

**Enter and View Group Visit:**

**Ward 41 Stroke Unit. University Hospital of North Tees (UHNT)  
06/06/2018**

**Healthwatch members:**

Margaret Wrenn, Judith Gray, Evelyn Leck & Lynn Allison.

We were met at UHNT main reception by Angela McCormack senior unit member of staff. She escorted the team to Ward 41 where we were greeted by Sister Michelle Williams who is Deputy Matron of the Stroke Unit.

The Unit was staffed for 26 patients but has the capacity for up to 31 patients. All admissions to the unit do not come via Accident and Emergency. This is a unique system for the Stroke Unit saving valuable time for the patient. They are direct admissions from ambulance (by-passing A and E) to the ward. Within the first 60 minutes of admission all patients undergo a CT scan. The unit has a Thrombolysis suite attached, giving patients quick access to the treatment (if deemed necessary) within the first 4hrs 30mins of admission.

There are 3 teams on each shift consisting of 1 registered nurse and 1 healthcare assistant. Each team can care for up to 11 patients per shift. Other members of the multi-disciplinary team (MDT) involved in patient care are Speech and Language Therapy (SALT), Occupational Therapy (OT), Physiotherapists, Pharmacists, Ward Doctors, Consultants and members of the Discharge Liaison Team.

There is a drop-in clinic on Wednesdays between 17.00-19.00 for patients and their loved ones to talk over potential problems to be resolved before discharge.

Bay 6 is used for the ward based OT's, SALT and physiotherapists to carry out assessments such as feeding assessments, washing and dressing assessments and equipment assessments.

The unit practices 'Protected Meal Times' to allow patients dignity and respect whilst eating. Red trays are used as a visual aid for staff so they immediately know who requires assistance with their feeding needs. Family members are encouraged to assist in feeding procedures. They are taught how to use thickening agents correctly and effectively as some patients suffer long term swallowing problems after a stroke.

There is a patient information board in every bay containing up to date and relevant information for patients and their families.

The unit uses SSNAP - Sentinel Stroke National Audit Programme. This is a single source of stroke data in audit measures used in England, Wales and Northern Ireland. This is used to quantify stroke data to improve the standard of care for stroke patients.

Ward Matrons Intentional Rounding is not practised within the trust. Therefore, all information is to be found on the patients individual care plans. The afore mentioned weekly drop in clinic is used as an alternative and seems to work well.

We interviewed 13 patients consisting of both men and women. We also interviewed 6 members of staff of various designations.

## **Feeding and Hydration**

### **Quality of food**

Out of all of the patients we spoke to nearly all said the food was “Good”. The correct food they had ordered arrived and was always hot (where applicable).

All dietary needs were catered for as necessary.

Assistance was always given when required from ward staff. They have a Red Tray System in use. If a patient’s meals are served on a red tray it denotes that they require assistance with their feeding needs.

Several patients indicated that their relatives or the nursing staff fed them.

The unit practices what they refer to as ‘Protected Meal Times’. All therapies and non-essential nursing practices e.g. blood pressure monitoring are suspended over meal times to allow patients dignity and respect whilst eating and drinking.

1 patient was nil-by-mouth and was fed via a naso-gastric tube.

### **Hydration**

It was noted by the visiting team that patient water jugs were located within easy reaching distance. 2 patients did not have water jugs. They said they were thirsty and their mouths appeared dry. We were informed that these patients required their fluids to be altered with thickening agents: due to the nature of their stroke they suffered swallowing problems i.e. dysphagia.

### **Dignity and Respect**

The visiting team were informed by patients that the staff were mostly friendly and polite and that they were happy. They were all called by their preferred name at all times. It was noted that the nurse call buttons were placed in a good position for patient use. We observed that nursing staff appeared sensitive when providing personal care and tending to toileting needs. All patients agreed with this and were happy with their overall care and treatment. The only negative comment was a resounding NO to being able to discuss things privately with staff.

It was observed that cleanliness and hygiene on the unit was impressive. Toilet and bathroom facilities appeared exceptionally clean. Bedding was changed daily or as necessary.

All patients stated that staff had excellent hand hygiene practices.

It was observed and reported to staff that a patient had long dirty fingernails. When reported to Michelle at the end of our visit she informed us that it is trust policy and procedure that staff are unable to cut/trim nails but they could certainly clean under his nails. It was promised that it would be dealt with immediately.

### **Rights and Fulfilments**

Most patients were unaware of how to make an official complaint or compliment. However, none have needed to. It was noted that on each bay notice board there was a leaflet for PALs (Patient Advice Liaison Service).

Some patients were aware of the contents of their care plan and on-going care needs. None were aware of their discharge date or process. When asked why it was commented by some that "My wife knows about it and that's fine by me."

### **Safety and Security**

All patients interviewed said that a member of staff was available to assist with their needs. It was commented that "Sometimes you do have to wait as it is a busy ward, but i don't have a problem with waiting".

All patients commented that their possessions and money were safe. One commented that his wife leaves him enough money to purchase a morning paper.

All patients stated that they had never had a trip, slip or fall whilst on the unit.

However, one of the visiting team did stumble over the legs of a hoist which was noted as a hazard and reported during the course of the visit.

It was noted and reported that an in-use urine collection bag was laid on the floor. This problem was immediately rectified in that a member of staff got a stand and placed said bag on stand.

