hospital is located in Telford, and Royal Shrewsbury Hospital is located in Shrewsbury. These two hospitals serve an approximate combined population of 420,000 and employ approximately 5,053 staff (as of April 2018). The trusts' services are commissioned by Telford and Wrekin Clinical Commissioning Group (CCG), Shropshire CCG, and Powys Training Health Board.

In 2018 unannounced inspection visits made by the Care Quality Commission (CQC) reported care-issues, resulting in overall inadequate rating and measures to be taken and NHS-Improvement provision of additional support to resolve problems.

*(Sources: Routine Provider Information Request (RPIR) - Beds and Total Staffing; Trust website & summary CQC rating of latest inspection report by the Care Quality Commission).*

During recent years SATH have experienced problems resourcing Accident and Emergency (A&E) services in both hospitals, and with increased needs experienced year on year particularly during the winter.

As part of their engagement programme Healthwatch Telford & Wrekin has visited several Wards and Departments/Units/Clinics in Princess Royal and Royal Shrewsbury Hospitals since 2014. The Enter & View committee agreed that Healthwatch Telford and Wrekin should aim to visit all wards at Princess Royal Hospital, Telford, by the end of 2019 to find out about the patient experience of healthcare in the hospital setting; compassionate care delivered with patient dignity and privacy being respected. Some visits will also find out about the care experiences of patients attending hospital who are living with dementia, understand how patients are prepared for discharge, and their experience of discharge. Individual ward visit reports will be published. From these individual visit reports, over-arching theme reports will be published on patient experience of compassionate care respecting dignity and privacy, the care of patients with dementia, and on the discharge experience.

The visit to Ward 10 (Frail & Complex) would understand the patient's experience of hospital care. The visit was '**partially announced**'; we told the ward manager of the visit but not the date and time.



## What we were looking at

The focus of this visit was to find out if patients of Ward 10 are happy with their hospital care.

- The ward environment - observe the layout of the ward, and the staffing arrangements
- Patients experience of being treated with dignity and respect and if they feel comfortable on the ward; observed interactions between staff and patients.
- The experiences of patients living with dementia, and how the staff and ward environment support these patients.
- Assessment processes and preparations for discharge
- Hear about the patient's understanding of the arrangements for discharge
- Contributing factors that delay a patient's discharge from hospital

## What we did

The visit team lead met with the ward manager prior to the visit and used a series of questions to understand the care processes and other matters the staff deal with on the ward, and any other teams associated with patient care on the ward.

On arrival for the visit, we took advice from the Ward manager on duty about whether any patients should not be approached due to safety or medical reasons, or any issues regarding ability to give informed consent.

The team then spoke with any patients who were willing to talk to us and any visitors and relatives present. We spoke to 6 patients in total; some patients were confused and unable to tell us about their care and how they felt or about their knowledge and experiences of their discharge arrangements. We talked to 3 staff and 3 visitors/relatives present at the time.

## What we found out

PRH Ward 10 provides for assessing and treating emergency medical frail elderly patients who are admitted to hospital via their GP or are referred from A&E. Ward 10 specialises in the care of older patients who typically have multiple medical conditions, and often are in receipt of specialist support at home or in a care home setting.

According to the SATH website, the ward follows the "Johns Campaign" and welcomes and encourages relatives and carers wishing to support the patient during their stay in hospital. (The campaign encourages hospitals to recognise the expertise of family members caring for someone with dementia and how



welcoming them into the hospital and working with them throughout a hospital stay and when planning discharge benefits the patient and hospital staff). Standard ward visiting times are from 10.00 am to 10.00 pm, though visitors and relatives are requested to avoid the protected meal times unless they are supporting and assisting the patient with the meals. (Visiting may be restricted during the periods when doctors/ consultants are visiting the patients, and when there are ward staff-shift hand-overs. Children are only admitted to the ward to visit patients by prior consent to reduce possibility of children upset by the poorly patients and to keep noise levels to a minimum to insure necessary patient rest).

