

# Enter and View report

January 2020

## Emergency Assessment Unit

North Tees & Hartlepool NHS foundation Trust



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# 1 Introduction

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## 1.1 Details of visit

Details of visit:	
<b>Service address:</b>	North Tees & Hartlepool NHS Foundation Trust, Hardwick Rd, Hardwick, Stockton-on-Tees, TS19 8PE
<b>Service Provider:</b>	Emergency Assessment Unit
<b>Date and Time:</b>	15 <sup>th</sup> January 2020 at 6pm
<b>Authorised Representatives:</b>	Margaret Wrenn, Ruby Marshall Jan Weedall & Stephen Thomas
<b>Contact details:</b>	Healthwatch Hartlepool, The ORCEL Centre, Wynyard Road Hartlepool, TS25 3LB

## 1.2 Acknowledgements

Healthwatch Hartlepool would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## 1.3 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 experiences of all service users and staff, only an account of what was observed and contributed at the time

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# 2 What is Enter and View?

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Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 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, optometrists 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 we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

## 2.1 Purpose of Visit

- To engage with service users of the Emergency Assessment Unit and understand how dignity is being respected in the Hospital
- Identify examples of good working practice.
- Observe patients and relatives engaging with the staff and their surroundings.
- Capture the experience of patients and relatives and any ideas they may have for change.

## 2.2 Strategic drivers

- CQC dignity and wellbeing strategy
- Hospital Trusts are a Local Healthwatch priority

## 2.3 Methodology

This was an announced Enter and View visit within a specific two week timescale.

Before we actually started speaking to patients we asked Sister Constantine were there any patients we should not disturb because of illness, infection control etc. She explained that there were some patients who we should avoid speaking to and gave us room numbers.

After this, authorised representatives conducted short discussions with patients covering areas such as food and availability of fluids, cleanliness and hygiene standards, dignity and quality of care. Several family members who were visiting relatives at the time of our visit were also spoken to. In all cases an explanation was given as to the role of Healthwatch and our Enter and View role.

Before leaving, we met with Sister Angela Wilkie who had taken over from Sister Constantine at hand over. We asked her some questions about the operation of the Ward, including bed numbers, staffing, training and discharge arrangements and gave her a brief overview of the key outcomes from our discussions with patients and general observations made during the visit.



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## 2.4 Summary of findings

We arrived at Main Reception, North Tees General Hospital, and noticed that the revolving doors at the entrance could be problematic for a blind, partially sighted or wheel-chair using patient, and wondered if assistance would be available for them. As the signage was poor, we asked the receptionist for directions to the Emergency Assessment Unit. We also noticed how brusque she was with some visitors.

We eventually found our way to the EAU at about 5-50pm, via a small reception and waiting area which was situated quite a way from the actual Unit.

The Unit itself was spread over a large area, with two corridors, and other adjoining corridors, with smaller rooms leading off. It felt very confusing, and disjointed, and could possibly cause difficulties for both visitors and patients. It was extremely busy, with a large patient throughflow, and we wondered how the staff managed to oversee some areas of the Department.

We waited awhile at the Nurses' station to speak to Sister Leanne Constantine, who was busy at the time, we were then able to introduce ourselves and explain why we were there. We asked whether there were any units/rooms we should avoid due to patient illness, there were six, and we abided by her decision. We also asked if she knew where the letters that had been left for the relatives of those in the Unit to comment were kept, but she had no idea at the time, but felt confident that they would be found.

Prior to speaking to patients and their visitors, we asked to be shown around the department. The aim of the department is for patients to be discharged or transferred to other Units in 24-48 hours (maximum) but some patients to whom we spoke were under the impression that their stay in hospital would be spent in the assessment Unit.

Our impressions of the staff were that many of them, including the porters and ancillary staff, were working extremely hard, and there was a cheerfulness about them as they went about their tasks.

When we reached the Reception area again, Sister explained that 80-90% of patients are discharged home and that the Unit reception is supposed to close at 9pm, but in reality it often remains open until 2 or 3am. Patients there, have all of their observations recorded whilst waiting to be seen, admitted or discharged, depending on their condition. Unfortunately, however some are there for between six and seven hours. Sister explained that this is unavoidable in some instances, and some patients are able to accept the explanation, and some not.

