



Ward Matron



Enter & View Report

Location: University Hospital of North Tees. **Ward 24**, Respiratory Medicine.

Date of Visit: 16th November 2018

Healthwatch Team Members: Judith Gray, Ruby Marshall, Margaret Wrenn & Marjorie Marley.

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 Healthwatch volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises.

Enter & View is the opportunity for Healthwatch Hartlepool 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' within a given timescale.

Enter & 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 a service does well.

Acknowledgements

Healthwatch Hartlepool would like to thank the staff and patients at the University of North Tees Hospital Ward 24 for their hospitality

Disclaimer

Please note that this report relates to findings observed during our visit made on 16th November 2018

The Visit

On arrival at North Tees Hospital we were met at the hospital reception by Mrs Hollie Lumley who escorted the team to Ward 24 which specialises in Respiratory Medicine. We were to speak to Staff nurse Susan Sarmiento who was in charge of the ward that day. Mrs Lumley spoke to her as she was in the ward huddle (handover). We were told she would be free to see us as soon as the huddle had finished. We were shown to a room to sit in and we waited approximately 40 minutes. In this period of time we commenced looking at the ward layout. The ward corridor and utility rooms appeared to be very cluttered and untidy. It was very dangerous as there were not any hazard signs. There were numerous computers on stands lining the corridor walls. The ward telephones were continuously ringing in the background taking ten minutes or more to answer each call. A mattress was propped up against the corridor wall. It is an extremely busy ward and not at all restful. Toilet bowls were stained with excrement and floors were dirty. One was wet with no hazard signs present. Staff nurse Sarmiento became available for the team to speak to. She seemed quite reluctant and apprehensive to speak to us. We explained to her that we were not on a witch hunt but just to see patients and get their opinions. She was unaware of Healthwatch's potential visit to the ward over the days stated on the introduction letter. There was no evidence of her or the ward receiving the letter so we gave her our copy to peruse. Staff Nurse Sarmiento informed us that the ward consisted of 31 beds of which 29 were currently occupied. Staffing levels per shift were 4 registered nurses and 2 healthcare assistants. We continued with our visit stating that we would meet up with her once our visit was completed.

We spoke to 18 patients male and female, There were 2 patients we were unable to interview as their condition would not allow.

Feeding and Hydration

Quality of food: Over all 12 stated the food was ok. Ranging from "not bad" to "good".

2 Stated it was "rubbish". The remainder said it "wasn't bad".

2 stated they had special dietary needs which were catered for. The remainder stated the choices were good and varied. However, all 18 stated that the food did not arrive hot, more lukewarm. Assistance was offered and given if needed.

Hydration

It was noted by Healthwatch staff and commented on that water jugs were close by and topped up twice a day in the morning and afternoon. Assistance was given if and when needed. 1 patient commented that he was often thirsty, but it was due his medication.

Dignity and Respect

18/18 stated that the staff were friendly and polite.

7/18 stated that staff had the time to listen to you and answer your questions. 1 stated "6/10", 8/18 stated sometimes and 2 stated "not always".

It was noted by the Healthwatch staff that all of the call buttons were within reach, normally tucked under their pillows. When asked if they got a quick response from the call button 16 stated “yes” the remainder stated “yes unless they staff were extremely busy”.

18/18 stated they were called by their preferred name.

10/18 stated they were independent, 8/18 stated she needed assistance.

3/18 stated that they could not talk in private to medical staff as all they did was “pull the curtains round”. The remainder stated Yes they are.

17/18 stated they were happy with their overall care and treatment. 1/18 stated The staff were “average”.

Cleanliness and Hygiene.

09/18 stated that they thought the ward was clean. 1/18 stated no, 3/18 said sometimes.

The remainder stated “reasonably”.

6/18 stated staff hand hygiene was good. 2/18 stated “no. they wear gloves” 1/18 said No. 2/18 said mostly. 2/18 stated staff could not wash their hands as “the chair was in the way”. The remainder said “sometimes”.

8/18 stated the toilets and showers were clean. The remainder stated that sometimes they were dry and stained.

18/18 stated that their bedding is either changed daily or quickly if necessary.

Rights and Fulfilments

14/18 said they knew how to make a complaint or compliment. Remaining comments range from “I’ve been here that long I’m a senior staff nurse now”, and not sure or no.

