

Inpatient Personal Care **in** Brent



October 2019

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EXECUTIVE SUMMARY

Non-clinical care has a profound impact on patient experience. A number of guidelines have been developed to ensure that patients receive good quality care. This extends to non-clinical aspects, like personal care.

Personal care for hospitalised patients, as outlined by the NICE Guidelines is supporting patients with basic needs relating to continence, personal hygiene and comfort¹.

Healthwatch Brent received feedback from inpatients across London North West University Healthcare Trust as part of the routine patient experience surveys we conduct. Over the last 12 months, there has been some concerns about personal care such as delayed access to toilet facilities and long waits when calling for assistance.

To gather further feedback focusing on personal care, Healthwatch Brent conducted a review of hospitalised patient experiences across the Trust in 2019. Throughout July and August, a team of Healthwatch Brent staff visited eight wards across three hospital sites (Northwick Park, Central Middlesex and Willesden Community Rehabilitation Hospital). A triangulation of methods was used to capture experiences; surveys were conducted with inpatients on the wards, discussions with staff were held to identify routine practice, and the team observed patient experience on the ward.

Key Findings

Healthwatch Brent collected 66 patient survey responses. The findings indicate that patient satisfaction was high for personal care across the wards:

- 91% of patients were happy with the quality of care they received. Staff were highly commended by patients.
- 93% of the 41 patients who required support with their personal hygiene care rated the support from staff 'very good' to 'excellent'.
- All of the patients who required support to use the toilet facilities rated the support from staff 'very good' to 'excellent'.
- Patients reported some concerns about the physical environment on the ward in relation to cleanliness and temperature.

To maintain good practice and address areas of improvement, we recommend the following:

1. **Pass on positive feedback to staff.** Staff were highly praised by patients in all aspects of the survey.

¹ NICE Guidelines (2012) Patient experience in adult NHS services: improving the experience of care for people using adult NHS services. Patient experience in generic terms. Clinical Guidance, National Clinical Guideline Centre.

2. **Ensure that patients are kept informed about decisions made about their personal care.**
Staff to explain to patients why they would not be receiving a wash that day or why their preferences for personal care cannot be accommodated.
Follow good practice of some of the wards by informing patients when there may be a wait for them to receive support to use the toilet and shower facilities.
3. **Address patient concerns about the physical environment on the wards.**
Consider reviewing the frequency of routine checks and cleaning of the toilet and shower facilities.
Review the temperature of Drake ward to ensure patient comfort and improved experience.
4. **Healthwatch Brent to incorporate diversity monitoring** into future research to ensure that responses are reflective of the community.

ACKNOWLEDGEMENTS

Healthwatch Brent would like to acknowledge those who were involved in this project.

We thank the patients who provided their valuable feedback, the staff members who welcomed the team to the wards and the Patient Experience Manager at London North West University Healthcare NHS Trust.

INTRODUCTION

Healthwatch Brent is part of a national network led by Healthwatch England, which was established through the Health and Social Care Act in 2012, to give service users of health and social care services a powerful voice both locally and nationally. We are the independent voice for people's views on Brent services, both good and bad. We listen to local people and feedback patient experience and liaise with local commissioners and decision makers, in order to improve services.

Healthwatch Brent aimed to review patients' experience of personal care in London North West University Healthcare Trust's inpatient wards. We had received patient and carer feedback about the quality of personal care within the Trust. A review into patient experience was conducted between July and August 2019 to gather a comprehensive view of personal care. Inpatients at Northwick Park Hospital, Central Middlesex Hospital and Willesden Community Rehabilitation Hospital were visited by a team of Healthwatch Brent staff to complete a patient experience survey.

BACKGROUND

National Context

The NHS Constitution promotes 'high quality care for all'². A number of guidelines have been developed to ensure all patients experience good quality care when hospitalised.

The NICE *Guidance for Patient and Service User Care* proposes meeting patients' basic needs is a vital part of good quality care. This reaches beyond clinical care as interaction with non-clinical staff can have a profound effect on patient experience of care³.