The public areas were all clean and bright, but there were not many notice board providing signage or relevant information.

The Units appeared clean and bright, if a little haphazard in layout at times due to the virtually constant movement of beds, patients for admission, or transfer to other



Units. The staff seemingly well aware of what was happening, and which patients were going where, complete with relevant information. Efforts had been made to assist those with dementia, such as red paint around doors to make them more obvious to those struggling to find their way around. Both Unit sisters, (day and night duty) were well aware of procedures for obtaining assistance from appropriate interpreters.

Between us, the members spoke to fourteen patients and numerous relatives. They were all happy to answer our questions and freely gave us information regarding their stay in the Unit.

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## 2.5 Results of visit

### Admission

When asked how long they had been in the Unit, four patients said one day, five patients said two days, three patients said three days, one said one hour, one four hours, and one about six hours.

When asked why they were there, the reasons given were: - Chest pain, Query stroke, Severe headache of one week's duration, Previous emergency, Advised by Nurse, Diabetic problem, Felt very unwell, Blood pressure very high, Advised by GP to attend, Reflux (unable to eat) Abdominal pain, Fall at home, low oxygen levels, and Severe dehydration (admitted from a care home)

### Transport

When asked how they got here - There were seven brought by ambulance, six by car, driven by family members, and one by hospital transport.

When asked how long they expected to be here - Six had no idea. Three said until tomorrow, One said overnight, One said waiting to see doctor, One said they thought not long, One said waiting for transfer to another Unit, One said two weeks (we thought he had been mistaken as patients are usually transferred to another Unit long before that)

When asked if they had been kept informed of what was happening, what would happen next and timescales - Two patients had asked for the information, 10 said yes, One said not yet, and One said not yet until seen by the doctor.



## Feeding and Hydration

### Quality of food

When asked if they had been offered any food - Nine said yes, Two said no, Three said n/a.

Asked whether the food was hot or cold - One said it was changeable, Seven said okay, Five said n/a. One patient said the food was not very appetising, One said yes, okay, One was unable to eat, and One patient said he was on a low-salt diet, but the sandwiches he was offered, the salt content was 33% of daily allowance!

Asked whether assistance to eat was given when required - Three said yes, Seven said they manage alone, Four said n/a.

### Hydration

Asked whether drinks had been made available to them - Eleven said yes, Two said they had to ask, One said no.

Asked whether water jugs were close by and regularly topped up - Twelve said yes, Two had to ask, One patient's fluid levels were being monitored.

Asked whether assistance was given with drinking if or when needed - Five said n/a to them, Nine said they thought so for those who required assistance.

### Dignity and Respect

Asked whether the staff were friendly and polite - Twelve said yes, one patient said "Some are", the son of one patient, who was unable to communicate also said yes.

Other comments made were "They go above and beyond what's expected of them"  
"All lovely" "Good, Canny"

Asked whether the staff took time to listen and answer their questions - Ten said yes, Two said no One said don't know, One said they couldn't find anyone to ask! One was unable to communicate (his son said yes) They appreciated that the staff were often busy.

Asked whether they were called by their preferred name - 13 said yes One unable to communicate, (his son said yes)

Asked if the call-button was close by and did they get a quick response - Nine said yes, One said there was no response, Two didn't know, One said not very good, One n/a (unable to communicate)



Asked whether, if needed, was appropriate and sensitive assistance provided with washing and toileting - Six said yes, One said no, just given a washing bowl of water, Five said n/a, One has a colostomy bag, (staff were helpful) Son of the patient unable to communicate, said he didn't know, but that his dad seemed well cared-for. He is also catheterised.

Asked whether they were able to discuss their condition and treatment privately with staff - Nine said yes, one didn't know, One said had not needed to yet, One said no, One said n/a. The son of the patient unable to communicate said his mother was dealing with that.

Asked whether they were happy with their overall care - Six said Yes very, One said sometimes, One said she felt "out of the loop, and patronised by young staff" Two didn't know, Three said mostly, but not brilliant, \*not as good as at James Cook Hospital.\* Son of patient unable to communicate said they were very happy with their dad's care.

