Enter and View Report

Ward C18 - New Cross Hospital

Unannounced Visit

14th September 2019

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Engaging Communities
Inspiring Change, Improving Outcomes

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 o 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.

Contents:

Provider details

Name and Address of Service: Ward C18, New Cross Hospital, Wolverhampton Road, Heath Town, Wolverhampton, WV10 0QP
Manager: Gemma Smallman
Service type: Hospital
Client type: Patients

Acknowledgments

Healthwatch Wolverhampton would like to thank the Ward Manager, Senior Sister, staff and all patients 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 14th September and 12th October 2019. The report does not claim to represent the views of all patients, only those who contributed during the visit.

Authorised Representatives

Tina Richardson, Lead Authorised Representative
Mary Brannac, Authorised Representative
Emily Lovell, Authorised Representative

Who we share the report with

This report and its findings will be shared with Ward C18 at New Cross Hospital, All Wolverhampton Councillors, Wolverhampton Clinical Commissioning Group (CCG), Care Quality Commission (CQC), City of Wolverhampton Council Commissioner and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

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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 patience's 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

Ward C18 was selected for an unannounced Enter and View visit on the 14th September to observe the ward in action as Healthwatch Wolverhampton had received some negative patient experiences related to dignity and discharge.

New Cross Hospital

What we did

Authorised Representatives (AR's) began the visit by observing the surroundings leading up to the ward and then the ward's environment itself. They introduced themselves to the senior staff member and began by engaging with the patients. Unfortunately, whilst carrying out the visit there was a situation that lead to AR's to withdraw from the visit. The visit was completed on 12th October 2019 by carrying out the interview with the senior sister.

Findings:

Environment

External

Ward C18 is located on the first floor of New Cross Hospital and was easily accessible via lift access. Access to the ward was down a long corridor that contained information leaflets and posters, the doors were locked and required staff members to buzz you in for entry. Hand sanitising gel was available along the corridor.

Internal

The ward was clean and full hand sanitising gels were wall mounted and readily available, AR's observed staff actively using these between seeing patients. The ward was well maintained and there were no beds or trolleys blocking corridors or fire exits. The nurse's station was very busy but not noisy. Staff were seen actively engaging with patients, however most of them were in bed still and not in their chairs. Patient feedback was displayed in the ward along with additional information leaflets and the visiting times.

Whilst on the ward, AR's observed a patient generously spraying a body spray, which smelt strongly and badly affected some of the patients, AR's were surprised by this due to the ward being for patients with respiratory issues.

Essential services

Staff told AR's that a morning huddle occurs every morning, Monday to Friday, where they discuss each patient's plan of care with a multidisciplinary team, including; nursing staff, consultants, pharmacy, social workers and occupational therapists. The ward staff prided themselves on their patient flow, telling AR's that they had only had one failed discharge in the past two months.

For patients that had started the discharge process, they felt involved throughout. Some patients had not started the discharge process yet but were continuing to receive regular checks from healthcare staff and doctors which were happening daily.

Access

All patients that AR's engaged with felt treated fairly and that they could be themselves with no harassment of discrimination. The ward provided safe spaces for patients of different ethnicities by providing interpreters and working closely with families. For patients of different gender identities, they were provided their own side room and bathroom.

Safe, dignified and quality services

All patients that AR's engaged with felt safe on the ward and that staff treated them with respect and compassion. Patients felt happy with the level of care they were receiving, however, one patient noted that the day staff were more pleasant than the night staff. Patients were spoken to with their preferred name and felt that staff continuously protected their privacy and dignity on the ward. Staff told AR's that they protected patients' dignity by supporting them to the bathroom and encouraging them to wear their own clothes. Staff also told AR's that there had been times when they have been out and bought a patient a pair of pyjamas themselves.

Patients told AR's that their call bells, food and water was always kept within reach and staff had come promptly when call bells were used. Staff told AR's that there were times when they have had to prioritise certain patients, but generally, patients were not left for more than 5 minutes waiting.

Staff carried out a falls assessment to every new patient entering the ward to limit the risk of falls. Those who were of high risk would have a bed rail assessment and additional support would be put in their care plan. The ward also had two visible bays and two tagged bays, and every patient was given a falls prevention leaflet.

To support patients at end of life, staff told AR's that these patients and their families were prioritised, and symptoms managed. Staff would also liaise with the palliative care team or cancer team where appropriate and follow patients wishes should they want to go home, to Compton Care or a nursing home for example.

During the visit there was a death on the ward, AR's observed the staff drawing the curtains on this patient's bed and closing the doors of the side rooms and bays. AR's returned at a later date to complete the interview with the senior sister.

Information

Patients told AR's that they felt them and their families were well communicated to regarding their treatment and care. All patients apart from one had been asked if they had any communication needs, one patient told AR's that the staff always make sure they could hear them properly. Patients found that they didn't understand the staff uniforms or understood who the nurse was, but nothing had been explained properly. None of the patients that AR's engaged with had either met the ward matron or knew who she was.

Staff were having cards made for family members and patients that had the ward number, visiting times and staff information on them.

Choice

Patients had a choice in their food and drink which was a hot a la carte menu and selected from a trolley. Patients were able to order more simple options should they want it but staff highlighted concerns with the food such as not having enough of one popular option or catering foods that might not be suitable to the patients cultural needs. Patients told AR's they had choice over when they woke up and went to bed, but as the televisions were communal these were switched off at 11pm latest each evening. Patients had discussions regarding their treatment plans with the doctors.

Being listened to

The patients felt that the healthcare staff listened to their views and that these were or 'could be' taken seriously, all patients felt that the views of their relatives were listened to. Staff felt that they had good relationships with their patients and relatives and would try to resolve issues within the ward initially before referring to PALS. Only one patient did not know how to make a complaint but felt no need to. Staff told AR's that patients were encouraged to speak up and views were acted upon.

Staff also highlighted issues of them having to deal with aggressive relatives where they have had to call security or the police to protect the patients and staff.

Being involved

All patients felt that they were involved in the care and treatment they were receiving and that they were kept informed.

Visiting times on the ward were from 12pm to 7pm and staff told AR's that one nurse sits in each bay to talk to the patients during the day. The ward also got visits from the Chaplin on occasion to sit and talk with patients and the ward occasionally made referrals to Age UK. Despite this, one of the patients that AR's engaged with told them they felt lonely and isolated.

Recommendations

1. Ensure that patients are made aware of the staff uniforms and what each one means.
2. Introduce or make patients aware of the ward matron.
3. Ensure that the catering team are preparing food to suit the needs of the patients on the ward.
4. Ensure all patients are aware of the complaint's procedure, should they ever need to use it.
5. Ensure all patients are regularly engaged with to reduced loneliness and isolation.

Questions

1. Are patients discouraged from using items like body sprays to protect the health of other patients?
2. Are patients encouraged to sit in their chairs during the day?
3. How do you ensure patient flow of a weekend when huddles aren't occurring?
4. How will you continue to reduce failed discharge?
5. Patients told AR's that they have a choice in when they wake up, is this still the case if they are due for observations?
6. What is the protocol for when aggressive relatives are escorted off the ward by security? Are they allowed to return at a later date?
7. When do discharge discussions begin with patients?

Provider feedback

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Example text example text.

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