

Enter & View Visit Report

Ward 28 Frailty

Royal Shrewsbury Hospital

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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 28 Frailty, Royal Shrewsbury Hospital, on Wednesday 25 January 2023 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 28.

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 28 we approached the Nurses' station and introduced ourselves. We spoke to the Ward Manager. We toured the Ward where we spoke to patients, visitors and staff. At the end of our visit we spoke to the Ward Matron.

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 two weeks following our visit. There were 6 comments received; 4 of which were positive comments about the staff.

Patients told us:

“Nothing to improve on, happy with what I’ve had. The service is marvellous and the food is great.”

“The staff are extremely caring, I have no complaints whatsoever.”

“I was impressed with the professional help and caring attitude of the staff.”

One patient commented on the noise on the Ward:

“I was immediately struck by the noise; wailing, crying, shouting, swearing by patients. The staff were incredible, kind and patient under difficult circumstances.”

What people told us

The patients

We spoke to 8 patients and asked them about the food, drinks and care provided on Ward 28.



“The food is always hot and comes on time. I can’t complain.”



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 if they enjoy the food.

We were told that food was good and there is a choice of portion size.

"I'm not a big eater and the smaller helpings are fine for me".

Another said "It's ok" with a clear emphasis on this being a positive view.

"Good portion size".

"Good choice for breakfast – sometimes fruit, sometime cereal".

One person said that it was good quality food; "Couldn't get better than this".

One person told us that there is "Always a good choice, with vegetarian options", and that the food is "always hot and comes on time – can't complain". However, "5 pm is too early for main dinner, and I often get hungry in the evenings. If I want a sandwich (then) I would get one".

"The food I brilliant, staff can't do enough and I get 3 choices. The food (I'm a poor eater) is hot and ok".

However, another said they were only offered cereal or toast in the morning and that "They are missing a trick. Patients would pay, say £1.50, for a cooked breakfast".

Drinks

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

We were told their hydration needs were well catered for:

"I'm offered regular drinks and they come and ask you if you would like a drink. I can ring a bell (if I need more)".

"Hot drinks are offered- tea, coffee, hot chocolate throughout the day and evening".

"If I asked for a cup of tea I would get one. Water is always filled up".

Care and treatment

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 that they felt care was very good.

One patient said the staff were "Very good, couldn't do more, really dedicated", and that , "I'm known by name; I'm kept up to date with my condition; It's absolutely brilliant".

Another said "All staff are incredibly engaging considering the jobs they do. They act completely professionally".

Another patient said the staff were " Absolutely wonderful. Not a bad word to say."

"I sleep well there's always someone to help (with toilet needs)".

Another said "I've only to put my hand up and they've come".

Another patient said "It's very quiet at night. The last couple of nights I've slept really well".

Although one did say it was "Noisy at night. People with dementia are shouting and swearing. I've told them (the staff), but I don't' suppose there's much they can do".

Another patient highlighted inconsistencies in care. Different doctors had different opinions regarding medication needs/doses, and even the patient's need to be in hospital at all.

One patient mentioned the limited space available on the Ward feedback form.

Visitor's views

The ward visit was made at lunch time which is a "Protected Meal Time" so there were few visitors on the Ward.

One visitor said their relative had problems eating and the ward staff had not completed the associated assessment. "The left hand doesn't know what the right is doing." She was also concerned that, "If I hadn't come in this morning he (the patient) would still be in bed -there is a complete lack of physio."

Ward staff

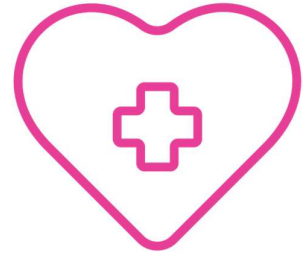
We asked patients if they felt staff had the time to get to know them or to talk about anything other than their care and treatment. We were told that the staff were very caring.

One said, "This is the one for me. Far better than (another) hospital".

One patient said that the staff were friendly.

Two more patients praised the staff for their interest and consideration.

Another patient said, "Staff treat me very good".



General

We asked about whether there was anything that would make patients' time on the ward more comfortable. We were told that in the light of the other patients on the ward needs staff did what they could to respond to issues.

One patient said that staff had responded to his concerns: "I sleep poorly compared to home, but it's easier now I've been moved to this quiet bay".

Another said their medication had been delayed the day before because there were "only 2 nurses instead of 6" on duty. However, the "Nurses are incredible. I could not do what they do".

Another said nothing needed to make stay more comfortable "Given the situation".

Another said, "Evening staff are just as attentive – it is quieter in the evening. There is always someone outside the bay door or on the nurse station that can help you if needed".

One patient told us "(I) Spent a whole night next to someone screaming all night" "I feel for them but I need to get some sleep".

The staff

We spoke to 11 staff members on our visit; 3 Health Care Assistants (HCA), 3 nurses, 2 housekeepers, 2 pharmacy staff and the Ward Manager.

We asked if they felt informed about patients' needs, if there were enough staff on the ward, what training they had and if they felt empowered in their role.

We were told that time pressures were considerable even when the ward was fully staffed. Unfilled absences can cause considerable challenges.

We were told by one HCA that there is "not always" sufficient time to get to know patients well. Another HCA said "I'd like to have more time with each patient".

Referring to the pressures arising at times of staff absence another HCA said, "It's a heavy workload, but we help one another".

