

Enter & View Report

Beech Frailty Unit
King George Hospital
Barley Lane
Ilford IG3 8YB
Friday 12 July 2024



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This report is available to download from our website and can be made available in a plain text version, Large Print, in Braille or audio versions if requested.

Please contact us for more details.

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Visit Details

Service Provider	Barking, Havering, and Redbridge University NHS Trust (BHRUT)
Service visited	Beech Frailty Unit King George Hospital Barley Lane Iford IG3 8YB
Contact Details	Clementina Martins, Matron
Date/Time of visit	12 July, 1.30-4.30PM
Type of visit	Unannounced
Authorised representatives undertaking the visit	Cathy Turland (lead representative) Donna Young Margaret Igglesden Sally Curtis Suhasini Winter
Contact details	Healthwatch Redbridge 103 Cranbrook Road Iford Essex IG1 4PU 020 8553 1236

Acknowledgements

Healthwatch Redbridge would like to thank the patients, relatives and carers who engaged with our Authorised Representatives and took part in the face-to-face interviews.

We were also grateful for the support received from the BHRUT Patient Engagement Team, and for the staff on Beech Frailty Unit for their welcome and support on the day.

Disclaimer

Please note that this report relates to findings observed during our visit on 12th July.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed to at the time of the visits.

What is Enter & View

Part of the local Healthwatch programme is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers/staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises.

Enter & View is the opportunity for Healthwatch Redbridge to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives through evidence-based feedback by observing the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made with the service provider, or, if certain circumstances dictate, as 'unannounced' visits.

Enter & View (E&V) visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what a service does well.

Introduction

Healthwatch Redbridge were contacted by relatives of patients staying on Beech Frailty Unit. The relatives raised some concerns regarding their loved ones stay in the ward. Healthwatch Redbridge chose to use its E&V powers¹ to conduct an unannounced Enter and View visit to Beech Frailty Unit.

Healthwatch Redbridge wanted to speak to patients, relatives and carers about their experiences of this ward and to make their own observations about the patient experience.

Aim

To speak with patients, relatives, and carers on Beech Frailty Unit to understand what works well within the ward and what could improve patient experience.

Objectives

- To identify what patients, relatives and carers feel is working well on Beech Frailty Unit
- To identify what would improve patient experience
- To make recommendations based on feedback received from patients, relatives and carers
- To make recommendations based on observations made by Authorised Representatives during the visit
- To provide a full report to Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

¹ Section 221(2) of The Local Government and Public Involvement in Health Act 2007: <http://www.legislation.gov.uk/ukpga/2007/28/section/221> "The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013", allowing Authorised Representatives of Healthwatch to carry out visits.

Methodology

The ward visit was conducted by Healthwatch Redbridge Authorised Representatives; two members of staff (one as lead representative) and three volunteers.

In some cases, Authorised Representatives spoke to relatives or carers who answered questions on behalf of their family member/charge. All responses were anonymised.

Authorised Representatives were able to conduct observations of the ward, focusing on ward hygiene, the ward environment, patient's support needs and staff and patient interactions.

Authorised Representatives spoke with patients, relatives and carers using a standard set of questions. They took the time to explain who they were and why they were there. They confirmed with individuals that they were happy to speak with them and that their responses would be confidential and anonymised before publication.

A leaflet explaining the role of Healthwatch was left with each person.

The report was sent to the provider, so they had an opportunity to request any factual inaccuracies be corrected prior to publication.

Beech Ward Information

Beech Ward is a frail elderly ward which can accommodate up to 25 patients within four six-bedded bays and one side room with single accommodation.

Frailty Units such as Beech Ward are aimed at treating elderly patients who come in for emergency care. This helps them to bypass the Emergency Departments (also known as A&E) so they can be treated immediately by geriatricians in a better suited environment.

Pre & Post Meetings

Three local Healthwatch serve patients who use Queen's and King George's Hospitals (KGH); they are Healthwatch Redbridge, Barking & Dagenham, and Havering.

Working together to support Enter & View activities, our Healthwatch's have agreed an approach to carrying out E&V activities at BHRUT. This is called the BHRUT Standard Operating Procedure and helps both Healthwatch and the Trust to agree to a straightforward process which ensures staff who may not understand E&V regulations are supported to engage with the process.

We advised the Patient Experience Team (PET) of the visit. A member of PET met us in reception at KGH and was provided with the letter of authorisation to carry out the unannounced visit.

We had a pre-meeting with Andrew Deaner, Hospital & Medical Director, and Anna Page, Site Director of Nursing, who were apprised of the reasons for the visit.

After the visit we held a short de-briefing meeting with the same attendees to highlight the key findings.

We were made welcome by all the staff we engaged with.

Findings

Healthwatch Redbridge visited Beech Frailty Unit on Friday 12th July 2024. Beech Frailty Unit is a direct-access, short-stay frailty ward. During our visit, we spoke with five patients, two relatives and one carer: eight in total.

The findings below are a combination of patient experience, feedback and observations made by our Authorised Representatives during the visit.