### **General Comments and Observations**

We spoke to 6 members of staff of various designations regarding training opportunities, philosophy of care, staff morale and adequate staffing levels and resources.

All comments were extremely positive regarding training opportunities. Some commented that it would be useful to have a greater number of health care assistants working per shift to free up trained nurses to carry out skilled tasks more effectively.

Staff morale on the day was superb. Everyone had a smile on their face as they were carrying out their work. This reflected the positivity of Michelle and her leadership of the unit. Yet it was said that sometimes staff morale was low at certain times "It depends on what day it is".

## **Recommendations**

It was noted in the visit that we could not identify staff members and their designations as name badges are not worn anymore. This is due to trust policies and procedures regarding infection control and health and safety. It is no longer trust policy to embroider names and designations onto uniforms due to budget cutbacks. A remedy to this should be found quickly as it made it confusing as we did not know who we were speaking with.

We would like to thank Michelle and her staff for making us feel welcome. It was a very informative visit. The cup of tea and biscuits were gratefully accepted and enjoyed.

### Questionnaire for Relatives/Carers of Patients on Ward 41

#### **A. Food, Nutrition and Hydration**

1. Is the food varied, plentiful and well presented?
  - 1 No, very little change in the menu from week to week.
  - 8 Yes
  - 1 Well presented but bland food
  - 1 It is plentiful and well presented but can repetitive.
  - 1 Average food.
  - 1 As x has been on a fork mashable diet, the food variations are limited.
  - 1 no response
  
2. Has your relative different options to choose from a meal times?
  - 1 Yes, but not really to his liking. Finding I'm having to provide a lot of food myself.
  - 12 Yes
  - 1 Limited choice
  
3. Is assistance available if required?
  - 12 Yes
  - 1 Yes, when staff are not busy.
  - 1 Sometimes
  
4. Are water jugs close by and are they regularly topped up?
  - 14 Yes
  
5. Are any health issues (e.g. diabetes) or cultural, religious requirements catered for with regards to food options?
  - 6 None
  - 8 Yes

#### **B. Dignity/ Respect**

1. Are staff friendly and polite?
  - 8 Yes
  - 1 Yes, all lovely
  - 1 Very pleasant
  - 2 Very friendly and polite

Yes, very friendly we appreciate all the care that they have provided.
  
2. When you visit, have you noticed staff talking to your relative?
  - 10 Yes
  - 1 No

Yes, on many occasions.

Yes, on some days.

1 No response

3. Do they treat them with respect?

12 Yes

1 Very respectful

1 No response

4. Is the call button close by and do you get a quick response?

1 Sometimes, response times vary a lot. Occasionally can take a lot longer than I would deem acceptable.

8 Yes

2 Close by and get a quick response most of the time.

1 Both close by, but not always a quick response.

1 Yes, but it depends on the demand levels from other patients, I'm sure that staff do their best to respond promptly.

1 No response

5. If needed, is appropriate and sensitive assistance provided with washing and toileting?

1 This also varies by member of staff. People need to be mindful of patients' limitations after stroke.

12 Yes

1 No response

6. Are you able to discuss their condition and treatment privately with staff?

1 No, drop in sessions offered once a week but are often fully booked and speaking behind a curtain in a ward is not my idea of private.

1 We have had one consultation booked in, also told specialist would come and talk to us but didn't turn up.

10 Yes

2 No response

### **C. Cleanliness & Hygiene**

1. Do you think the ward is clean?

1 No, I have seen stains up walls and on beds left for several days.

11 Yes

1 Very clean

1 No response

2. Are toilet/bathroom facilities clean?

2 Couldn't say.

10 Yes

1 Very clean

1 No response

## **D. Rights**

1. If you are not happy or have issues or concerns about your relatives care or treatment, do you know to whom, how and where to pass your complaint?  
1 No, as have never been provided with any information regarding this.  
10 Yes  
1 Yes and no complaints  
1 No  
1 No response
  
2. Are you regularly updated on the treatment of your relative and their progress?  
1 No, in general I think there is a huge problem on the ward with updating family.  
1 No, even when we request information.  
9 Yes  
1 Daily  
1 Yes but not given much information  
1 No response
  
3. Have discharge arrangements been discussed?  
1 Not adequately, I feel that staff need to speak more between themselves patients and families.  
3 Not Yet  
7 Yes  
1 Never been discussed  
1 Not yet but we feel we are moving in that direction  
1 No response

## **E. Safety & Security**

1. Are your relatives personal possessions kept safely?  
1 No, drawers provided do not have locks  
10 Yes  
1 Yes, however, shaver was lost during hospital stay. This may have been the fault of the patient.  
2 No response

## **Any other comments**

- The most important part of a stroke patients' day in terms of recovery is physio. My partner sits on a daily basis not knowing if he is to receive physio that day. I feel it would be more helpful for patients if they were advised on a daily basis if they will be seen that day instead of leaving them guessing.
- Staff are all lovely though very overworked.
- Fantastic care from all staff. Couldn't have asked for a more professional standard of care. Thank you very much.
- More communication with key relatives is needed.

- Very pleased with X's treatment and in all aspects of their stay on Ward 41.
- We very much appreciate the care our relative has received – Thank you all !!!
- Everyone has been very helpful.

**14 Questionnaires were returned.**

**That's it! Thank you! – Please would you return this, in the envelope provided, no later than 8<sup>th</sup> June. – Again our thanks and assurance that everything you tell us will be treated in strict confidentiality.**