8/10 stated they were aware of how their treatment was progressing and aware of their care plan. The remainder said “not really”.

6/18 stated that they were aware of their possible discharge. 4/18 stated they were going home that day. Remainder said “not yet as it’s on going”

Safety and Security

8/18 said that the staff were there to support them when needed. 2/18 stated staff are very busy. They just buzzed when they needed them. 9/18 stated they were independent.

12/18 stated their possessions were safe. 1/18 stated that their possessions and money were in the hospital safe. 4/18 stated they did not have any possessions with them.

18/18 stated they had not had any trips, slips or falls whilst in hospital.

All patients interviewed did state “No” to any hazards they had observed. Please look at Healthwatch observations re: dirty toilets.

Staff and Managers views

We interviewed 5 members of staff of different grades including the ward clerk who had been in position for 5 weeks. Training Opportunities are on-going and carried out as required.

There does not appear to be a philosophy of care or mission statement on view. Are they outdated now?

The Roper-Logan and Tierney model of nursing care does not appear to be used either. Could you update us on what model is used please?

When asked about adequate staff and resources it was stated that staffing levels are low. Due to changes in management in the recent past staff morale was quite low. However, with current management it is picking up and is largely due to pressures of work on such an extremely busy ward. All staff are respected and admired for their hard work by patients.

Recommendations

The ward urgently needs de-cluttering, especially in corridors and utility rooms.

The hygiene and cleaning of toilets and bathrooms needs to be urgently dealt with. They should be regularly checked and sheets signed to prove this has been carried out.

We would like to thank Mrs Hollie Lumley and staff nurse Sarmiento for their time and effort and all the staff on the ward.

Questionnaire for Relatives/Carers of Patients on Ward 24

A. Food, Nutrition and Hydration

1. Is the food varied, plentiful and well presented?
 - Yes x 6
2. Has your relative different options to choose from at meal times?
 - Yes x 6
3. Is assistance available if required?
 - Yes x 6
4. Are water jugs close by and are they regularly topped up?
 - Yes x 6
5. Are any health issues (e.g. diabetes) or cultural, religious requirements catered for with regards to food options?
 - Yes x 6

B. Dignity/ Respect

1. Are staff friendly and polite?
 - Yes x 6
2. When you visit, have you noticed staff talking to your relative?
 - Yes x 4
 - No x 1
3. Do they treat them with respect?
 - Yes x 5
4. Is the call button close by and do you get a quick response?
 - Yes x 5
5. If needed, is appropriate and sensitive assistance provided with washing and toileting?
 - Yes x 5
 -
6. Are you able to discuss their condition and treatment privately with staff?
 - Yes x 5

C. Cleanliness & Hygiene

- 1. Do you think the ward is clean?**
 - Yes x 5
- 2. Are toilet/bathroom facilities clean?**
 - Yes x 5

D. Rights

- 1. If you are not happy or have issues or concerns about your relative's care or treatment, do you know to whom, how and where to pass your complaint?**
 - Yes x 5
- 2. Are you regularly updated on the treatment of your relative and their progress?**
 - Yes x 5

E. Safety & Security

- 1. Are your relative's personal possessions kept safely?**
 - Yes x 5

F. Discharge

- 1. Has your discharge been discussed?**
 - No x 3
 - Yes x 1
- 2. Do you feel fully involved in planning and arranging your discharge?**
 - Yes x 2
 - Not yet x 2
- 3. If you need a package of care after your discharge, are you confident that this has been arranged and will be in place?**
 - Yes x 1
 - No x 2
 - N/a

Any other comments

- First class treatment and attention.
- Lovely ward, have really looked after me during my stay so far.
- Very friendly staff, ditto best ward



Hospital Enter and View Group
Visit to Ward 24 North Tees Hospital
Friday 16th November 2018
Patient Feedback Sheet

Please use the attached forms as a guide to help you with the issues and topics you will be discuss during your conversations with patients and family members and other visitors. The areas listed are not exhaustive and there will often be other things which will come up that you will need to explore. Also please use the forms to record your general observations and impressions of the ward based on what you see, hear and smell during the course of the visit.