NICE Guidance (2012) '*Patient experience in adult NHS services: improving the experience of care for people using adult NHS services*'⁴ outlines a series of 14 recommended practices to ensure good quality care for NHS patients, including '*Essential Requirements of Care*'. This guidance statement includes, but is not limited to, 'personal care'. For example, help with basic needs relating to continence, personal hygiene and comfort. The statement outlines that patients should be asked regularly about what support they need relating to these aspects. If support is required, patients should receive this support when they need it and with their privacy respected. Moreover, patients should receive the support in a way

² Department of Health (2010) The NHS Constitution for England.

³ NICE (2019) Guidance for Patient and Service User Care.

⁴ NICE Guidelines (2012) Patient experience in adult NHS services: improving the experience of care for people using adult NHS services. Patient experience in generic terms. Clinical Guidance, National Clinical Guideline Centre.

that allows them to maintain independence, where possible, and receive support to carry out everyday tasks particularly when in hospital.

Local Context

Healthwatch Brent regularly visits hospital wards across London North West Healthcare Trust to report on patient experience. In the last year, feedback from patients has been generally positive regarding personal care. Patients have reported that staff ensure their privacy is respected, patients are supported to get out of bed, to go to the toilet and with their personal hygiene. However, some patients reported that they waited long periods for staff to respond to the calls when needing assistance to use the toilet, sometimes over an hour, and waiting long periods for bedding to be changed. These cases have been documented in the Healthwatch Brent reports and the wards have acknowledged and responded to the recommendations and amended practice.

‘one patient had reported that they had called for assistance as they needed to go to the toilet. The staff member had turned off the call and told the patient they would be back; the patient called a further two times in the following hour to which the staff member repeatedly turned the call off without offering assistance. The patient asked why their calls were not responded to, to which the member of staff told the patient that they were dreaming. The patient waited until the morning to receive help to go to the toilet’

(Patient account, July 2018)

The service response from the above extract is available in Appendix II.

Healthwatch Brent aimed to explore the experience of inpatient personal care across London North West Healthcare Trust to add value to the findings of our routine visits and the CQC Adult Inpatient Survey.

METHODOLOGY

To review patient experience of personal care, an ‘Enter and View’ style approach was taken. Eight wards, selected by the Trust, were visited by a team of Healthwatch Brent staff during July and August 2019.

Patient Feedback

Healthwatch Brent designed an 11-question survey to ask inpatients about their experience of ‘personal care’ during their stay. This included asking patients about their experience and support needs with basic needs relating to continence, personal hygiene and comfort.

The survey design was informed by the NICE guidance for good quality care⁵, the CQC Adult Inpatient Survey⁶ and principles of good practice in personal care in existing literature⁷.

During the visits, Healthwatch Brent staff approached patients to complete the survey. The team used their discretion to when to approach patients and, therefore, not all patients who were on the ward at the time of visits gave feedback. Some patients did not want to participate, some were not in the medical condition to complete the survey, were sleeping or receiving treatment during the time of the visit.

We are conscious that Brent is one of the most diverse boroughs in the UK. Our surveys strive to include as many people from multiple communities to gather a good understanding of the borough. The circumstances of the ward visits, as outlined above, resulted in an opportunist sample of patients and therefore, the report is not aiming to be reflective of all patient's experience, but rather offer a snapshot of the patients experience at the time of the survey.

Staff Practice

Brief discussions were held with staff on duty about patient personal care practice on the ward. The staff members provided the backdrop to the practice of personal hygiene and continence.

General Observations

During the visits, the team observed general care of patients, such as time of response to calls for assistance and comfort of patients. Such observations were intended to capture patient comfort and general care, the team did not observe private personal care of patients.

The survey data was collated and analysed by Healthwatch Brent.

⁵ NICE (2012) Patient experience in adult NHS services: improving the experience of care for people using adult NHS services. Patient experience in generic terms. Clinical Guidance, National Clinical Guideline Centre.

⁶ CQC (2019) Adults Inpatient Survey 2018.

⁷ Lawton S, Shepherd E. (2019) The underlying principles and procedure for bed bathing patients. Nursing Times [online]; 115: 5, 45-47.