Other comments were "Wonderful" "Plenty of banter with the lads on duty" Son said "yes, dad's loads better" \*Much better at James Cook, their EAU is bigger, and there's more specialists so seem more "on the ball".

Asked whether there was support for patients with additional needs, e.g. dementia or sensory loss-Ten said n/a, Two didn't know, Son of patient unable to communicate because of severe dementia thinks there is support for his dad.

## Cleanliness and Hygiene

Asked whether the Unit was clean - Twelve said yes, One son thought so, One Unable to comment One comment made was that the furniture looked battered, particularly the drawers!

Asked whether staff members observed good hand hygiene - Eight said yes very, One said yes, Five said they didn't know, Son thought so.

Asked if the toilet and bathroom facilities were clean - Twelve said yes, Two didn't know. Comment made that they were a bit crowded!

Asked whether their bedding was changed quickly if necessary - Six said yes, Seven said n/a, Son thought so, but dad is catheterised.

## Rights and fulfilment

Asked if they knew how to make a complaint or compliment - Nine said yes, Three said no, Son aware of procedure, One said family would know.

Asked whether they were regularly updated on their treatment and progress, and aware of care plan - Eleven said yes, One said no, Two waiting to go home. Comment made:- Complimentary about the sensitive and caring doctors, very thorough,





Asked whether a discussion on discharge/transfer, and ongoing care needs had been had with them - Five said yes, Three said n/a Two awaiting admission, Three awaiting results, Comments made - Carers when at home for mother (daughters discussed this with staff) Wife dealing with care needs.

## Safety and Security

Asked whether there was always staff there to help and support if needed - Eleven said yes, Two said staff always around, and very good, Son said family felt supported by staff (dad unable to communicate)

Asked whether their personal possessions and money were safe - Six said yes, One said no, One said n/a, Two said there were no keys, One said there was no locker. Comments made - I look after my own money, its safe I'm not a millionaire. Husband looks after her money. Wife takes care of that.

Asked whether they had had any slips, trips or falls - Nine said no, One had fallen out of bed, Three said n/a, One had fallen at home.

Asked whether they had observed any hazards during the course of the visit - Nine said none, Four said n/a, One transferred to ward 36.

When we had finished speaking to the patients and their relatives, we returned to the Nurses' station to speak to Sister Leanne Constantine, who by this time, was handing over the daily report to Night Sister Angela Wilkie. We waited for the handover to be completed, and Sister Wilkie joined us, so that we could explain how the visit had progressed.

We explained that the comments made by the patients and their relatives were mostly very complimentary, especially about the care they were receiving whilst on the Unit. Sister Wilkie was very pleased with this especially as she felt they had an excellent 'Team' who worked very hard.

We asked about training opportunities, and apparently mandatory training is reviewed yearly, and there are team days arranged where a good percentage of staff members are able to attend. Refresher training is also kept up-to-date.

Ward ethos of care follows the Pyramid of care philosophy, encompassing the six 'Cs', Care, Compassion, Competence, Communication, Courage and Commitment. Staff members do appear to care for their patients, and meet their needs as necessary.

Assistance for those with physical disability is provided as required, and those with dementia can access a nurse on a one-to-one basis, who is a member of the team. Signing for the deaf patient has, and can be, arranged when necessary, using a system called 'Language solutions' which also can supply interpreters when required.



We asked about whether staff and resources were adequate on the Unit, but both Sisters admitted, refreshingly honestly, that they really needed more staff as there were vacancies on the Unit, and it was an extremely busy working environment. It was felt that staff morale was low at times, especially as at the moment their Manager was in the process of leaving, and they were awaiting the arrival of a new one, and even though the staff work well together, they are very much ‘stretched’ as far as managing their work-load. However, Sister Constantine remarked that “Staff members who work on the Emergency Assessment Unit are well-equipped to work anywhere” Sister Wilkie echoed the sentiment.

We asked about the Discharge Policy on the Unit, for those who are discharged from EAU as opposed to those who are transferred to other wards. The policy applies only to those who are admitted into a bed, but are not classed as admissions when they go from the reception waiting area to outside of the Unit.

