

Enter and View Report

Acute Medical Unit

Location C58

New Cross Hospital

Announced Visit

31 January 2020



healthwatch
Wolverhampton

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What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. Enter and View 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

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Provider details

Name and Address of Service: Acute Medical Unit, Location C58, New Cross Hospital, Wolverhampton Road, Heath Town, Wolverhampton, WV10 0QP
Manager: Senior Sister Pakize Durmaz and Senior Sister Samantha Jukes
Service type: Hospital
Client type: Patients

Acknowledgments

Healthwatch Wolverhampton would like to thank the Ward Manager, Senior Sister, staff and all the patients and family members for their co-operation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit made on 31 January 2020. The report does not claim to represent the views of all patients, only those who contributed during the visit.

Authorised Representatives

Ashley Lovell, Lead Authorised Representative
Emily Lovell, Authorised Representative
Sam Saini, Observing Authorised Representative

Who we share the report with

This report and its findings will be shared with the Acute Medical Unit, Royal Wolverhampton Trust, Wolverhampton Councillors, City of Wolverhampton Council, Wolverhampton Clinical Commissioning Group (CCG), Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:
Regent House
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Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

An announced visit was undertaken at the Acute Medical Unit (AMU) at New Cross Hospital in response to complaint received by Healthwatch Wolverhampton.



New Cross Hospital

What we did

Authorised Representatives introduced themselves to a member of staff at reception, who took them round to see the senior sister on duty. The senior sister gave a tour of the ward and identified areas that they didn't want us to visit due to an "aggravated patient". Authorised Representatives engaged with patients, family members and staff during the visit.

Summary of Findings:

It was clear to Authorised Representatives that AMU is a friendly, welcoming and caring ward that puts its patients first. Staff were enthusiastic about their roles and this was reflecting in positive patient feedback. Patients were extremely complimentary of the care they were receiving, and we hope this good practice continues.

Findings:

Environment

External

AMU was well signposted from the Emergency Department entrance at New Cross Hospital. It was on the second floor and accessible via stairs or a lift. The unit was accessed through a set of double doors, which were locked for security during the hours of 10pm and 8am. These doors also contained various information leaflets, such as ward visiting times and lead into a large reception area.

The reception area was a spacious room, with leaflets, thank you cards, patient experiences and contact information covering the walls. There were also chairs lining the walls. Authorised Representatives were greeted immediately by the receptionist and were made to feel very welcome. The receptionist asked Authorised Representatives to wait whilst they fetched the senior staff member on duty and took us in to the ward through another set of double doors, which were locked.

Internal

The ward itself was welcoming and had a calm and relaxed atmosphere. Staff were observed to be busy with their duties but were very friendly towards Authorised Representatives.

The ward was much bigger than expected - it was made up of 49 beds across 8 bays and 9 single side rooms. AMU took patients from the Emergency Department if they were still in need of acute care or if there are no beds on general medicine wards. Due to the array of patient needs, AMU has access to a multidisciplinary team to meet these.

The unit was clean and free from clutter and hand sanitisers were available throughout the ward. There were handrails of a contrasting colour along the walls to aid patients to access other facilities, all of which were well signposted.

The unit had its own kitchen on site and were able to make specific meals for patients who may need food pureeing etc.

Authorised Representatives observed that each bay had a dedicated nurse, who would call on additional staff if needed. The senior staff member told Authorised Representatives that two of the nine bays are 'tagged' meaning there is always a member of staff in there, these bays were for vulnerable patients most at risk of falls. The aim for the unit is that every bay becomes tagged, however this is not possible at present due to current staffing levels.

Staff explained to Authorised Representatives that medication was kept secure in lockers and each nurse had a medication tray and access to the storerooms.

Essential services

All patients Authorised Representatives engaged with were receiving regular checks from healthcare professionals, patients said; “I can’t say a bad word” and “It’s wonderful - 110%”. One patient had started their discharge process and explained they were waiting for their medication but had felt fully involved and aware of the process since it started the day before.

Relatives explained that once discharge conversations take place with their family members, they felt confident they would be involved once appropriate. The relatives we engaged with expressed no concerns about their family members treatment.

Staff explained to Authorised Representatives that once a patient is ready to be discharged, the doctor informs the nursing team and patient. Any referrals would then be made such as to Occupational Therapists. Medications would be arranged, and the patient would potentially be sent to the discharge lounge, depending on the capacity and need for beds on AMU.

The ward had a patient flow coordinator who ensured smooth discharge for all patients by minimising disruption or delay to the process.

Access

All patients Authorised Representatives engaged with felt fairly treated and no one expressed any concerns about harassment or discrimination. Relatives also felt that patients were treated fairly by the team on AMU.

When asked how they ensured patient’s access services on an equal basis, staff told Authorised Representatives that they treat everyone as a person and that they work with all their patients regardless of who they are or what their background is.

The senior staff member explained that the unit was a micro community representing the diversity of Wolverhampton. They had a very diverse workforce that tended to a diverse range of patients from all walks of life. They were very proud of their team and said; “diversity is very important to me”. While talking to the senior staff member it was clear that this is important to them and the unit.