Admissions

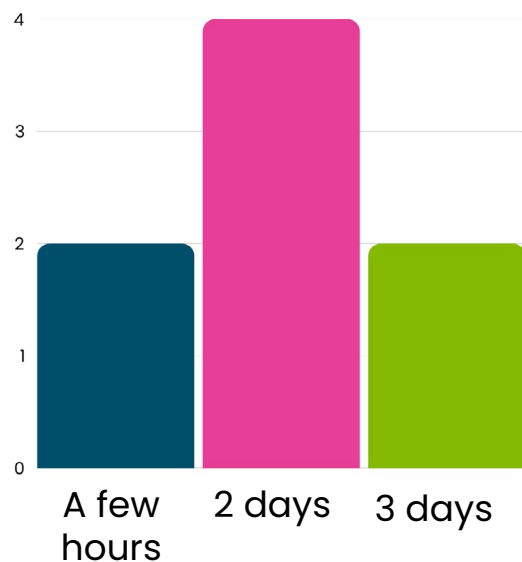
We asked patients how long they had been on the ward.

The length of patients' stay ranged from a few hours to three days.

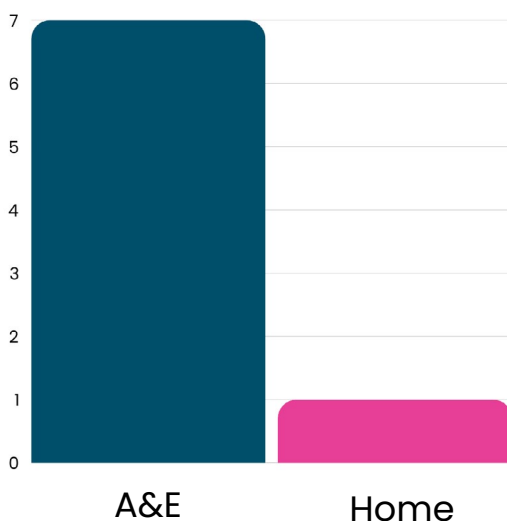
We asked patients to explain how they were admitted to the ward.

Most patients (7) were admitted to the ward through the Emergency Department (also known as Accident & Emergency (A & E)), with one patient being admitted from home.

Q: How long have you been on the ward?



Q: How were you admitted to the ward?



We asked patients to tell us whether there was a bed available straight away or if they had to wait to be admitted.

We followed this up by asking how long they had waited to be admitted to the ward.

Three patients told us they were admitted straight away, with one not sure. However, we noted that two of the patients who told us they were admitted straight away explained that they had waited for 12 hours (one patient) and 24 hours (one patient) in A & E before being admitted to the ward.

Of the remaining four patients who told us they had to wait to be admitted, another patient also told us they had waited for 24 hours in A&E, two further patients waited for more than 5 hours (one of these in A&E).

The last patient who told us they had to wait clarified this was due to being assessed.

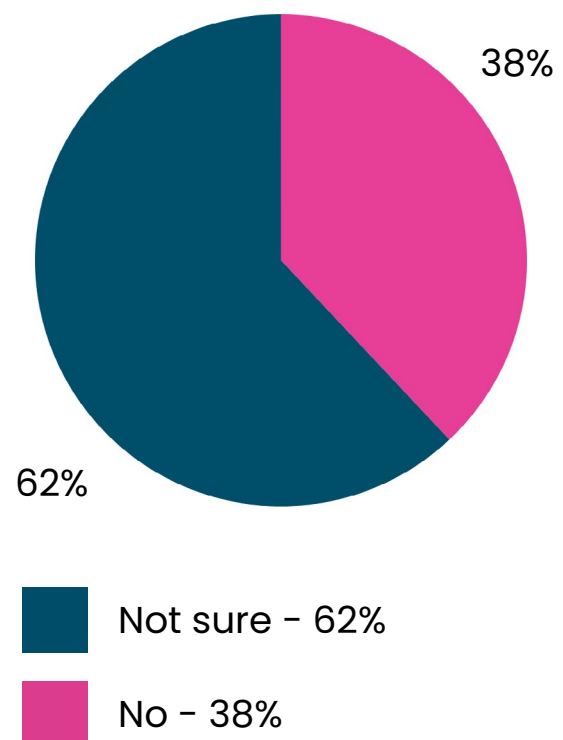
“Had to go to resus for about two hours, necessary to be assessed. Trolley and bed found quite quickly.”

We asked patients if they knew when they would be discharged.

Patients told us they either did not know when they were being discharged or were not sure.

They were awaiting further tests or medical procedures or had not been on the ward that long.

Q: Do you know when you will be discharged?

