



## Enter & View Report

**Location:** University Hospital of North Tees. **Ward 31**, Surgical Observation Unit.

**Date/Time of Visit:** 14th November 2018 – 9.30am

**Contact name:** - Diane Garside Ward Matron.

**Healthwatch Team Members:** Jane Tilly, Lynn Allison, Margaret Wrenn, Amanda Burgess (Observer)

## **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 31 for their hospitality

## **Disclaimer**

Please note that this report relates to findings observed during our visit made on 14<sup>th</sup> November 2018

## **The Visit**

On arrival at North Tees Hospital reception we were warmly welcomed by Diane Garside, Ward Matron of ward 31. She escorted us there, and we were shown into her office, where we explained about our visit, and Diane told us that the ward is a Surgical observation unit, with 20 beds, and 15 patients at present were “close-monitored”, which meant that she had 36 members of staff and the numbers were critical because of the nature of nursing need on the ward. 2 patients were being nursed in side wards because of infection and 1 patient was being specialised (24hr nurse care) because of her ill condition. I asked if patients were ever discharged from the ward and Diane explained that that only happened if they took their own discharge against medical advice. Patients from this ward, once well enough, were sent to a “base” ward, and when ready, were discharged from there. Staff members work in teams on the ward, four teams of one RN and three Healthcare assistants or equivalent on days, and four RN’s and one Healthcare assistant on night duty. We asked about staffing levels during sickness absence, and she explained that sometimes staff members were borrowed from this ward to help out in other departments. This can cause problems, because although there are only 20 beds, the staff to patient ratio here is necessary to care for the patients safely. This is a ward treating both male and female patients, but not on mixed wards. We asked if there was anywhere we should avoid on our visit, and we were advised against going into the 2 wards where infection was present and avoiding the one where the patient was being specialised (24hr nurse care) but otherwise we were free to access the rest of the ward.

This is a very busy ward, and the corridors were cluttered with trolleys and other medical impedimenta. It appears to be too small to accommodate all that’s required to keep the ward running effectively, and there is no dressing room which means that dressings are carried out in the patients’ own beds.

The nurse’s station was particularly busy and we noticed that there were a large number of Thank you cards at the station.

At this visit, we spoke to 7 patients, 1 relative and one member of staff, as well as Diane Garside, Ward Matron.

## **Feeding and Hydration**

3/7 patients said the quality of food was good, 2/7 said not so good 1/7 said awful and 1/7 had not yet had anything to eat.

6/7 said choices were good and options catered for.

3/7 said correct food arrives, 3/7 were not sure

2/7 said food arrives hot, 1/7 said no and 3/7 said food was cold, microwaved, and like ready meals! The comment was made that the food was much better 2 months ago!

2/7 said assistance was given with feeding when required. 4/7 n/a.

7 patients said that their water jugs were close by (also observed)

6/7 said they were regularly topped up 1/7 said sometimes they have to wait if staff are busy.

6/7 said assistance was given if/when needed 1/7 said no.

4/7 said they were fine. 3/7 said they felt thirsty sometimes.

## **Dignity and Respect**

All 7 patients said the staff were friendly and polite - No problem with any of the staff, excellent and very helpful.

All said staff took time to listen and answer their questions.

All were called by their preferred name.

All said the call button was close by and usually got a quick response, but sometimes the staff were very busy.

All said sensitive assistance was provided with washing and toileting if required.

All felt able to discuss their condition and treatment privately with staff if required.

All were very happy with their overall care and treatment. Comment: - Here, a relative said the hospital care was excellent; he blamed the GP for his mother's condition now.

## **Cleanliness and Hygiene.**

All 7 patients said the ward was clean.

All said they were sure staff washed their hands, and some wore gloves too.

4/7 said toilet and bathroom facilities were clean. 3/7 said usually. Comment: - one patient said there is no plug in the bathroom sink, so takes his water jug in to use to shave!!

