



**Healthwatch Hartlepool Enter & View investigation in to
Ward 27 at North Tees & Hartlepool NHS Trust Hospital
after a number of issues/concerns were raised.**

June 2017

MISSION STATEMENT

“Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard”

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Questionnaire

ENTER AND VIEW Healthwatch Hartlepool.

University Hospital of North Tees

Ward 27 Friday March 31st 1pm- 3pm

Team members.

Zoe Sherry, Bob Steel.

Acknowledgements

Hartlepool Healthwatch would like to thank the hospital management staff and patients for their assistance with the Enter and View programme .Particularly Hollie Lumley, Julie Clennell and team, also the ward manager. Jane Corby

Disclaimer

Please note that this report relates to findings observed on the specific date above. Our report is not a representative portrayal of the experiences of all patients and staff. Only an account of what was observed and contributed at the time when we were present.

Purpose of the visit

The purpose of the visit was to investigate concerns that were reported to us about nutrition, hydration and staff attitude.

Strategic Drivers.

Enter and View is a key part of the engagement role Healthwatch organisations perform with patients and care service users. It enables us to gather first-hand the experiences of patients, care services users, family members and carers and gives an insight into day to day service delivery.

Methodology

The hospital management team were given written notice of a planned visit to Ward 27 North Tees Hospital by a team from Hartlepool Healthwatch. This is in line with the Enter and View protocol which advised that the visit would occur between the 13th and 31st of March 2017. A one month framework. Exact dates and times would not be identified to hospital staff.

Hospital staff agreed to arrange parking facilities and to meet and greet and escort the team to the ward. The ward is a medical and gastroenterological ward.

A small room on the ward was available for the team to meet pre and post interviews. It was agreed that Healthwatch I D's would be acceptable and worn. Also the team would adhere to the infection control guidelines.

The team were escorted and introduced to the ward manager who advised the team which patients were well enough to be interviewed.

8 patients and 2 staff members were interviewed. Post interview the team met and discussed the outcomes with the ward manager to enable a free exchange of information

A copy of the questionnaire can be found in appendix 1.

Summary of findings – questionnaires

A total of 8 patients were interviewed by the visiting team

Concerns had been raised about nutrition and hydration and staff behaviour.

Nutrition

With regard to the nutrition there was a variety of responses. Half of the patients were happy with the choice quality and quantity of food 'Fish and chips choice o.k.' but there were some who were not happy 'Tasteless' 'Terrible'.

A Vegetarian patient was unhappy with her choice and said she chose cheese and water. This patient was on a food drip and wanted to know if it was vegetarian? Though this person was very unhappy about most of her care.

Most patients 6/8 were happy with the options and dietary needs. 2 had not yet used the service and in all 6 cases the correct food arrived with only one complaining the food was cold and another said she was 'a fussy eater' so hard to please.

The 2 partially sighted patients had both received assistance with their meal.

There were no obvious concerns around nutrition and the only problems arose through patient personal preferences rather than the quality of the food provided

Hydration

All patients had jugs and tumblers close to them which were regularly replenished.

One using a drinking cup. Only 1 partially sighted patient had been unable to reach her drink. Several complained that the water was warm and 'tasteless'

One patient said she did not like water but tried to drink it as she had been told she must drink water. She had not told staff, so had not been offered an alternative.

Staff care. Dignity and Respect

Most patients 6/8 said that staff were friendly, other comments 'Some are –some not' 'most o.k. but 1 or 2 seem unsocialble.' 'Seems to be agency staff'

Nearly all staff listened and answered-even when under pressure. There was concern that 2 members of staff were rude – not polite.

All patients were called by their given name, 'yes happy with it' but none remembered being asked their preference

Call buttons were close by and within reach though response was slower last night though normally there is a quick response

Patients were happy about their privacy and staff sensitivity 7/8 though only 4/8 needed personal support with washing and dressing the other 4 managed themselves. None of the patients had had a shower or bath just bed baths.