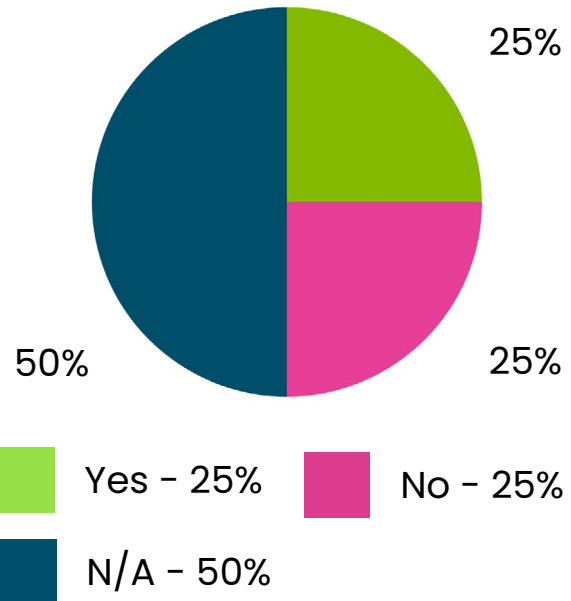


Only two patients knew what care they would be receiving upon discharge.

Q: Has it been explained to you what care you may need upon discharge?

"...care team nurses coming to her home to keep her comfortable."

"Take pills."



Thoughts about the ward

Patients were asked to tell us what they thought of the ward and whether there was anything they would change about it.

Patients gave a range of answers which we have categorised by comments into staff, environment, care, food, and general.

We also asked about whether patients felt anything affected their sleep.

Staff

Four comments were given regarding staff, with three of the four being positive.

"Staff are nice and very helpful."

"Staff are very respectful."

The one negative comment given was related to communication.

"It is difficult to ask staff questions, they tend to be dismissive when asked about treatment/discharge. At times [given] straight answers."

Ward Environment

Six comments were given regarding the ward environment. These were mostly positive.

“Noise is kept to minimum.”

“Comfortable.”

There was one negative comment regarding the lighting.

“Lighting very bright.”

Our Authorised Representatives all found the temperature of the ward to be comfortable.

Food

Two comments were made relating to food. These were split evenly into positive and negative.

“Culturally very sensitive – in terms of food, got what I wanted.”

The negative comment related to how long someone had been waiting for food, rather than to the food itself.

“Long wait for food.”

Care

Only one comment was given relating to the care received by their relative.

“Second time admitted seems to deteriorate when here – is it medication?”

General

Eight general comments were given, all of which were positive.

"Pleasantly surprised."

"Extremely pleased."

"Good, nothing but praise."

Sleep

We asked if anything has affected the patient's sleep.

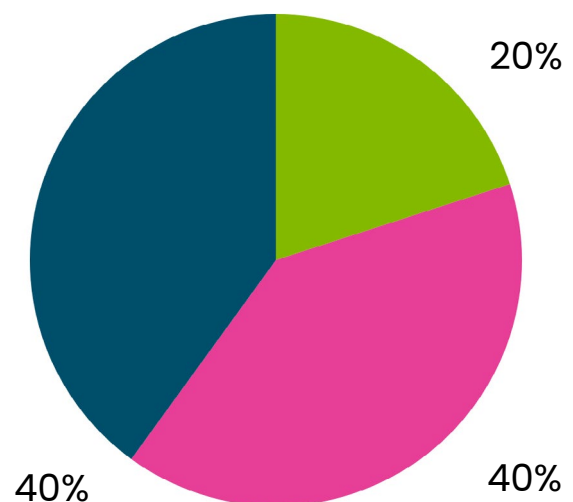
Only one patient felt that their sleep had been affected, commenting on noise as being the reason for this.

"Some noise from some patients, but not too bad. Staff sounds; but just doing their job."

Another patient also commented on noise at night but was not sure if this was affecting their sleep.

"Possible noises at night."

Q: Whilst you have been in hospital, has anything ever affected your sleep?



Yes - 20%

No - 40%

Not Sure - 40%

Food and drink

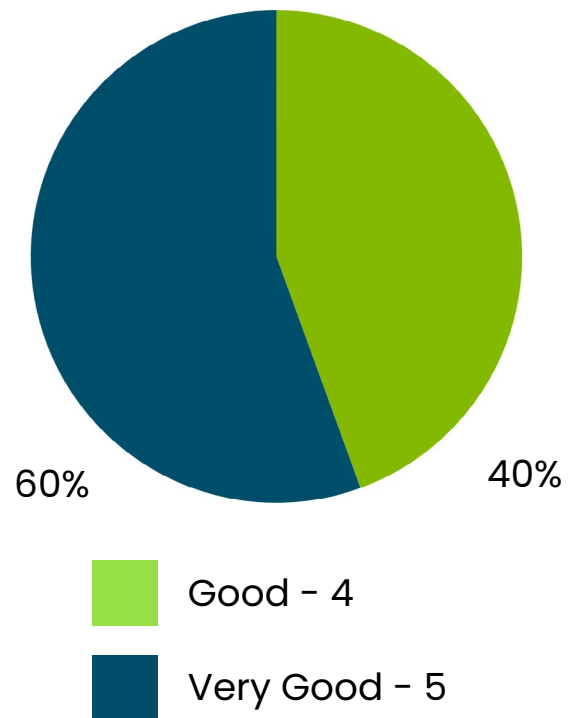
Patients were positive about the hospital meals. All the five patients we spoke to about food gave a rating of "good" or "very good."