FINDINGS

The feedback received was largely positive. Most patients, across the 8 wards, reported to be satisfied with the quality of their personal care. Some areas of good practice will be highlighted in the following sections, however, there are some areas of improvement to be raised.

Ward	Site	Patient Responses
Abbey Suite	Central Middlesex Hospital	6
Darwin	Northwick Park Hospital	9
Dickens	Northwick Park Hospital	11
Drake	Northwick Park Hospital	9
Gaskell	Northwick Park Hospital	8
Gladstone suite 1	Central Middlesex Hospital	8
Gray	Northwick Park Hospital	7
Robertson	Willesden Community Rehabilitation Hospital	8

Table 1. Number of patients engaged with per ward.

Length of Stay	No. of Respondents	Percentage
> 1 week	38	58%
1-2 weeks	13	20%
2-3 weeks	3	5%
3-4 weeks	4	6%
< 1 month	8	12%

Quality of Care

Good quality non-clinical care can have a profound impact on patient wellbeing. Patients reported positive feedback about their general care on the ward. Charts 1 to 4 present the findings of patients' experience with non-clinical care, including being treated with respect and dignity and feeling comfortable. The figures are based on the number of patients who completed each question.

Satisfaction

91% of patients were happy with the general, non-clinical care they were receiving on the ward, rating it either 'very good' or 'excellent' (60 patients).

The staff received positive feedback, with many patients praising their work:

with Care

were happy

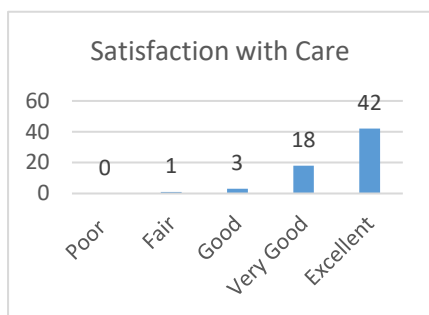


Chart 1. Quality of care by number of patients

“[the staff] have been wonderful”
(Patient, Darwin Ward)

“staff are good, an assistant braided my hair for me because I have a bad shoulder”
(Patient, Dickens Ward)

“feel like I’ve been in a five-star hotel”
(Patient, Abbey Suite)

A small number of patients reported some concerns they had with some of the staff, rating their care ‘good’ to ‘fair’:

“I can’t walk to the bathroom to wash my hands. I feel my hands are dirty and worry about eating. They don’t always come around to wipe hands before food”
(Patient, Gladstone Suite 1)

“they don’t always tell me what they’re doing”
(Patient, Dickens Ward)

Dignity and Respect

91% of patients felt that they were treated with dignity and respect, rating it either ‘very good’ or ‘excellent’ (60 patients). The Adult Inpatient Survey found that London North West University Healthcare Trust was rated 8.5 out of 10 for treating patients with dignity and respect, indicating that it did not perform as well compared to most other trusts nationally⁸.

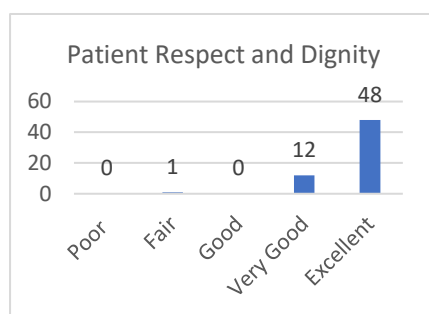


Chart 2. Treated with dignity by number of patients

“yes, they respect my privacy”
(Patient, Dickens Ward)

“staff members always smile. Been explained things more than once as English is my second language, they make sure I understand”
(Patient, Drake Ward)

“they keep me well and look after me well”
(Patient, Abbey Suite)

While most patients felt they were treated with dignity and respect generally, some patients felt there could be improvements made:

“no one has attended to me, I have been put in this chair and that’s it”
(Patient, Darwin Ward)

⁸ CQC (2019) Adults Inpatient Survey 2018.

Patient Comfort

88% of patients said they were as comfortable as they can be, rating the efforts made either 'very good' or 'excellent' (58 patients).