6/7 patients said their bedding was changed quickly if necessary 1/7

1/7 said they didn't know!

## **Rights and Fulfilments**

When asked if they knew how to make a complaint or compliment 3/7 patients said No, but would like some printed information at hand on how to do so, also some leaflets on hospital treatments.

5/7 said they were regularly updated on their treatment, progress and care-plan. 2/7 said no.

3/7 said discharge and ongoing care needs had been discussed with them. 1/7 said no. 1/7 still having tests. 2/7 said not discussed yet. General comments: - 3/7 patients were admitted on 13.11.18. 2/7 were admitted on 1.11.18. and 2 admitted on 7.11.18.

When asked how they had arrived at hospital, 3/7 came by ambulance. 3/7 were brought by relatives. 1/7 was admitted from A&E where they had attended themselves.

2/7 knew their proposed discharge date was 14.11.18. 1/7 knew theirs was 16.11.18.

4/7 not yet.

## **Safety and Security**

All 7 patients said the staff were always there to help them if necessary.

All said they felt that their personal possessions and money were safe.

None of the patients had fallen, but we observed 1 patient walking barefoot to the toilet.

Hazards observed by Healthwatch members were that corridors were all cluttered with trolleys, and other medical impedimenta and the ward seemed too small altogether for the work that went on there. It did not appear to be calm or restful unfortunately.

## **Staff and Managers views**

When asked about training opportunities the staff member interviewed, said apart from the mandatory training she attended she has also accessed training on skin integrity, blood collection, dementia testing and safeguarding adults and children.

When we returned to the office to discuss the visit with Diane Garside, we explained that the staff were held in very high esteem by all of the patients, and the relative to whom we spoke.

We noticed that she was trying to have her lunch at her desk. When pressed she admitted that there are times when she is unable to get any lunch at all due to pressure of work.

We asked about the Philosophy of Care plan, Diane explained that they used the triangle of needs as the basis, but there was also a written plan in the office, which she showed to us.

We also asked Diane about training opportunities for her staff, and she explained about the difficulties around ensuring all the staff were included in ongoing mandatory training as above, she has found that keeping a written personal record for each member of staff, is more effective in keeping up-to-date than the electronic system. When asked if she felt she had adequate staff and resources, she explained that it's difficult sometimes covering staff study days. She felt that resources were mostly adequate, but winter pressures, especially on this ward, because of the level of need of the patients could be frustrating. Sometimes when staff are taken from this ward to help on others, it is extremely worrying, trying to ensure everything is running efficiently and safely.

When asked about staff morale, Diane said she feels it's mixed. She tries not to rely on bank or agency staff if at all possible, because there isn't the commitment from them as there is from the permanent ward staff.

One of our members was 'Observing' only at this visit, as this is her first Enter and View experience. She noticed that there were no PALS leaflets, and just a small notice stating visiting hours, which she had to ask the Ward clerk to point out to her. She also noticed the protected meal-time board waiting to be put out on the ward. Diane explained that patients needing 'assistance with feeding' information was added to the board above their beds, which held their name and the Consultant and Key worker assigned to them, so staff would be aware of who needed help. In one of the wards, the boards were not exactly above the correct patient, but were behind the curtains. This could make it difficult to identify the correct patient if the staff didn't know them. During the course of the visit, the Doctor's room door was propped open, so that the computer screen could be easily seen by anyone passing by. It was also noted that

one of the side-room doors where the patient was suffering from an infection, had been left open.

A relative and a patient were observed going to the kitchen to get the water-jug replenished, the patient had two sticks and was having difficulty carrying the jug at the same time!

We asked about entertainment for the patients and Diane explained that only two rooms were without TV or radio, but they were expensive to use.

We mentioned that a comment had been made before we visited the ward about the night staff around the nurses' station being quite noisy during the night, Diane will look at the problem.

After supper-time at about 6-30pm, drinks are offered on the ward at around 8-30pm before the patients are ready for bed.