(The remaining three patients either had meals brought in for them by family members or had not been on the ward long enough to experience the meals).

"Tasty. Warm/hot/cold - just right. Choice at supper. Happy if always an item I like."

One patient felt that **"bigger portions [are] needed."**

Q: What do you think of the meals?



We asked patients if they were being provided with food that matched their dietary requirements or preferences. Three patients told us they were, with it being not applicable for the other patients we spoke to.

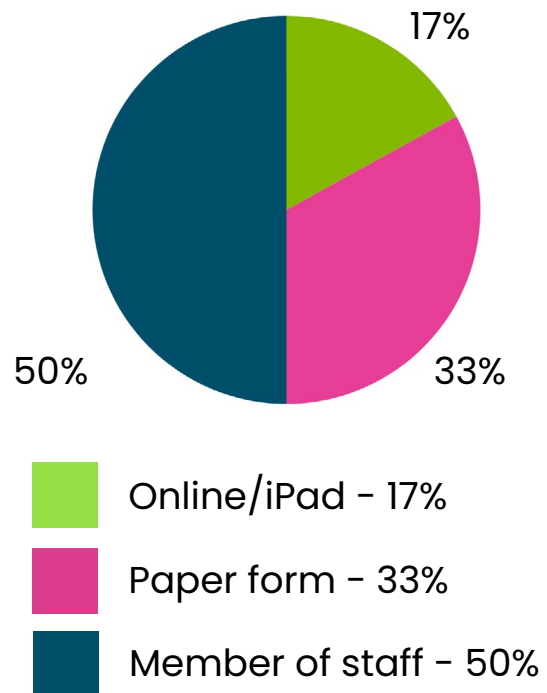
One patient explained:

"Limited to what I can eat. They cater for me. Sometimes I can't eat much due to my illness. Can't eat chewy food. Dietary supplements. Cater well with my requirements."

We asked patients how they ordered their meals.

We received six responses. 50% (three patients) told us they ordered their meals via a member of staff, two via a paper form and one electronically.

Q: How do you order your meals?



We asked patients if they have any support needs related to eating their meals. Of the seven responses received, three patients told us they do not get support, with one explaining:

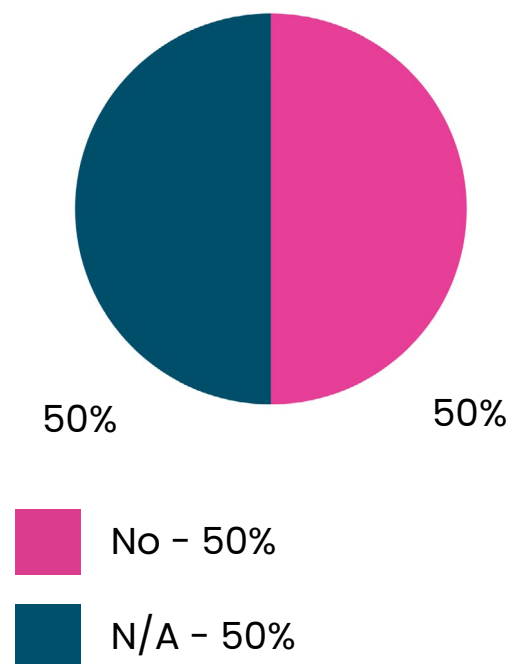
“I can manage well with my eating.”

Three told us this was not applicable, with one carer telling us that a relative always feeds the patient.

Another patient who had yet to eat a meal on the ward due to being recently admitted told us:

“Would need help opening yoghurt. [Would need] Doidy cup.”

Q: Do you get support with eating if required?



Three quarters of patients (6) told us that water was readily available.

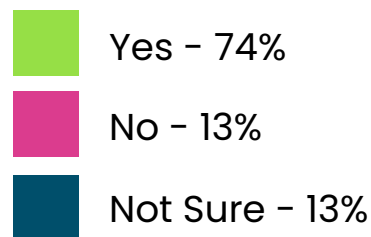
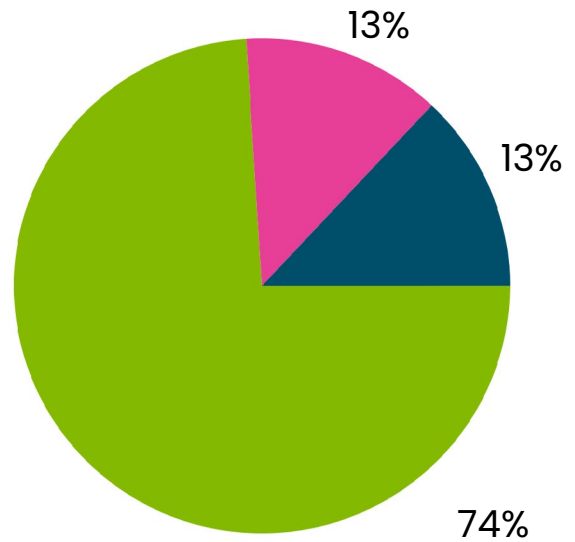
“The nurses and other medical staff place water jug and glass on the table in front of me. Easily accessible.”