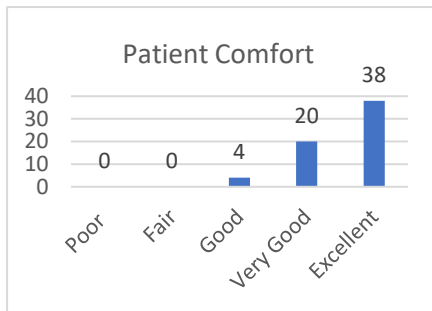


Chart 3. Quality of comfort by number of patients

“I have a sore mouth, so they have given me some Bonjela and salt water”

(Patient, Gladstone Suite 1)

“I have been comfortable, they ask if I am ok and move the bed up and down for me”

(Patient, Gaskell Ward)

Patients reported some concerns with the physical environment which was affecting their comfort, such as the wards being noisy and concerns about the bathroom:

“the light in the passage between the main hallway and my room is on a long timer; it doesn't turn off quickly”

(Patient, Drake Ward)

“can be noisy on the ward”

(Patient, Darwin Ward)

“the toilets need to be cleaned in between patients. They only seem to come once a day. People seem to not flush afterwards and they drop things but we're not allowed to bend down to pick them up so they just stay there”

(Patient, Abbey Suite)

“the shower smells and has mold. There is always hair and no one cleans it up”

(Patient, Gaskell Ward)

“I don't think the toilet is very hygienic”

(Patient, Gaskell Ward)

Feedback from patients on Drake Ward repeatedly involved concerns about the temperature of ward. 6 of the 9 patients engaged with on the ward said they were cold. One patient was wearing their coat over their nightwear.

“it's too cold”

(Patient, Drake Ward)

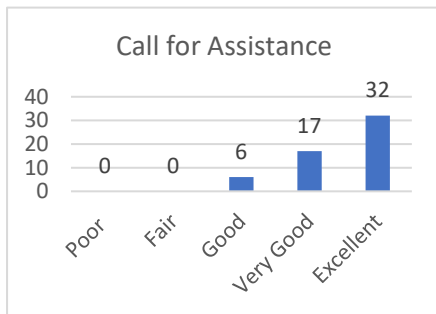
“it's cold so I have to keep [the heater] on”

(Patient, Drake Ward)

Calling for Assistance

74% of patients were satisfied with the time taken for staff to respond to calls for assistance, rating it either 'very good' or 'excellent' (49 patients). Most patients

reported that when they needed assistance, a member of staff would respond swiftly:



“I used [the call button] in the bathroom. They were quick to respond. Staff are always asking if I am ok and there is always someone near”
(Patient, Dickens Ward)

“sometimes I wet the bed and they come immediately, always respond very quickly”
(Patient, Robertson Ward)

Chart 4. Quality of assistance by number of patients

A small number of patients, however, reported that they had to wait longer period or had difficulties when calling for assistance:

“I have to wait half an hour”
(Patient, Dickens Ward)

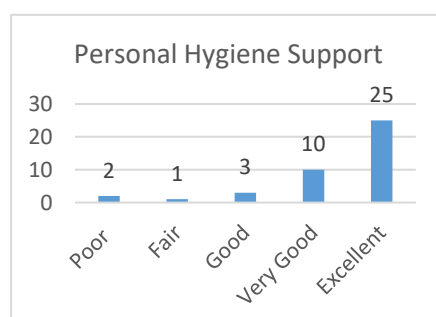
“takes time when needing the toilet”
(Patient, Robertson Ward)

“the cord in the bathroom is broken, I need to ring a bell”
(Patient, Robertson Ward)

Personal Hygiene

Good personal hygiene has an important role in maintaining self-esteem and quality of life⁹. For the patients who received support with washing themselves, the feedback received was, overall, positive. Not all patients required support for their personal hygiene and therefore, their responses are not included in Chart 5.

62% of patients received support from staff with their personal hygiene care (41 patients).



93% who received support were satisfied, rating it either ‘very good’ or ‘excellent’ (35 patients).