### **Recommendations**

We felt that it was imperative that Diane was able to leave the Ward for her lunch, to at least be able to have a break, and that someone should be able to stand in for her at that particular time.

We also recommend that a Treatment room should be made available for staff to check and change patients' dressings, instead of them having to be dealt with in the patient's beds.

The ward appears too small and cramped altogether for the work that goes on there, and we felt that maybe there should be more space available somewhere in the hospital for the Surgical observation unit to be housed, which wouldn't be cluttered and noisy.

The members thanked Diane for her help, and her openness whilst answering questions.

**Questionnaire for Relatives/Carers of Patients on Ward 31**

**A. Food, Nutrition and Hydration**

**1. Is the food varied, plentiful and well presented?**

- Yes x 9
- Nil by mouth since admission
- Food basic but ok
- Yes my partner enjoyed the meals she received on the ward during her stay
- Insufficient, poor quality, unsightly
- Food is very good x 2

**2. Has your relative different options to choose from a meal times?**

- Yes x 11
- Plenty of options
- Yes, she particularly enjoyed the vegetarian options
- No

**3. Is assistance available if required?**

- Yes x 12
- Hopefully
- Yes, quickly as possible

**4. Are water jugs close by and are they regularly topped up?**

- Yes x 12
- Needs sponge which seem to run out regularly on ward
- Yes, and kept topped up all the time

**5. Are any health issues (e.g. diabetes) or cultural, religious requirements catered for with regards to food options?**

- Yes x 9
- No issues so far x 2
- Yes, healthy options and high protein
- Minimal

## **B. Dignity/ Respect**

### **1. Are staff friendly and polite?**

- Yes x 11
- Definitely
- Very friendly
- Mostly, give or take a few

### **2. When you visit, have you noticed staff talking to your relative?**

- Yes x 13
- Yes, they seem very friendly and welcoming
- Mostly

### **3. Do they treat them with respect?**

- Yes x 14
- Mostly, a few staff let other good staff down

### **4. Is the call button close by and do you get a quick response?**

- Yes x 8
- He doesn't use it
- Usually
- Always on her bed. Unsure about response times as I have never been present when used.
- Providing staff are free they react promptly
- It is by the side of the bed
- Yes, and quick response
- Yes, was broken for a while though

### **5. If needed, is appropriate and sensitive assistance provided with washing and toileting?**

- Yes x 11
- Not needed
- Yes, very helpful with her catheter and recovery.
- When able, staff are pushed for time

### **6. Are you able to discuss their condition and treatment privately with staff?**

- Yes x 9
- Never had occasion to discuss anything privately
- Yes, as her partner I was informed from start to finish, staff nurse very helpful.
- Not really, there are no private rooms for staff or relatives
- My husband was able to do this



## **C. Cleanliness & Hygiene**

### **1. Do you think the ward is clean?**

- Yes x 14
- Not always

### **2. Are toilet/bathroom facilities clean?**

- Yes x 7
- Public toilets outside Ward 31 need a deep clean
- Yes, the ones I have seen
- Bed bound so not used them
- Not seen them
- Not always x2
- Perfect
- Brilliant
- No, the shower needs a deep clean

## **D. Rights**

### **1. If you are not happy or have issues or concerns about your relatives care or treatment, do you know to whom, how and where to pass your complaint?**

- Yes x 8
- Pals or CAB
- I would speak to the person in charge at the time
- No x3
- I am happy but would know who to contact
- We would approach the hospital for more information

### **2. Are you regularly updated on the treatment of your relative and their progress?**

- Yes x 11
- I ask for an update every day, sometimes I visit or call.
- Not always unless I ask

## **E. Safety & Security**

### **1. Are your relative's personal possessions kept safely?**

- Yes x 9
- Has none in hospital
- Kept in her bag, medicine in locker and cupboard provided
- Yes, I always feel my possessions are safe
- As far as possible
-