Our Authorised Representatives also noted water as being readily available.

One patient who had been admitted to the ward within the last few hours told us:

“I’m on a restricted liquid intake, but I’d like water. I was told I will be provided with it quickly. Just been offered a coffee now.”

Q: Is water readily available?



Ward Hygiene

All the patients we spoke to rated the ward as being clean, with six rating it as very good and two as good.

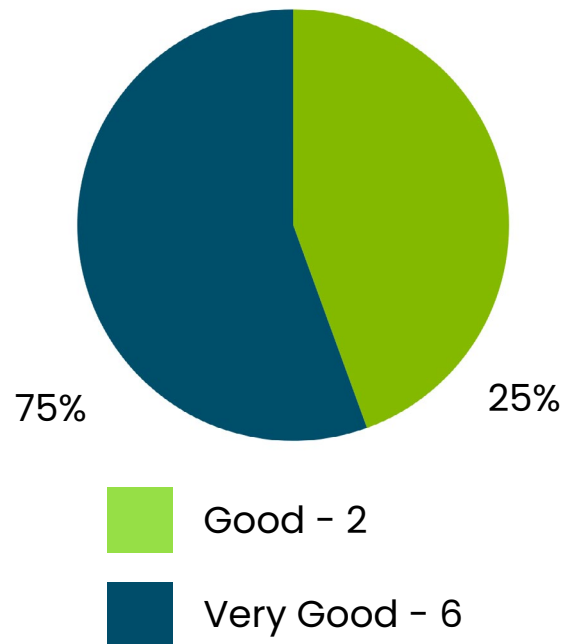
**“Cleaning very frequent.
Very efficient.”**

“Spotless.”

Our Authorised Representatives also found this to be the case, with one noting there was a smell of detergent.

Authorised Representatives were asked to check the toilets and check for any spills or discarded or soiled bed sheets. The toilets were noted as clean and tidy.

Q: How clean would you rate the ward?



Patient safety

We asked patients what they do if they need some assistance. They told us they push the call button/bell. Those that have pushed it told us that staff respond quickly.

“Immediate response.”

“Staff responds quickly, whether it’s for me or for anyone else.”

(Patient told us they will push the button on behalf of other patients who need it.)

One patient who had been admitted to the ward within the last few hours told us:

“Awaiting emergency button. Not yet. Carer is ensuring I have one before she leaves.”

Our Authorised Representatives did not identify any trip hazards within the ward. Some equipment was noted in the corridors, but it was felt that this left plenty of room for movement.

Medication

Three patients told us they brought medication into hospital with them. Medication is provided by the ward.

“Not own tablets, ward tablets.”

Not all patients who take medication had enough time to bring it with them.

“Not enough time [to bring own medication], rushed into hospital. Doctors prescribed their own, so they give it to me regularly.”

Staff

We asked patients how they felt they had been treated by the doctors during their stay. We received six responses, five of which were positive.

“Doctors very good – helpful. Feel comfortable asking questions. They’re very considerate. Understand that they are treating me as much as they can. Treatment changes.”

“Fine. I ask them questions and feel comfortable asking them.”

One patient told us:

“The doctors tend to be non-committal. Need to be persistent when asking questions.”

We asked patients how they felt they had been treated by the nurses during their stay. We received seven responses, six of which were positive.

“Very good, friendly, helpful. Feel supported. Feel comfortable asking questions.”

“They are lovely all of them.”

One patient felt she was being treated well but felt there was a lack of clarity from the questions she was asking the nurses.

“Treating me very well. Friendly, supportive. Hope it’s going to change – I ask questions, but one nurse gives me a different answer to another nurse.”

Another patient told us:

“Rather dismissive & referred to ‘bay’ nurse if she asks at desk. Answers [to questions] not always fully [given].”

Concerns/Issues

We asked patients whether they had any concerns or issues during their stay and if they felt comfortable to raise these. Only two patients felt they had any issues that needed raising. Both patients felt comfortable to raise their issues with staff.

“Not in the correct ward. Blood sugar tests not seen to be done. Persistence is needed.”

“Believes should have had scan after fall. Discussed with nurse, nothing done. Hardly ever see doctor.”

Support Needs

Our Authorised Representatives observed patients' support needs throughout the unit and noted those with needs had these recorded above their beds. Examples of support needs identified were hearing impairments, food requirements and the butterfly symbol to highlight dementia.

The patients we spoke to stated they did not require support for additional needs. One relative told us their relative speaks Pashto and can understand English but does not speak it. We asked if they required interpreters:

“Doctors speak Hindi, but the patient can understand, doesn't need a translation service.”