The Ward staff can work with Karen Breeze (SATH Specialist Nurse in Dementia Care) and a small team of three specialist staff covering both hospital locations. This team is informed of any patient who is admitted to a SATH-ward who has a Dementia diagnosis and who is over the age of 70.

The hospital trust has introduced several practices that can be introduced in wards to better support a patient living with dementia. These have included the 'Dementia Butterfly' scheme (the scheme aims to improve the care, safety and wellbeing of people with dementia while in hospital) - placing a scheme 'blue butterfly' scheme poster on the wall at the end of the patients' bed; a patient with dementia is indicated by staff adding a 'tick' and a blue shadow of a butterfly on the poster. 'Doll therapy' and soft toys are available for patients to hold which helps reduce stress and anxiety by triggering happy memories from their past. Knitted 'twiddle muffs' - hand muffs with different textures of wool and embellishments such as buttons inside and outside, are available to help giving stimulation to patients with restless hands. A trolley transports a TV to patients so they can view 'old films' and TV programmes familiar for their generation. Ward staff have access to several resources to help patients during the day, including jig saws, and iPads which, with staff assistance, give access to various programmes designed for people living with dementia. For meals, blue crockery is used on the ward which helps dementia patients distinguish the foods they are eating.

With the support of a specialist team and introduction of dementia-friendly practices, we expected to observe Ward 10 as an exemplar Ward for supporting patients living with dementia in a hospital environment. In particular we anticipated use of the Butterfly Scheme, the Alzheimer's 'Patient Passport - This is Me', "John's Campaign", doll/soft toy therapy, appropriate dementia-friendly signage around the wards and dementia-friendly environment, dementia-supporting practices such as offers of 'finger foods' to patients, and that family/friends of patients with dementia were being appropriately supported.



## The layout of the Ward and the staffing arrangements



During the visit the Authorised Representatives looked at the physical Ward 10 environment and observed staff arrangements on the Ward. The Ward is a mixed ward with 28 beds arranged in 4x bays and 4x side-rooms, with 4x toilets and 2x showers.

The Ward was busy but not noisy, and numerous staff were present at the time - Doctors, Nurses, Healthcare Assistants, Physiotherapists, and a Church Minister. The ward shift was 1x Doctor short, and there was 1x Healthcare Assistant from the Nurse Bank and 2x other Agency Staff Nurses. Not all patients had yet been seen by their Doctor, which had impacted on some patients and their relatives.

## Whether patients said they are treated with dignity and respect and felt comfortable on the Ward. (Compassionate Care)

We heard from patients and relatives that the Nurses treated their patients with kindness and compassion.

Staff undertaking patient personal care were seen to draw the curtains to respect the patients' dignity and staff spoke to the patients in a soft tone.



### *Patients and relatives told us:*

“staff are hardworking and supportive”

“food choices are varied, and quality of the food is good with plenty of drinks throughout the day”

“Staff are always coming around offering drinks - I'm never without a drink.”

“They (staff) are compassionate and caring when speaking to patients.”

“The staff keep us updated daily - treat us with respect; they treated the patient with dignity when carrying out personal care”.

## The experiences of patients living with dementia, and how the staff and Ward environment support them

Patients who were able to talk with us, told us they are happy with the care they are receiving and praised the Nurses for their hard work.







On our arrival some staff and relatives were congregated around the Nursing Station with a patient who had got confused about where he was. We observed staff walking a patient around the Ward and talking to others the patient knew; the patients appeared to enjoy engaging with the other patients and staff. We observed 2x patients who were comforted by soft toys and 1x patient was having a conversation with theirs which seemed to make the patient happy judging by their smile.