## **F. Discharge**

1. **Has your discharge been discussed?**
  - No x 7
  - Yes x 8
  
2. **Do you feel fully involved in planning and arranging your discharge?**
  - Yes x 6
  - No x 4
  - Not really, it's straight forward
  - Not applicable at present
  - When it happens
  - Mostly
  
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 6
  - No
  - Not yet discussed
  - It will be sorted if necessary
  - I'm sure it will be put in place
  - Yes, Medication has been discussed
  - Not sure

### **Any other comments**

- Nothing but appreciation for care skill of all staff
- I feel the staff on ward 31 (and others) are doing a fantastic job regardless of the pressure they are constantly under.
- Is this questionnaire for relatives or patients? I have experienced very good care from the NHS. The staff are unappreciated.
- The nurses and doctors and all staff are very helpful, and wards are very clean, I have no complaints.
- The staff and doctors are very nice people to talk to and ask for help
- All good no complaints
- All staff are very good at their job. Very professional, brilliant!
- The staff on the ward have been amazing, very friendly and helpful. They should be paid a lot more for the very good work they do.
- I have been treated with care, dignity and kindness throughout my stay.



**Hospital Enter and View Group**  
**Visit to Ward 31 North Tees Hospital**  
**Wednesday 14th 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="286 292 696 328"><b><u>Feeding and Hydration</u></b></p> <p data-bbox="286 389 562 426"><b>Quality of food-</b></p> <ul data-bbox="338 491 987 711" style="list-style-type: none"><li data-bbox="338 491 987 528">• Choice, quality and quantity of food?</li><li data-bbox="338 536 987 572">• Options and special dietary needs?</li><li data-bbox="338 580 987 617">• Correct food arrives?</li><li data-bbox="338 625 987 662">• Hot on arrival?</li><li data-bbox="338 670 987 707">• Assistance given if/when required?</li></ul> <p data-bbox="286 866 472 903"><b>Hydration-</b></p> <ul data-bbox="338 968 949 1141" style="list-style-type: none"><li data-bbox="338 968 949 1005">• Water jugs close by?</li><li data-bbox="338 1013 949 1050">• Regularly topped up?</li><li data-bbox="338 1058 949 1094">• Assistance given if/when needed?</li><li data-bbox="338 1102 949 1139">• Do you ever feel thirsty?</li></ul>	

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

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

Date 07/01/19

University Hospital of North Tees  
Hardwick  
Stockton on Tees  
TS19 8PE

Dear Healthwatch team,

Telephone: 01642 617617  
[www.nth.nhs.uk](http://www.nth.nhs.uk)

Thank you for the feedback from your visit to Ward 31 on November 14<sup>th</sup>. I enclose an improvement plan which addresses some of the issues you highlighted in the report. We very much appreciate the feedback and find the independent view of the ward is useful in assisting us to continually improve the quality of care for our patients.

In terms of your recommendations, I have included some in the improvement plan but as some entail potentially significant change; my action will be to take them in the first instance to the Directorate Management team meeting for consideration from a Trust perspective.

There are some other issues highlighted which require explanation rather than action, for instance the plug in the bathroom sink. The sinks are for hand washing only and we supply washbowls for patients who want to shave. The area was very cluttered and busy during your visit. This was the busiest part of the day with many different staff arriving on the ward for rounds, patient treatment etc. In addition, washing of patients and the medications means that both sets of trolleys are being well used. We assure you the area is calmer later in the day however you are correct in stating that this is a very busy area. As a level one area, the ward takes very sick patients from Critical care, wards and theatres in response to patient need.

Diane and I have been through your report and started the actions required but we would be more than happy to explain any element of any issues raised in the report at any time.

Thank you all again for the support of the ward and the feedback.