Any other comments

We asked patients if there was anything else they wanted to tell us about their hospital stay. We received three comments:

"All been ok. No complaints. Staff good."

"Seems ok so far, but too soon to judge."

"TV room needed. Very happy with amount of cups of tea being made."

Relatives/Carers comments

We spoke to three relatives and carers asking what they thought of the ward. All gave comments.

"Very good."

"Very happy with the care."

One relative raised some concerns:

"Yes, not in the correct ward; he is on [intravenous] insulin (not seen)."

Other observations made by Authorised Representatives

We made observations as to whether patients were wearing day clothes. We noted in one bay that two of the six patients were wearing day clothes.

Our lead representative asked whether the ward encourages patients to get up and dressed in day clothes in line with the NHS End PJ Paralysis model².

The Matron told us that due to a lack of laundry facilities or if patients do not have relatives or carers visiting it is difficult for them to wear their own clothes. We noted that patient's day clothes/hospital gowns were clean.

Our Authorised Representatives noted that patient toilets had text signage, but no pictures.

Our Authorised Representatives noted that there was complaints information available behind the staff desk, however, this was not out on show. We were informed that there is an electronic complaints system. We were unsure of whether patients are made aware of this.

We noted that Easy Read information was available, welcoming patients to the ward.

We were told that sleep well packs containing eye masks and ear plugs are provided at a patient's request.

2 <https://endpjparalysis.org/>

Clarifications and Responses

After the visit, we sought clarification on issues relating to patients' meals.

We asked for further information relating to how patients order their food. Most of the patients we spoke to were either supported by a staff member or completed a paper form.

We were aware there are online systems for ordering from the menu and wanted to understand how patients are supported to understand the process and how they can make choices.

We also clarified how a patient would receive support with eating their meals if they needed it outside of visiting hours when a relative or carer would not be available to help with feeding where this is necessary.

Trust response: All patients are provided with a menu at their bedside to allow them time to browse through the menu and to choose their option prior to ordering. All meal ordering is completed via an electronic system (implemented in January) with the hostess reading out the options to the patients. Once the patient has provided their option, the hostess orders the patients choice of food via a handheld tablet. If there are communication barriers, the ward hostess and unit staff provide an explanation of the menu options to patients by using the colour coded menu booklet, this provides the patient time to process the information before the hostess orders their option.

We requested further clarification on what the colour-coded menu booklet showed. The Trust shared an example with us, whereby the colour coding depicts different dietary needs:

E.g., Easy to chew, vegetarian or healthier choice.

Trust response: Please find attached a copy of a patient menu, the menu changes on a regular basis but the layout and dietary information remains the same. All standard meal options have the special requirement icons next to them and in the welcome section, there is also a list of all other menus that can be provided on request.

We also sought further clarification regarding whether all patients are provided with a menu.

At the time of our visit, only one patient (in a side room) had a printed menu.

Trust response: All patients should be provided a menu and are to be made available at the patient's bedside; spare menus are kept in the pantry if and when required.

Recommendations

Based on the analysis of all feedback obtained, Healthwatch Redbridge would like to make the following recommendations:

- Whilst we acknowledge that staff may not have all the answers to a patient's questions, staff should refrain from dismissing a patient's queries. Staff should reassure patients that they will try to find out for them. Staff could raise the patient's concerns during handover meetings and then pass on the relevant information.

Trust response: Ward Manager will reiterate to all staff any queries raised by a patient must be escalated if an immediate answer cannot be provided.

Staff will regularly be reminded of the above during ward huddles.

- It can be confusing for a patient if they are given different answers by staff members. Staff should refer to patient notes before answering questions to ensure consistency is given to the patient or ask for support in responding to the questions raised with them.

Trust response: Ward Manager will reiterate to all staff that any queries raised by a patient must be escalated if an immediate answer cannot be provided or if they are unsure what the response should be.

- All patients should be informed of their discharge plan on admission to the ward. Planning discharge at an early stage will help staff members to anticipate any problems and put appropriate support in place. BHRUT should endeavour to provide patients with a summary of the discharge plan. NHS guidance³ states:

“Planning for discharge should begin on admission. Where people are undergoing elective procedures, this planning should start pre-admission, with plans reviewed before discharge. This will enable the person and their family members or unpaid carers to ask questions, explore choices and receive timely information to make informed choices about the discharge pathway that best meets the person's needs”

³ <https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance>

Trust response: Patients will be notified of their discharge plan upon admission if the information is available. Not all patients will have a discharge plan available upon admission. All staff will be regularly reminded to ensure patients are updated with any potential changes as and when they are made.
Staff will regularly be reminded of the above during ward huddles.

- Signage for the toilets should be improved to include pictures as well as text to make it accessible for all patients.

Trust response: Estates and Facilities have acted on this action and a job was raised on 19 August.

- Whilst we acknowledge the lack of laundry facilities, where patients have relatives visiting, they should be encouraged to bring clothes for patients and patients should be encouraged to change into these.