We were told by staff that importance was placed on ensuring patients were well fed and hydrated. Finger food was offered to a patient who hadn't eaten lunch but prefers snacks; the patient's facial expressions suggested they were looking forward to eating it. We observed one patient in the ward drinking from a 'Droplet Cup'. We were told by staff that this device is currently being trialled to assist patients to drink during the day (keep hydrated). The 'cup' alerts the user via flashing lights incorporated in the base of the cup, and may also play an advisory message, for example, "you haven't had a drink in the last 30 minutes". Family members if they prefer, are encouraged to record a message, which then offers a 'familiar voice' with the reminder/instruction. We observed the volume level of the message played seemed low and might be difficult to hear against the background noise of the Ward and would be inaudible for anyone who had impaired hearing.

Regarding use of 'John's Campaign' we noticed 2x patients were dressed in 'day clothes'. No patients were seen to have the Alzheimer's 'This is Me' document prominently available from their bedside locker. None of the relatives we spoke to were aware of either the 'Carers' Passport', or of concessionary travel to hospital or hospital parking concessions.

### **Views of the patients about their experiences and their understanding of the discharge arrangements**

One patient and relative raised concerns about communications with Doctors and Nurses on the ward, though the staff were described as kind and caring. A need for better communication with the Doctors was mentioned - they weren't listening to the patient's concerns. A family member told us that before their relative's earlier operation and rehabilitation, their concerns had been raised including about discharge but they felt they had not been listened to. The family told us they believed that is why the patient is now back in hospital (the individual was unable to look after themselves, and had mobility problems).



## Observations

Authorised Representatives observed interactions between staff and patients and looked at the physical ward environment.

### The environment of the Ward

Access to the Ward is controlled for the safety of the patients who had a Deprivation of Liberty record. Entry is by a push button and entry key pad, and regular visitors - relatives and friends of a patient on the Ward were given the code to gain entry. Information about each patient was observed above each bed-end, clearly indicating any specific conditions, for example; risk of falls, hearing aids, visual impairment, allergies and dementia. Posters on how a person with dementia might display pain, were evident.

Signage was good for those patients who were mobile and could make their own way around the Ward. For example, it was clear where to find the toilets and the toilet seats were in a contrasting colour. The Ward was free from obstructions and was clean and smelled fresh. A large analog clock and a calendar Ward helped to remind patients of the time, date and day, but this was not evident in every ward bay or patient-room, and where patients were unable to see through windows, might contribute to those patients being unable to judge time of day (day or night). Though it was day-time, we observed the lighting in some areas appeared relatively low and were concerned this may be an issue of risk for some dementia and frail patients.

### Staff interactions with the patients

Nurses and care assistants were observed washing their hands after each task. Staff spoke with kindness and compassion to the patients and relatives, and always at an appropriate volume to keep the noise in the Ward to a minimum.



Staff were observed supporting patients in going to the toilet; this was done in a calm and measured manner with patient reassurance along the way. We observed that staff not rushing a patient to get them into bed but giving the patient time and supporting them to do it. A Health Care Assistant spoke to the patient in a kind, compassionate way and explained they would help the patient to get back to their bed.

Another patient kept scrunching up their bed sheets which exposed their bare feet and a Nurse reacted to pull the bed sheets back in place.

A Nurse was seen to be asking a patient what food they could get them as the patient had difficulty swallowing and was awaiting a visit from the Speech Therapist.



## Additional Finding

Two families with patients on the Ward had made complaints to the Patient Advice and Liaison Service. One family told us they thought that co-ordination between the NHS and Social Services about the patient's care and discharge was bad; they had been trying to get a meeting arranged for some considerable time.

## Summary of Findings

- Staff give kind and compassionate care that respects patient dignity, and staff are appreciated by patients and their family/carers as hardworking and supportive.
- Patients with dementia gained comfort using 'Doll/Teddy' therapy.
- Signage was clear and dementia-friendly, utilising both words and pictures.
- Some environmental facilities and some of the Trust's dementia/patient supporting practices are not all implemented or being used consistently - "This Is Me" document, Carers Passport, John's Campaign, easy access to time/day/date for all patients.
- Sometimes communications between staff and patients/relatives/carers is perceived to be lacking, particularly about discharge matters.