Safe, dignified and quality services

All patients engaged with felt safe on the ward, as did their relatives. All patients felt treated with respect and compassion saying; “definitely - brilliant, professional, caring and helpful”. Patients felt happy with the level of care they were receiving, a relative told Authorised Representatives; “the staff here are angels, marvellous they are”.

Safeguarding concerns were recorded on a system called DATEX and the nursing team would meet to discuss any concerns. Concerns are also reported through the local authority safeguarding team.

Staff explained that they were aware of the SWAN end of life pathway and these patients were accommodated in side-rooms which were more private and dignified. Authorised Representatives were also informed that new sofas were being delivered, bought with donations from previous patients to support the relatives and allow them to stay on the ward during this time. The senior staff member was honest in saying they needed to get better at completing end of life paperwork.

Information and Education

Patients felt that the communication around their treatment and care had been “excellent” and they have been “kept informed” at every step of the way. Relatives had not received any additional information regarding their family members treatment but felt able to ask questions if they were unsure of anything.

Both relatives and patients were unsure of staff uniforms, but some had said; “we don’t see why we would need to, surely a nurse is a nurse and it doesn’t matter?” another patient said; “I don’t take a lot of notice, they’re here to help and they do”.

Staff explained to Authorised Representatives that doctors conducted ward rounds in the morning and updated patients on their treatment plans. Nurses carried out observations and again kept patients and relatives informed as to what was happening regarding their treatment. Nurses were also stationed in each bay and were happy to answer questions.

Choice

Patients and relatives explained that they had a choice in food and drink. However, one relative felt that the choice might not always be appropriate to the patient’s needs and condition; “he has soft foods but the other day he was given meat, mash and veg. Well all he could eat was the mash”. The unit had its own kitchen and staff told Authorised Representatives that patients are given choice as to what they had.

One patient told Authorised Representatives that they didn’t have a choice in treatment but didn’t go in to anymore detail as to why.

Being listened to

All patients expressed that staff had actively sought and listened to their views and that these were taken seriously; “all the way through”. No patients were aware of the complaints process, however none felt they would ever have to use it; “wouldn’t ever need to”, “not a complaint person”, “it’s super”, “[If I had to] I’d find out”.

Staff told Authorised Representatives that there was an online feedback service, patients were actively encouraged to use this, and staff supported patients that found it difficult. Authorised Representatives were shown a copy of the Friends and Family test for November 2019, this was kept in the senior sister’s office. A copy was also observed on display in the reception area; however, this was from July 2019.

Being involved

Overall, all the patients we engaged with felt happy and involved with their care. Patients told Authorised Representatives; “I couldn’t fault them, I’m a happy bunny”, “they’ve been telling me everything that’s been going on, I can’t complain about anybody”, “I’m happy, no other improvements - I’ve got everything I want”.

Recommendations

1. Ensure End of Life paperwork is being completed as standard.
2. Ensure that relatives of patients are kept informed regarding their family members treatment.
3. Ensure the unit is catering to patients' dietary requirements and these are taken seriously.
4. Ensure Friends and Family Tests results that are displayed are up to date
5. Consider having a chart of the different staff and their uniforms on the ward.

Provider feedback

The Acute Medical Unit (AMU) welcomes the Healthwatch report from their visit to AMU on 31st January 2020. In response to the report, we have developed an action plan to address the recommendations raised. Please see the action plan below.

In addition, we would like to raise the following factual accuracy and clarification points to be addressed in the report:

We would like to clarify the point referring to the unit aiming to tag each bay (page 7 of the report):

- Tagging each bay is not an aim, this is a particular targeted approach for those patients at highest risk of falls and while it is very effective, it should remain as an approach so as to use it to full effect.

HealthWatch Principle	Recommendation	Proposed action(s)	Responsibility	Due Date	RAG Rating
4. Safe, dignified and quality services	Ensure End of Life paperwork is being completed as standard	Ensure all staff are aware and competent at completing end of life paperwork - staff to be informed through the safety brief and walk around	Senior Sisters	30/04/20	
		Ensure adequate SWAN champions in place on AMU	Senior Sisters	31/03/20	
		Practice Education Facilitators to focus on the end of life paperwork/SWAN care in order to ensure that all staff members are fully competent	AMU Practice Education Facilitators	31/03/20	
5. Information and Education	Ensure that relatives of patients are kept informed regarding their family members' treatment	Content of the Healthwatch report will be shared with both medical and nursing staff as way of reminding them of the importance of ensuring that relatives are kept informed	Clinical Lead/ Senior Sisters	28/02/20	
	Consider having a chart of the different staff and their uniforms on the ward	Chart to be located and displayed	Senior Matron	31/03/20	
6. Choice	Ensure the unit is catering to patients' dietary requirements and these are taken seriously	Unit to review the current process for all meal services to ensure that a process for identifying dietary needs is in place and followed	Senior Sisters	31/03/20	
7. Being listened to	Ensure Friends and Family Tests results that are displayed are up to date	Implement a process which ensures that the FFT posters are changed at delivery to ensure no out of date information is displayed	Senior Sisters	28/02/20	

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