

Enter & View Visit Report

Ward 22 Short Stay,
Royal Shrewsbury Hospital

Contents

About Healthwatch Shropshire	2
What is Enter & View.....	2
Details of the visit.....	3
What we did.....	3
What people told us.....	4
The patients	4
The staff	7
What we saw.....	9
Key findings	10
Recommendations	11
Provider Response	11

This report and its appendices are the intellectual property of Healthwatch Shropshire. If you wish to do any of the following please discuss it with Healthwatch Shropshire in order to get the necessary permission:

- Copy the report and appendices
- Issue copies of the report and appendices to the public
- Communicate the findings with the public
- Edit or adapt the report and appendices

About Healthwatch Shropshire

Healthwatch Shropshire is the independent health and social care champion for local people.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

What is Enter & View

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided.

These visits are called 'Enter and View', and can be 'announced', 'unannounced' or 'semi-announced'. For 'semi-announced' visits 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 Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.

Details of the visit

Four authorised representatives visited Ward 22 Short Stay, Royal Shrewsbury Hospital, on Tuesday 22 November 2022 at midday. The visit was semi-announced meaning that the Ward knew that we would visit within a two-week period.

The purpose of our visit was to speak to the Ward Manager and staff to see how the service was being delivered and to engage with patients and their visitors about their experiences of communication, nutrition and hydration whilst on Ward 22.

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 experience of all patients and staff, only an account of what was observed and contributed at the time.

What we did

Our authorised representatives took Lateral Flow Tests (LFT) for COVID in the morning prior to our visit. We wore masks throughout our visit. Upon arrival at Ward 22 we approached the nurses' station and introduced ourselves. We spoke to the Ward Clerk who gave us a brief tour of the Ward where we spoke to patients, visitors and staff. At the end of our visit we spoke to the Ward Manager.

We left self-sealing postcards and a postbox on the Ward to allow anybody who didn't want to speak to us or who we hadn't been able to speak to during the visit to leave feedback if they wished. We left the postbox on the Ward for one week following our visit. There were no comments received.

What people told us

The patients

We spoke to 10 patients and asked them for their views on the care and treatment on Ward 22, the staff and the food and drinks available on Ward 22.



"I asked for help cutting up my lamb and they said yes. Asked for more gravy and they brought it."



Food

We asked patients whether they were given a choice of meals, what they thought about the portion sizes, if they were given help when needed and do they enjoy the food.

We were told:

"Yes, plenty of choice, menu is very good. The food is always nice and hot."

"Ideal portion sizes – just enough."

"I'm a fussy person with food, I know what I like but the Shepherds Pie the other night; the smell, the look of it, it was like a home cooked meal. I said Jamie Oliver's doing the cooking tonight!"

"Very good breakfast, I like porridge. There's plenty of toast, marmalade, butter."

"I found some of the food a bit dry."

"They haven't got enough staff to support with eating, I asked for help and was told you've got one good hand."

Drinks

We asked if patients were offered regular drinks and if they were helped with drinks if needed.

"Yes, regular drinks, no sooner have I finished one and the trolley's here again."

"If drink is low, it's refilled, you don't have to ask."

"I can ask for a drink, they don't seem to mind. I can have coffee, tea, Horlicks; there's a good selection of drinks."

"I've had to wait for my water to be filled up today. Had to ask and still waiting."

Four patients talked about there being long gaps between hot drinks during the day, mentioning no mid-morning or mid-afternoon drinks. One said, "it can be a long time when you're cold waiting for a hot drink."

Communication

We asked patients if they felt listened to and understood by staff and if they felt staff communicated with them well; providing enough information on their care and treatment.

We were told:

One patient commented on the different moods of the night nurse over two nights telling us that one night she had been very abrupt and rude – she was stressed as looking after Dementia patient and was on her own. The second night she was a "different person" as not so stressed.

Another patient felt communication was good but they had "got to be patient as they are seeing a lot of people"

"Staff are brilliant, they listen to me. These guys listen even though they are busy, they go and help"

One patient told us they felt listened to but that the response to a question can take a long time and sometimes you had to ask again.

"Communication with Doctors is inconsistent and changes day to day. Procedures and scans are not readily explained. Communication with HCAs is very good."

"Staff are extremely patient. Everybody seems to work well together. I can't fault them."

"You wait too long to see the consultant. They said they were coming round last night. They need to be more communicative when you've had tests. There is not enough information about treatment."



Communication with visitors

We spoke to three visitors on the Ward and asked them what communication has been like for them if trying to phone the ward or get information on their loved one's condition.