“every morning they take me to the shower room. I can do the front but not my back so the staff help me”
(Patient, Gaskell Ward)

Chart 5. Quality of hygiene support by number of patients

⁹ Lawton S, Shepherd E (2019) The underlying principles and procedure for bed bathing patients. Nursing Times [online]; 115: 5, 45-47.

“they use a towel in my bed in the mornings nearly every day”
(Patient, Dickens Ward)

“I need assistance to get to the shower and ring the bell when I’m ready [to finish]. It’s usually in the mornings so if I say no, they come back and wash by the sink, you’re always washed”
(Patient, Robertson Ward)

The patients’ responses revealed that there are some inconsistencies in the personal support with washing. Some patients reported that they did not receive a bed wash or support to wash using the showers every day. These findings are not able to reveal the staff reasoning behind these decisions, however, it is important to keep patients involved in the decisions about their care.

“not every day, I got a wash with a towel. Got one this morning but not for days before”
(Patient, Dickens Ward)

Where possible, patients’ preferences should be acted on consistently. Some patients noted that their preferences were honored, however, this was not consistent across the wards.

“my wife washes me, staff do ask but I am shy and let my wife wash me”
(Patient, Drake Ward)

“I just get a wipe, not a wash every day. They need to use more water. I’m itchy after a while and if my bottom is clean they just don’t wash it, only if it’s dirty. They do help me put cream on my skin”
(Patient, Gladstone Suite 1)

“mainly get a bed wash, have been given a shower but not all the time. I prefer the shower”
(Patient, Gladstone Suite 1)

30% of patients across all wards did not require support with their personal hygiene (20 patients).

8% of patients did not respond to this question (5 patients).

Using the Toilet

During discussions with staff members, they emphasised the importance of patients maintaining their independence while hospitalised. The support patients received ranged from assistance walking to the restroom to requiring support from their bedside.

55% received support to use the toilet facilities (36 patients). All patients who received assistance were satisfied, rating the support either ‘very good’ or ‘excellent’.

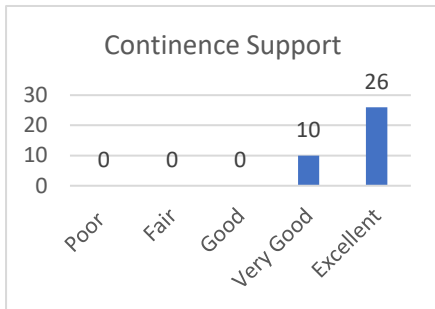


Chart 6. Quality of continence support by number of patients

“they walk me to the door and wait outside the toilet and ask me if I am ok”

(Patient, Dickens Ward)

“staff walk me to the toilet and help me sit down. I press the bell when finished and they come straight away even at 3am”

(Patient, Gaskell Ward)

“I use the bedpan, I go myself and when I’m finished, I call the staff and they take it”

(Patient, Drake Ward)

36% of patients did not require support (24 patients). Patients reported that staff had offered their support and were available when required.

“I can go by myself. They offered but I don’t need help”

(Patient, Darwin Ward)

“sometimes I go by myself and sometimes I need some help. Staff always help when I need it”

(Patient, Drake Ward)

9% of patients preferred to not respond to this question (6 patients).

CONCLUSIONS

Patient feedback about their experience with personal care was generally positive. The Healthwatch Brent team captured the experiences of 66 patients across 3 hospital sites on 8 wards. Patients were asked to complete a survey, the team observed general care on the ward and discussions with members of staff were held to identify routine practice on each ward.

Staff were highly praised, with patients reporting that they would go out of their way to support them. Over 90% of those who received support from staff with their personal care were satisfied with the support. There was, however, a patient culture of not wanting to ask for support from staff. Patients said they didn't want to 'bother' the staff as they were already busy.

Staff encouraged patients to maintain independence with their personal care and, where required, supported them to wash themselves and use the toilet facilities. The patients who required assistance were content with the support they received, however, support seemed inconsistent. Some patients reported that they were not washed every day or that they would receive a towel wash instead of their preference for a shower. The survey did not identify the reasoning behind the staffs' decisions for this but there is a case to be made that patients should be kept informed about decisions made about their personal care.