Trust response: The admitting staff ought to advise relatives and friends to bring in the patient's personal clothing upon admission and record the conversation with the relative in the nursing note.

To conduct 4 weekly audits to ensure compliance. Impact: to prevent PJ Paralysis.

- The ward should ensure that the complaints procedure is visible and available for all patients. The procedure should be available in a range of accessible formats.

Trust response:

- The PALs information poster has been relocated at the entrance of the unit.
- Ward Manager to liaise with PALs & Complaints Manager to obtain more posters.
- Ensure PALs and Complaints leaflets are visible and accessible for patients.

Appendix

Appendix 1:

Action Plan from BHRUT - page 1

UNANNOUNCED VISIT – HEALTHWATCH REDBRIDGE

BEECH WARD – KING GEORGE HOSPITAL

12th July 2024

ACTION PLAN

BRAG COLOUR	DEFINITION
BLUE	Completed
GREEN	On track to complete by target date
AMBER	Minor issues that may slow progress
RED	Unlikely to meet target closure date

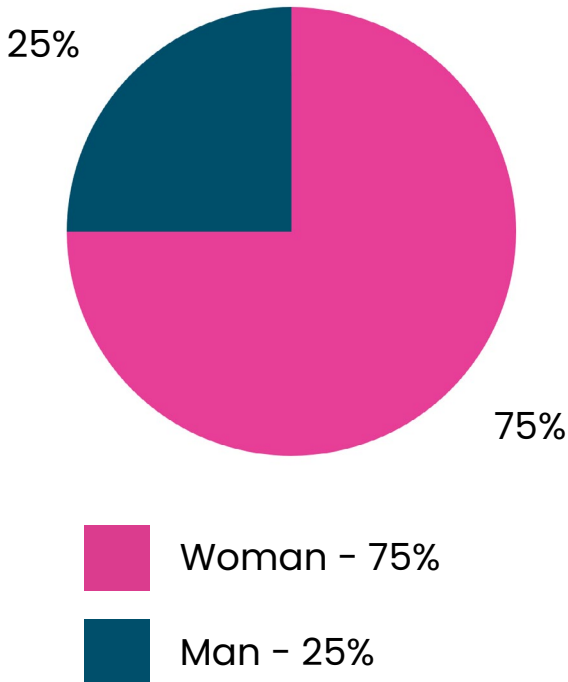
Item No.	Area	Recommendation	Lead	Target closure date	Action	Status
1	Ward	Whilst we acknowledge that staff may not have all the answers to patient's questions, staff should refrain from dismissing a patient's queries. Staff should reassure a patient that they will try to find out for them. Staff could raise the patient's concerns during handover meetings and then pass on the relevant information.	Unit Manager	On-going	Ward Manager will reiterate to all staff that any queries raised by a patient must be escalated if an immediate answer cannot be provided. Staff will regularly be reminded of the above during ward huddles.	
2	Ward	It can be confusing for a patient if they are given different answers by staff members. Staff should refer to patient notes before answering questions to ensure consistency is given to the patient or ask for support in responding to the questions raised with them.	Unit Manager	On-going	Ward Manager will reiterate to all staff that any queries raised by a patient must be escalated if an immediate answer cannot be provided or if they are unsure what the response should be. Staff will regularly be reminded of the above during ward huddles.	
3	Ward	All patients should be informed of their discharge plan on admission to the ward. Planning discharge at an early stage will help staff members to anticipate any problems and put appropriate support in place. BHRUT should endeavour to provide patients with a summary of the discharge plan.	Unit Manager	On-going	Patients will be notified of their discharge plan upon admission if the information is available. Not all patients will have a discharge plan available upon admission. All staff will be regularly reminded to ensure patients are updated with any potential changes as and when they are made. Staff will regularly be reminded of the above during ward huddles.	