We were told:

"When I've called I've got through quickly. I get enough information, haven't had any trouble."

"Communication over the phone is good on the Ward."

One visitor told us that when they rang to find their relative and they gave surname, the staff didn't ask to check if they were a relative – they said "I could have been anyone as I wasn't asked".

Ward staff

We asked patients if they felt staff had the time to get to know them or to talk about anything other than their care and treatment. We were told:

"Staff introduce themselves, nothing is too much. Can't fault them"

"Excellent nurses here, A&E is terrible"

"If the staff are from this Ward, then they are able to chat but if they're from another they won't know."

"The staff are very obliging. They come over for a little natter and ask how you are."

"They are the best, couldn't score less than 10/10."

Yes, staff listen but "you feel so guilty as they are so busy"

General

We asked about whether there was anything that would make patients' time on the Ward more comfortable. We were told:

"A TV would make the ward more comfortable."



"The heating – it has been cold for a good few days. Spoke to staff but it could not be resolved as it's an automatic system."

"There is a shortage of pillows and blankets."

"I am satisfied with everything, it is all good."

"I needed assistance to go to the shop but they said I couldn't have this, so I need a few things. I have no visitors, and this was an unexpected hospital admission."

The staff

We spoke to four staff members on our visit; two Health Care Assistants (HCA), one nurse and the Ward Manager.

We asked the HCAs if they felt informed about patients needs, if there were enough HCAs on the Ward, what training they had and if they felt empowered in their role. We were told:

"[At the] start of the day we are informed of needs but when it is very busy it can be a rushed handover."

There are "never enough HCA's – I am having to watch this lady" meaning provide 1:1 care for a patient with Dementia.

"Yes we do have enough HCAs – we are fully staffed and are expected to give over our staff to other wards to help. We can't give over bank and agency staff so non-agency have to go".

The two HCAs we spoke to told us about some issues with availability of housekeeping staff:

"No housekeeper to do hot meals today. There are Housekeeping issues. Other wards have 3, 4 or 5 housekeepers. There are only two Housekeepers, and one goes at 3pm and "patients are lucky if they get a hot drink".

"All staff have to help give out the hot meals if the Housekeeper isn't there. There is a 30 minute timed window from when food is heated up to when it is delivered to patient."



HCA's told us they had 'lots of training'. One had done a two-week care course in June or July and was 'constantly kept up to date'. Another had recently attended cannulation training.

"Good training opportunities and I am asked what I would like to go on".

"Yes I feel empowered and listened to. The Ward manager is very good."

The Ward Manager

We spoke to the Ward Manager and asked about staffing levels, training including any specialist training, monitoring of fluid intake for patients and call bell response times.



"You can never get in front in this job and are always playing catch up".



The Ward Manager told us that with the exception of last-minute sickness which was difficult to cover they were 'generally not far off full staff' on the ward. Two people were currently going through the recruitment process and there was one international nurse due to start on the Ward. They are usually less than 10% down on staffing.

We asked about the comments from patients and staff that there were not enough housekeepers on the Ward. The Ward Manager explained that they have 2 full time housekeepers allocated to the Ward. An emergency had meant that one of them was not in on the day of our visit.

HCA's have in house induction training. The Ward now has Clinical Nurse Educators (CNE) which is a Band 6 who can deliver their own training to other staff on the Ward. HCA's have been trained to do phlebotomy which has meant less waiting for patients.

We asked if staff had particular training on looking after people with Learning Disabilities or people with dementia. The Ward Manager explained that there are Link nurses for all conditions and they provide study days. There are also funded placements which staff can access if they are interested. All staff have mandatory manual handling training which includes the use of hoists.

Fluid intake for patients on the ward is recorded through a fluid balance chart for those who need it. This is the responsibility of the nurse in charge of the bay. When the housekeeper does the drinks round, they update a patient's card to record what drink was given and then it can be added to the card what was actually drank. The housekeepers do six drinks rounds per shift.

Call bells are monitored through monthly metric checks. We mentioned that we hadn't heard any ringing during our visit. The Ward Manager told us that staff will always provide an explanation to patients if they have had to wait to have their call bell answered and that patient feedback shows that this is appreciated.

What we saw

The ward was very busy but appeared to be well organized on the day of our visit. It looked and smelt clean throughout.

We saw that the ward was generally tidy with the exception of one bay which appeared a little cluttered. The temperature was comfortable and some windows were open. Call bells were in reach for most patients. We did not hear any call bells going off during our visit.