	Issues	Discussions and Observations
1.	<p data-bbox="208 248 613 288"><u>Feeding and Hydration</u></p> <p data-bbox="208 347 483 387">Quality of food-</p> <ul data-bbox="255 451 907 671" style="list-style-type: none"><li data-bbox="255 451 907 491">• Choice, quality and quantity of food?<li data-bbox="255 496 907 536">• Options and special dietary needs?<li data-bbox="255 541 907 580">• Correct food arrives?<li data-bbox="255 585 907 625">• Hot on arrival?<li data-bbox="255 630 907 671">• Assistance given if/when required? <p data-bbox="208 823 394 863">Hydration-</p> <ul data-bbox="255 927 869 1102" style="list-style-type: none"><li data-bbox="255 927 869 967">• Water jugs close by?<li data-bbox="255 971 869 1011">• Regularly topped up?<li data-bbox="255 1016 869 1056">• Assistance given if/when needed?<li data-bbox="255 1061 869 1102">• Do you ever feel thirsty?	

2. Dignity and Respect

- Are staff friendly and polite?
- Do staff take time to listen to you and answer your questions?
- Are you called by your preferred name?
- Is the call button close by and do you get a quick response?
- If needed, is appropriate and sensitive assistance provided with washing and toileting?
- Are you able to discuss your condition and treatment privately with staff?
- Are you happy with your overall care and treatment?

3. Cleanliness and Hygiene

- Do you think the ward is clean?
- Staff hand hygiene?
- Are toilet and bathroom facilities clean?
- Is bedding changed quickly if necessary?

4.	<p><u>Rights and Fulfilments</u></p> <ul style="list-style-type: none">• Do you know how to make a complaint or compliment?• Regularly updated on your treatment and progress and aware of care plan?• Discussed discharge and ongoing care needs	
5.	<p><u>Safety and Security</u></p> <ul style="list-style-type: none">• Always staff there to help and support me if I need them?• My personal possessions and money are safe?• Trips, slips, falls?• Any hazards observed during the course of the visit?	

6. Staff/Manager Views

Training opportunities?

Philosophy of care plan?

Adequate staff and resources?

Staff morale?

7. General Comments and Observations

Date of admission?

How did you get here?

Discharge arrangements/communication

Care and support arrangements after
discharge

18th December 2018

Health Watch Hartlepool

Dear Judith, Ruby, Margaret and Marjorie,

Following your visit to Ward 24 on the 16th November 2018 at the University Hospital of North Tees, we have reviewed your report and have noted your recommendations.

I would like to apologise that the Ward was not prepared for your visit and that you waited up to 40 minutes whilst a 'huddle' took place. At the time of your arrival to the ward the 'huddle' held at a designated time each day, was underway. The huddle ensures that all relevant team members allow 20-30 minutes to systematically go through all patients; highlighting sick patients, any concerns and those patients with a potential for discharge. This is Trust wide standard practice to improve timely care, improved patient flow and discharge. I would still expect this to happen each morning however, this should have been explained to you at the time.

Please be assured that staff had been made aware of the visit and we had received the letter confirming the dates. I have discussed communication with the senior nurse and Ward Matron. You note that the ward was cluttered. The Trust is aspiring to achieve paperless working and there has been an investment in additional computers to assist with EPMA (electronic prescribing medicine administration). At the time of your visit you noted there were a number of computers on the corridor. To provide some context to this, the ward requires 1 computer for medication administration per nursing team, which is 3 computers, 2 computers are required for the medical staff to complete the ward round and view blood results and x-ray reports and 1 is required for the pharmacists to support medicine reconciliation and discharge prescriptions. This technology allows the ward to function safely, timely and efficiently to improve patient care. The wards are in the process of reconfiguring a designated area to store the machines.

I was disappointed to read that there was no visible Philosophy of Care on the ward; that the telephone was ringing continuously and that in some areas; cleanliness was not as I would expect. I have shared your findings with the Ward Matron and will ensure your report is shared with the ward staff. Actions are in place to ensure the improvements necessary. We will also ensure the wider distribution of the report to the domestic staff who are part of the ward team.

Nursing care plans are developed to assess, develop, implement and evaluate care. Nurses are not trained in one specific model due to the variability in approach across organisation and as such allow nurses to consider multiple models of nursing care when assessing, planning and evaluating. This is fundamental to a nurse's professional registration.

May I thank you for your time and valued feedback in relation to Ward 24

Yours Sincerely

Mr Paul Caygill
SCM in Hospital Care

Paul Garvin
Chairman

Julie Gillon
Chief Executive