Action Plan from BHRUT - page 2

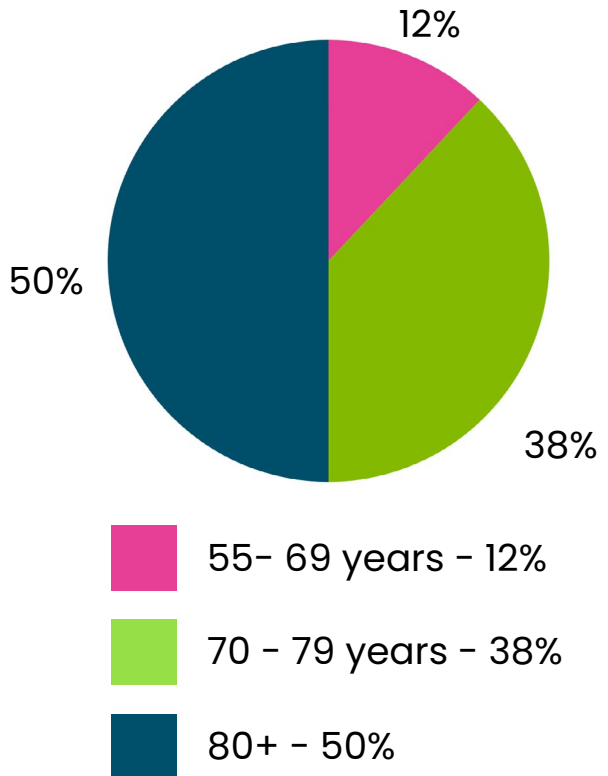
Item No.	Area	Recommendation	Lead	Target closure date	Action	Status
4	Estates & Facilities/ Mitie	Signage for the toilets should be improved to include pictures as well as text to make it accessible for all patients.	Soft FM Contracts Manager	31 October 2024	Estates and Facilities have acted on this action and a job was raised on 19 th August.	
5	Ward	Whilst we acknowledge the lack of laundry facilities, where patients have relatives visiting, they should be encouraged to bring clothes for patients and patients should be encouraged to change into these.	Ward Manager	On-going	The admitting staff ought to advise relatives and friends to bring in the patient's personal clothing upon admission and record the conversation with the relative in the nursing note. To conduct 4 weekly audits to ensure compliance Impact: to prevent PJ paralysis	
6	Ward/ PALS	The ward should ensure that the complaints procedure is visible and available for all patients. The procedure should be available in a range of accessible formats.	Matron/ Ward Manager/ PALS & Complaints Manager	30 September 2024	<ul style="list-style-type: none"> The PALS information poster has been relocated at the entrance of the unit. Ward Manager to liaise with PALS & Complaints Manager to obtain more posters. Ensure PALS & Complaints leaflets are visible and accessible for patients. 	

Appendix 2: Demographics

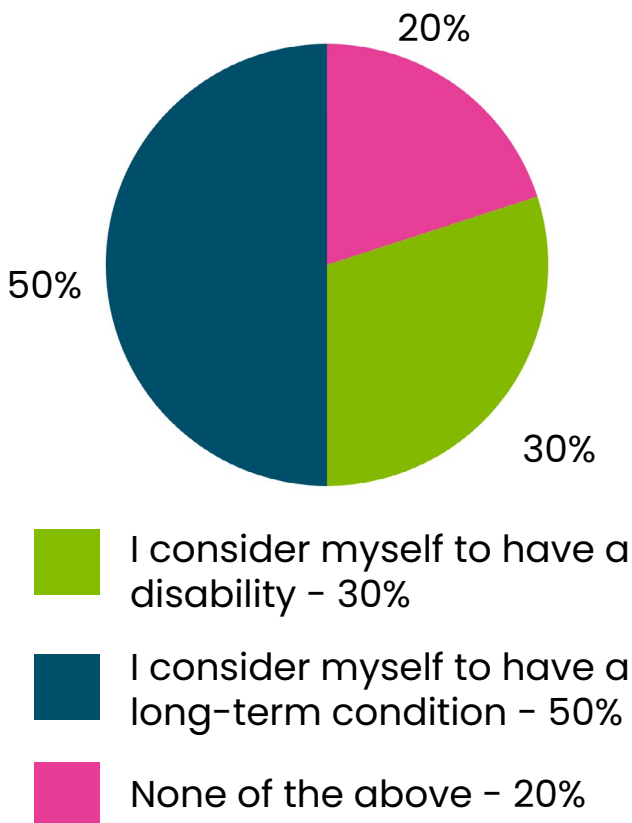
Q: Please tell us your gender



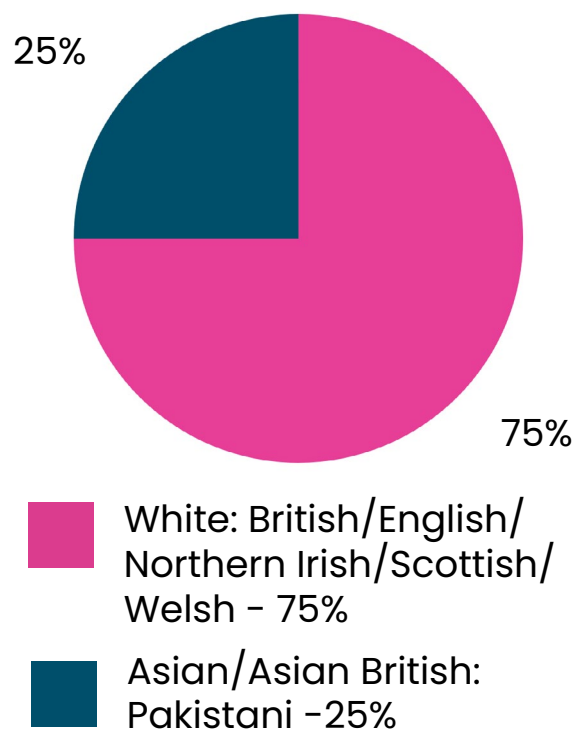
Q: Please tell us which age category you fall into



Q: Please select any of the following that apply to you



Q: Please select your ethnicity





healthwatch

Redbridge

Healthwatch Redbridge

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<http://www.healthwatchredbridge.co.uk/>