Yours sincerely

Tess Moore  
Senior Clinical Matron  
Surgery and Orthopaedics, North Tees and Hartlepool

# Healthwatch visit Improvement Plan

 Directorate: **Elective Care services**

 Ward/Department: **31**

Developed by: Tess Moore, Senior Clinical Matron

Date: 04/01/19

Item	<b>Problem/Issue/Identified gap in service</b> <i>These should follow logically from the Root and Contributory causes / Recommendations</i>	<b>Specific proposed actions:</b> <i>Specific, Measurable, Achievable, and Realistic. Actions should be designed to reduce the risk of recurrence. This should include the evidence needed to demonstrate the impact of implementation.</i>	<b>Date action initiated:</b>	<b>Responsibility:</b> <i>Name and job title of identified staff who have <u>agreed</u> to complete the action.</i>	<b>Planned completion date:</b> <i>Set a realistic timescale. Extensions will need to be agreed and justified.</i>	<b>Progress / Update</b> <i>The improvement plan should be regularly reviewed and progress updated to ensure progress is in line with planned completion date. Where monitoring or audit is proposed, a summary of the results should be provided.</i>	<b>Final Evaluation or Impact</b> <i>Where monitoring shows no improvement / change in practice, additional actions should be added with timescales for completion and further evaluation.</i>
1	Recommendation that the area needs a separate area for dressings.	Issue to be discussed at Directorate management meeting.		Tess Moore SCM elective care	31 <sup>st</sup> January 2019		
2	Recommendation that another area could be sourced within the hospital to provide more room.	Issue to be discussed at Directorate management meeting.		Tess Moore SCM elective care	31 <sup>st</sup> January 2019		
3	Staffing concerns	Directorate ward matrons are consulted in staffing each morning. Daily staffing meeting – in directorate and Trust ensures safe staffing for amount and acuity level of patients. Safe staffing is underpinned by policy. Any issues raised by staff regarding staffing are encouraged to be escalated at the time and placed on datix system to investigate and action.		Tess Moore SCM elective care	System in place and monitored	Staff aware of safe staffing process; – staff nurses also attend the staffing meetings.	

Item	Problem/Issue/Identified gap in service <i>These should follow logically from the Root and Contributory causes / Recommendations</i>	Specific proposed actions: <i>Specific, Measurable, Achievable, and Realistic. Actions should be designed to reduce the risk of recurrence. This should include the evidence needed to demonstrate the impact of implementation.</i>	Date action initiated:	Responsibility: <i>Name and job title of identified staff who have <u>agreed</u> to complete the action.</i>	Planned completion date: <i>Set a realistic timescale. Extensions will need to be agreed and justified.</i>	Progress / Update <i>The improvement plan should be regularly reviewed and progress updated to ensure progress is in line with planned completion date. Where monitoring or audit is proposed, a summary of the results should be provided.</i>	Final Evaluation or Impact <i>Where monitoring shows no improvement / change in practice, additional actions should be added with timescales for completion and further evaluation.</i>
4	Patient boards not all centred above patients	Boards to be moved		D. Garside	31 <sup>st</sup> Jan 2019	<b>Complete</b> boards re-centred	
5	Computer screen visible via open door to doctors room	All staff will be advised around potential IG breach and importance of closing doors. Share with medical staff.		D. Garside T. Moore	31 <sup>st</sup> Jan 2019	In progress	
6	Relative and patient using kitchen	Advise all staff again who use the kitchen that door needs to be closed so that patients are not using the area. Reiterate to patients/visitors that staff will obtain any drinks when required.		D. Garside T. Moore	31 <sup>st</sup> Jan 2019	Notice in place. Communicated to staff. Requires further communication to wider staff groups.	
7	Patients complained of noise from staff on night	Ward matron has highlighted this to all staff who use the area. This will be monitored.		D. Garside	31 <sup>st</sup> Jan 2019	<b>Complete</b> On-going monitoring via matron rounds and SPEQS.	
8	No PALS leaflets	A supply of leaflets will be placed in visitor area and ward boards.		D. Garside T. Moore	31 <sup>st</sup> Jan 2019		