A nurse said that her job was "Definitely hard to do".

Another HCA told us that there are "Not enough people". However, there is "Good team work on this ward, everyone will help you".

Talking of days when there were staff shortages one HCA said, "Mornings are chaos, it's never done."

A nurse said "It's do-able when its fully staffed" but contrasted this with the situation when this was not the case.

We were told by another nurse that "Activity is very high. We only have time to do the basics".

However, we were told by one HCA "We are able to get to know the individuals who need help".

And another said "Yes, I know what's going on".

We were told by 2 housekeepers that they have chosen to reschedule their shift pattern to come in early so that patients can have a cup of tea when they wake up.



The discharge liaison sister highlighted challenges in finding suitable community care placement. This was due to both a general lack of provision and in some cases the long distances from home for subsequent visiting. A pharmacist said that delay in prescribing medication could also hold up patient discharges.



The Ward Manager

We spoke to the Ward Manager and asked about staffing levels, training including any specialist training, and monitoring of fluid intake by patients.

The Ward Manager told us that the Ward was fully staffed at the time of our visit. This was said to be unusual, and that there had been a shortfall of 3 Nurses at the beginning of the day. The full staff complement is 7 registered Nurses and 5 Health Care Assistants. Night time and weekend working involved “quite a lot” of agency staff. There are 37 beds on the Ward and these were always full.

Training is available for all staff and agency staff are required to meet the Ward training criteria. Currently 93% of regular staff working on the Ward met the required training level. All staff have induction training including patient manual handling.

Fluid intake for patients on the Ward is recorded on charts on each bed. A Registered Nurse has recently been appointed to monitor these records as well as providing training for all other staff working on the Ward.

Timely discharge arrangements were seen to be a significant challenge. We were told that 16 patients were medically fit to leave but had to remain as no appropriate care could be found.



16 patients were medically fit to leave but no care could be found for them, so they remained on the Ward.



What we saw

The ward was very busy and lunch was being served. Food trolleys and not stored medical equipment gave a rather cluttered appearance. There were a lot of staff present. Everything appeared to be well organized and there was a purposeful ordered atmosphere. The Ward looked and smelt clean throughout. Toilet areas were clean, accessible and labeled in a dementia friendly way.

The majority of patients were in bed in their nightwear, The temperature was comfortable However Some areas, felt a little cool for those who were not dressed.

Call bells were answered promptly.

There were 5 patients requiring 1 to 1 support. Assistance was given to help some patients eat.

Key findings

- Ward 28 is extremely busy.
- Patients are very positive about staff.
- Patients are positive about food and hydration.
- Patients were mainly wearing nightclothes and in bed at lunchtime. One visitor commented on a lack of physio.
- The ward leadership, team spirit and ethos was providing a positive, caring and professional patient experience.
- Staff feel under significant time pressure to keep up with workload and provide the care their patients need. This was the case even when, as in the case of this visit, the ward was fully staffed. Any reduction in staffing levels posed a considerable challenge.

- Patient discharge difficulties were hindering the Ward's ability to accept new cases.
- The temperature in some areas was cool for those in nightwear.

Recommendations

Following our visit we recommend that the Trust:

1. Pass on to all staff the very positive feedback from patients.
2. Maintain the quality of the patient experience by securing staffing levels at appropriate levels.
3. Continue to strive for timely patient discharges from the Ward.
4. Support patients to get up, dressed and move around where possible.

Provider Response

Thank you for the feedback which you have provided following your visit to Ward 28 at the Royal Shrewsbury Hospital. The visit was to review the experiences of patients being nursed within the area. Further feedback was gathered from people important to patients who were on the Ward at the time of the visit, and from a selection of staff working within the area. We value any feedback, particularly from our external partners. The Ward 28 Team strive to improve the experience of care for our patients, your comments and recommendations are appreciated in supporting us to do this. 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
Pass on to all staff the very positive feedback from patients.	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	31 st March 2023	
Maintain the quality of the patient experience by securing staffing levels at appropriate levels.	<p>Hold recruitment events to attract Health Care Assistants and Registered Nurses to join the Ward 28 Team.</p> <p>Staffing levels across the Division are reviewed daily and staff are redeployed as required to ensure safe staffing levels are maintained across the Division. Staffing is discussed at twice daily staffing meetings.</p>	<p>Matron</p> <p>Divisional</p>	<p>31st March 2023</p> <p>Continuing</p>	The Medical Division successfully held recruitment days in February and March 2023.
Continue to strive for timely patient discharges from the Ward.	The Trust and wider system are supporting a range of initiatives to improve discharges and reduce capacity pressures, examples of these include: introduction of a Virtual Ward programme, Multi-Agency Discharge Events,	Discharge Team and wider system	Ongoing	

	the introduction of an acute floor and transformation programmes.			
Support patients to get up, dressed and move around where possible.	<p>The importance of assisting patients to get dressed in day ware, sit out, get active and mobilise more will be reinforced to the Ward Team by the Ward Manager, engaging the Therapy Team in supporting ideas and initiatives.</p> <p>The Quality Team will work with the Ward Manager to introduce a focus on reconditioning over Easter 2023, introducing festive activities to engage patients and encourage movement.</p>	<p>Ward Manager</p> <p>Quality Matron / Ward Manager</p>	<p>30th April 2023</p> <p>30th April 2023</p>	

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