We remarked on the fact that the Unit, although busy, was reasonably quiet, there were no telephones ringing constantly, and Sister Wilkie explained that they had access to a system known as Voice Era, whereby if a call came through, the Sister could pick up the call wherever she happened to be, via a pendant hanging around her neck. She could access the call quickly, and should she be busy, then she could redirect the call as appropriate. If a patient’s relative called, then she could speak to them directly, without staff having to search for her to take the call.

We were very impressed with both of the Sisters’ knowledge and professionalism, especially their forbearance whilst answering our questions during what was obviously a very busy time on the Unit. We thanked them warmly for their help and especially their replies to our questions, honestly and freely given during our visit.

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## 2.6 Additional findings

There were no additional findings

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## 2.7 Recommendations

These recommendations are based on what we observed and what we were told during the visit to the EAU.

1. The signage marking the route to EAU from the reception area requires improvement.
2. Design and layout of the Emergency Assessment Unit, especially the reception and waiting area requires consideration, with a view to making it more self contained, therefore reducing the potential for staff/patient isolation.
3. Better use of notice boards in the Unit, in order to provide general information to patients, family members and carers.

4. More information provided to patients and their relatives, about their likely length of stay in the Unit, particularly around their transfer to other wards.
5. Secure cabinets/lockers provided for patients' valuables whilst on the Unit.

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## 2.8 Service Provider Response

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16<sup>th</sup> March 2020

Mr S Thomas  
Healthwatch Development Officer  
Healthwatch Hartlepool  
The ORCEL Centre  
Wynyard Road  
Hartlepool  
TS25 3LB

Dear Mr Thomas,

Following your recent enter and view visit to the Emergency Assessment Unit (EAU) and the Ambulatory unit on Wednesday 15<sup>th</sup> January 2019 at the University Hospital of North Tees, we have reviewed your report and acknowledge some recommendations that require addressing.

From the visit it was highlighted that consideration should be given to improving the signage to mark the route to EAU from the initial assessment area. We acknowledge this concern and it has been discussed with the team including our clinical staff. Various ideas have been shared detailing what this signage should look like and there has been an initial agreement of a road map type display which will inform patients of their proposed journey through initial assessment and into EAU.

The design and layout of the EAU is currently under discussion with the teams as there is already an agreement that the initial assessment area is probably not located in the most suitable place. There are early plans to move this area into what is currently the discharge lounge which will provide a much more visible area for staff to observe patients and will also provide individual rooms for patient assessment rather than staff having to take patients from the main waiting area into rooms on the main corridor. The hope is that this change of location will take place over the next couple of months.

An actual change of the design and layout of the EAU is not an option at the moment; I would require further feedback relating to this to fully understand your concerns about



the main ward area. EAU was purpose built to accommodate 42 beds which includes 16 isolation rooms and a significant central working space for all staff groups. This layout is essential for this area given the flow of patients on a daily basis.

You noted on your visit that there was not sufficient information on the notice boards to inform patients, family members and carers. At North Tees and Hartlepool we do have standardised notice boards to ensure that people are given a consistent level of information relating to the ward or department they are on at the time but these will certainly be reviewed following your recent feedback to ensure that there are no missing pieces of information that should either be added or replaced. Literature and posters are constantly reviewed and health promotion displays adapted for accident prevention, safeguarding, smoking and other areas of health promotion.

You noted on your visit a lack of information for patients and their relatives about their likely length of stay in the Unit, particularly around their transfer to other wards. Up to date information for all patients is a priority and ongoing discussions are taking place regarding communicating the patient journey through initial assessment, EAU and an allocated base ward area. It can sometimes be difficult to give an accurate planned length of stay for patients on EAU as their clinical condition can change quickly but this concern will certainly be explored further with the team to try to improve our current processes.

At this time EAU does not have provision of any lockable cabinets for patients to store their personal possessions. For EAU to install lockable cupboards at every bedside there would be a significant financial requirement which would not be approved at present.

Please can I thank you for your time and effort and please don't hesitate to contact myself for any further information.

Yours Sincerely

Lisa Kelly  
Department Matron – Emergency Assessment Unit