## Recommendations

- Encourage family/Carer/friend (with patient) to complete the Alzheimer's "This Is Me" document - if this is not already provided or is not available. Ensure these are visible on the patient bedside cabinet.
- Investigate ways to communicate about and encourage further support and implementation of "Johns Campaign".
- Ensure staff provide the Trusts 'Carer passport' to patient's family/carers, and letters for concessionary parking are given out.
- Continue to implement improvements to the ward environment to support frail patients and those with dementia - provide appropriate clocks and day/date information in all patient bays/rooms.
- Improve staff-patient/family/carers communications to address relative/patient and discharge concerns and issues.
- Explore recruitment of Ward-Volunteers to help staff support patients living with dementia while in the ward.



## Service Provider Response

Healthwatch Telford & Wrekin received the following response to this Enter & View visit and report from the manager of Ward 10.

I would like to take this opportunity to thank you for your visit and report. As a team we are always striving for excellence in delivering care to our patients and your comments and recommendations are greatly received.

From the context of the visit there were areas of practice which were good and some areas where improvements are required. We are currently making various improvements and are committed to making positive changes to improve patient outcomes and experience. We are always continually striving to improve the quality of our services through quality and safety audits.

During your visit to ward 10 at the Princess Royal Hospital on 4<sup>th</sup> December 2018 it was identified that further support was required in implementing “Johns campaign” The ward offers open visiting with a view that during protected meal times relatives/carers would leave the ward for a short time unless assisting with dietary needs. The ward manager and her team are very proactive in ensuring that all patients feel supported and well cared for during their stay with us and a friendly open-door policy is in place.

The ward works closely with the Dementia Clinical Specialist and Support Workers, Patient Passports -This is Me booklets are given to patients. When needed support workers and the Ward team will support families and carers to complete the passports. Following the Healthwatch visit Patient Passport display stands have been introduced for use on the bedside locker, to increase awareness and visibility.

A carer’s pack is provided for the family of each patient with dementia, within the pack there is information on the car park concessionary rates and a form for the family member, staff on the Ward can help the family to complete the form if required. A carer’s passport is also included in the pack which prompts the discussion of flexibility for visiting and helps to actively support both the patient and carer.

A carer’s survey is presently underway to identify what information carers would find helpful to enable any gaps in the present information which is provided to be addressed.

The Trust has recently purchased new dementia friendly clocks for all patient and public areas across the organisation.



We have explored recruitment options of ward volunteers to help staff support patients living with dementia while in the ward. We will continue to make improvements to the ward environment and patient experience to support our frail and complex patients.

The Ward Manager and Ward Sisters are more than happy to speak to patients and their family or carer regarding care and discharge planning at any time. In the absence of the Ward Manager or Sister there will always be a nurse in charge that can help with any concerns. Relatives can make an appointment to meet with the Ward Manager or Doctor who will be more than happy to reassure and resolve any concerns which are raised.

The Ward Manager is approachable and keen to know of any problems or concerns at the earliest possible opportunity so that action can be taken to resolve any concerns in a timely manner. The Ward has a multidisciplinary team who discuss discharge planning early to ensure patients reach their full potential. We are continually seeking to improve our service and have recently implemented a card for relatives, carers and friends to take which informs of visiting hours and the contact details of the Ward Manager and who to contact out of hours, this will hopefully improve staff, patients, family and carers communication.

The Ward Manager, Ward Sisters and Matron for the Ward will ensure these changes are sustained through regular quality reviews and audits. The Findings of this report have been shared at Ward level and we will continue to drive improvements to ensure positive patient outcomes and excellent high quality care.



## Acknowledgements

Healthwatch Telford & Wrekin would like to thank the patients and staff of Ward 10 for their contribution to the visit and our Enter & View programme.

### Get in Touch

Please contact Healthwatch Telford & Wrekin to share your views and experiences of this service or any other health and social care service in Telford & Wrekin or received elsewhere by people living in Telford & Wrekin.

We gather comments anonymously and share them with the public, service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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