Support with using the toilet was deemed 'invaluable' and highly rated by patients. There were issues with some patients reporting having to wait for support to use the toilet. This is inevitable on wards where the environment is demanding. To ensure good practice across the wards, patients appreciated it when staff informed them when there would be a wait to receive support.

Although the survey predominantly focused on patient experiences of personal care, it revealed concerns with the physical environment on some of the wards. Some patients described their concerns about the cleanliness of the toilet and shower facilities. Another area of improvement suggested by the patients was the temperature of Drake ward. Over 60% of the patients engaged with on this ward reported some concern that it was too cold.

RECOMMENDATIONS

Healthwatch Brent are pleased that patient satisfaction was high for personal care across the wards. To maintain good practice and address areas of improvement, we recommend the following:

- 1. Pass on positive feedback to staff.** Staff were highly praised by patients in all aspects of the survey.
- 2. Ensure that patients are kept informed about decisions made about their personal care.**
Staff to explain to patients why they would not be receiving a wash that day or why their preferences for personal care cannot be accommodated.
Follow good practice of some of the wards by informing patients when there may be a wait for the them to receive support to use the toilet and shower facilities.
- 3. Address patient concerns about the physical environment on the wards.**
Consider reviewing the frequency of routine checks and cleaning of the toilet and shower facilities.
Review the temperature of Drake ward to ensure patient comfort and improved experience.
- 4. Healthwatch Brent to incorporate diversity monitoring** into future research to ensure that responses are reflective of the community.

We presented this this report to LNWH Trust for their formal response.

However, due to their priorities in relation to the Covid-19 pandemic they were unable to provide a response at this time.

REFERENCES

Care Quality Commission (2019) Adults Inpatient Survey 2018.

<https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey-2018>

Department of Health (2010) The NHS Constitution for England.

https://webarchive.nationalarchives.gov.uk/20130104233425/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613

Lawton S, Shepherd E (2019) The underlying principles and procedure for bed bathing patients. Nursing Times [online]; 115: 5, 45-47.

<https://www.nursingtimes.net/roles/hospital-nurses/the-underlying-principles-and-procedure-for-bed-bathing-patients-25-04-2019/>

National Institute for Health and Care Excellence (2012) Patient experience in adult NHS services: improving the experience of care for people using adult NHS services. Patient experience in generic terms. Clinical Guidance, National Clinical Guideline Centre. <https://www.nice.org.uk/guidance/cg138>

National Institute for Health and Care Excellence (2019) Patient and service user care. <https://www.nice.org.uk/guidance/health-and-social-care-delivery/patient-and-service-user-care>

APPENDICES

Appendix I. Patient Survey

Are services responsive to people's needs?

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

No.	Assessment	Score	Areas of good practice	Areas of improvement
Questions to ask patients				
	Approximately how long have you been in hospital? <i>If not known, a few days or weeks?</i>			
1	Are you happy with the care you've received on this ward?			
2	Do you feel you have been treated with dignity and respect?			
3	Do staff make sure you are as comfortable as can be?			
4	Do staff help you to wash or keep yourself clean?			
5	Have you received help from staff to go to the toilet?			
6	How long do you have to wait when you call for assistance? <i>(when you need a wash or the toilet)</i>			

Appendix II. Service Response

'Thank you for this helpful feedback.

We were sorry to learn of the reports that the care provided by the night staff was poor. Whilst some staff do prefer to work night shifts, and may work more night shifts than day shifts, we do not have nurses on a permanent pattern of night duty, and expect staff to rotate to day shifts regularly to assist with communication, supervision and development. It is our expectation that patients receive a high standard of care at all times, and that our staff provide this in a polite, responsive, caring and professional manner. These expectations are reinforced to staff throughout the Trust and any reports that staff have not behaved in a polite or acceptable manner are taken seriously and addressed with the staff member concerned. As a result of this feedback, in which individual staff members have not been identified, the team on Gaskell ward have been reminded of the Trust values and our expectations in relation to behaviour and attitude.'