One patient felt that the privacy was not as good as should be but was not worried.

Overall care 7/8 patients were happy 'Excellent' 'so far so good'.

Cleanliness

All patients agreed that the ward, toilet and bathroom were clean and being cleaned several times a day. 'Floors and everywhere' 'always cleaning'

Staff hand hygiene was seen as very good, either with gloves or gel.

Those who had used the toilet and bathroom said they were clean 'one patient does not leave it clean' and 'at times I have to wait for the commode'

The bedding is changed at least once every day.

Rights and Fulfilment

One patient was clear about the complaint procedure. Some said they would speak to the manager, some 'had no need to' or would not complain. No one had any information about complaints etc..

Only 3 patients were aware of their treatment plan 1 said did not know and the rest did not answer.

Discharge planning appeared to be in progress for 6 patients, One was being discharged today .2 were waiting news about equipment needed at home 1 patient was terminally ill and no plan in place and only 2 patients had no discharge plans

Safety

Most patients 6/8 felt safe and well supported by staff. 7/8 had no concerns about their possessions. (One patient was consistently negative throughout the interview)

There had not been any falls and there were no hazards despite it being a busy ward

Staff

We interviewed 2 staff members both care assistants

The nurses explained the in depth training they and other staff receive, also their annual training day.

There is ongoing training on the ward. Including:- Infection control, Safeguarding, Clinical governance, and Pressure damage.

Care Assistant level 1 and level 2, Safe medicine, Associate Practitioner, Secondary nurse training, Palliative care, Dementia Care, Peg feed awareness.

Sensory awareness. Translation (use of picture cards) though a medical staff member has an app on his 'phone to manage until appropriate help can be found.)

L.D. Training, M.H. Training also anorexia, self-harm and alcohol abuse to name but a few of the many. With opportunities to progress depending on the post of the applicant.

The philosophy of care is in the manager's office.

Staff levels have recently been increased with the appointment of 3 new staff. This makes a full complement of staff. This makes for good morale and a happy team.

Concerns arise when there is short notice of unplanned leave that can not be covered.

Manager

The team talked through their finding with the manager.

They advised the manger that there were difficult patients on the ward who would not answer our questions or were just generally unhappy, not only with their care and treatment but with the world in general.

Staff - The manager was aware of the concerns about the comments that 1 or 2 staff were 'unsociable' or abrupt. The manager said that she had interviewed one staff member the day previously about their behaviour.

It was commented that culture and language difficulties can be interpreted as brusque but is never intended to offend.

The ward had been short staffed which had lowered morale but 3 recent appointments had rectified this.

The concerns about buzzer delay was caused last night as one night staff member had been seconded to another ward and not replaced (as promised) so the ward only had 5 night staff instead of 6.

Occasional shortages occur when sickness calls come too late to get replacement staff.

Water - The manager was aware of the 'warm' water. The ice machine is broken and the water cooler needs fixing. These have been reported.

The vegetarian patient has been interviewed by catering staff and offered a range of choices or to request her own options. The manager was not sure if this offer had been taken up. It was not known if the drip was vegetarian.

Environment

The ward was clean and tidy and had a happy feel about it. The staff were chatting to patients as they worked. It was light and airy and the manager made us welcome. The cleaners were busy but unobtrusive. The staff were happy to accommodate us and we were made to feel welcome.

Summary

The team were very happy with the standards of care. It was noted that this is an extremely busy ward with a variety of care needs. The patient lengths of stay varied greatly and the patient discharges were being managed—with most patients having an awareness of their discharge status or the reason why it had not yet being arranged.

It was possible that the staff 'rudeness' may have been a cultural and the staff did not intend to offend

Recommendations

To ensure that the water jug and glass is within reach for all patients.

Full night staff cover to enable all buzzers to be answered in a timely manner

To consider privacy when the discussion is very distressing

That the misunderstandings of staff manners can be addressed sensitively to assist staff and patients, or to talk to staff who are actually rude or insensitive