We observed staff sitting in bays with patients and chatting. We saw one distressed patient being comforted by a member of staff. We saw a HCA sitting with a patient with dementia providing 1:1 care.

We observed lunch being served. Staff were greeting patients pleasantly. Food was placed on bedside tables and these were moved where necessary so patients could reach. Patients had made their choice of meals in advance and staff checked they were receiving the right food.

White boards behind beds showed if patients had any communication needs, sensory impairments or dietary requirements. We saw this being updated when one patient mentioned that they were partially blind.

Key findings

- Ward 22 Short Stay is a very busy Ward but seemed well organised on our visit.
- The Ward was clean throughout and generally tidy.
- Staff greeted patients pleasantly while serving lunch and patients told us that staff have time to chat with them.
- Patients told us that they had a choice of food and that the portion sizes were good.
- Most patients told us that they either didn't need help with eating or drinking or that staff helped them when needed. One patient told us that staff didn't have time to help her cut up food.
- Four patients told us about long waits for hot drinks.
- Two staff told us that a lack of housekeepers meant that there could be long delays for patients getting hot drinks.
- Two patients told us that the Ward was sometimes cold and that there was a shortage of pillows.
- Patients told us that communication on the Ward was good but sometimes there was a long wait for answers to questions or explanations of test results, particularly from Consultants.
- Visitors told us that they were able to contact the Ward and get any information they needed easily.
- Staff and the Ward Manager told us about different training courses they had access to or had been on.

Recommendations

Following our visit we recommend that the Trust:

1. Work to resolve the issue with a shortage of housekeepers on the Ward leading to long gaps in hot drinks being provided.
2. Pass on the positive feedback from patients about the staff on this Ward.

Provider Response

Thank you for the feedback which you have provided following your visit to Ward 22 Short Stay at the Royal Shrewsbury Hospital. The visit was to review the experiences of patients being nursed within the area. We value any feedback, particularly from our external partners. As a team we are always striving to improve the experience of care of our patients and your comments and recommendations are welcomed. The following actions have been identified in response to the feedback and recommendations which have been made:

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
Work to resolve the issue with a shortage of housekeepers on the Ward leading to gaps in hot drinks being provided.	Feedback will be shared with the Ward Team to highlight the importance of consistently providing sufficient hot drinks, particularly in the absence of a housekeeper being on duty. The acute floor is in the process of recruiting an additional housekeeper.	Ward Manager Ward Manager	Ongoing 31/03/2023	
Two patients told us that the Ward was sometimes cold and that there was a shortage of pillows.	The Estates Team will be made aware of the feedback regarding the temperature on the Ward and asked to explore measures to address this.	Ward Manager Ward Manager	6/12/2022 17/01/2023	Completed Spoken with estate team to adjust the heating.

	Additional pillows will be ordered to ensure that a sufficient supply is maintained.			
Patients told us that communication on the Ward was good but sometimes there was a long wait for answers to questions or explanations of test results, particularly from consultants.	The finding of the report will be shared with staff to recognise areas where improvements can be made and to acknowledge the positive feedback received from the Healthwatch Team.	Ward Manager	03/01/2023	Feedback given to staff on regular basis during ward meetings and team briefing.
	The trust is in the process of recruiting more medical consultants to work on the acute floor. This will have a positive impact on the patients have to wait to be seen by a consultant or discuss results. On completion of the new ward staff room a staff feedback board will be introduced to highlight learning and celebrate achievements.	Ward Manager	01/03/2023	
One patient told us that staff didn't have time to help her cut up food.	Feedback will be shared with the Ward Team to highlight the importance of consistently providing sufficient assistance at mealtimes.	Ward Manager	03/01/2023	Feedback given to staff to remind them of the importance of patient's nutritional needs.
	This question is incorporated in a survey undertaken by the Trust which enables monitoring at a Ward level. Monitoring to continue.	Lead for Patient Experience	Ongoing	

Acknowledgements

Healthwatch Shropshire would like to thank the provider, patients, visitors and staff for their time and their contribution to this Enter and View visit and report.



healthwatch

Healthwatch Shropshire
4 The Creative Quarter
Shrewsbury Business Park
Shrewsbury
Shropshire
SY2 6LG

www.healthwatchshropshire.co.uk
t: 01743 237884
e: enquiries@healthwatchshropshire.co.uk
🐦 @HWshropshire
📘 [Facebook.com/HealthwatchShropshire](https://www.facebook.com/HealthwatchShropshire)