



**Healthwatch Hartlepool Enter & View investigation in to
Ward 28 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”

Contents of the Report

- 1. Enter & View Report**
- 2. Response from Hospital Trust**

Appendix 1 Questionnaire

ENTER AND VIEW Healthwatch Hartlepool.

University Hospital of North Tees

Ward 28 Thursday March 23rd.

Team members.

Zoe Sherry, Carol Sherwood, Margaret Wrenn, 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, her team, and the ward manager.

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 service 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 28 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.

A small waiting area 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 to the ward manager who advised them which patients were well enough to be interviewed. 10 patients and family members were interviewed and 2 staff. 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 10 patients and family members were interviewed by the visiting team Concerns had been raised about nutrition and hydration.

Nutrition

With regard to the nutrition there was a variety of responses. The main concern being about the temperature of the food. 'Depends where you are in the delivery line' 'the ice cream was warm' Another patient was concerned about the size of the portion as she has a small appetite she felt the full plate put her off her food. She would have preferred a choice of portion size. There was concern that breakfast is served before there is an opportunity to wash hands. Most people thought that the options were good, and diabetic people had their own choice. Most patients received the food they had chosen. There was feeding assistance available for those who needed it.

Hydration

All patients had jugs and tumblers or drinking cups close to them which were regularly replenished. The only patient who felt thirsty was one who was a mouth breather and had a constant dry mouth.

Staff care

Most patients 7/10 said that staff were friendly and polite, listened and answered-even when under pressure. There was concern that some members of staff were rude – not polite.

All patients were called by their given name but none remembered being asked their preference

Call buttons were close by and within reach though one was faulty, (staff have reported it) All patients said there is a good response-except one lady who was upset she could not get help to reach it in the night to get her walker.

All patients were happy about their privacy but one patient said 'curtains are not walls' It was suggested that a room be available when difficult or very personal matters had to be discussed.

All patients felt that their care was good or very good.

One patient felt that his comments were not accurately recorded in his file.

Cleanliness

Patients agreed that the ward, toilet and bathroom were clean and being constantly cleaned.

There was concern that a toilet had been out of use for sometime and patients had to walk to another one. (see manager reply)

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

General

No one was clear about the complaint procedure. Some said they would manage, some would not complain but no one had any information.

Most patients were aware of their treatment plan

Discharge planning appeared difficult due to the constant changing of patients, transfers between wards and admissions. Lengths of stay varied from days to weeks, though most patients either knew or had an awareness of their progress towards discharge. Though one patient living alone had concerns about what would happen at home.

Safety

All patients felt safe and well supported by staff. No one had any concerns about their possessions.

There had not been any falls and there were no hazards despite it being a busy ward and appearing to be some what cluttered.

Staff

Staff have good training opportunities. They have all mandatory training including the annual training day. There is ongoing training on any topic relevant to their position and requirement. This also includes opportunity for career progression.

A busy ward who use Agency staff to maintain staffing levels.

There were no resource issues highlighted.

Staff morale is good as many staff have worked on the ward for a long time and feel 'like a family'

Manager

The problem with the toilet is ongoing due to the discovery of asbestos which need specialist attention to resolve. The manager has agreed to amend the notice so that patients are aware of the cause / delay.

The manger confirmed that the ward is very busy and have to use agency staff to maintain the nursing levels.

The manger was concerned when informed about the 'rude' staff

The manger informed us that the ward looked cluttered as there had been a delivery that day of supplies that had to be stored away

Environment

We were admitted through a locked door procedure. There was good hand wash and gel facilities.

The ward seemed remarkably quiet for such a busy ward. The initial corridor was quite dark but the wards were bright and clean. There was a happy bustle about the ward. The staff were friendly and polite though the ward appeared cluttered with so much happening,

It was noted that the walls of the corridors were marked by trolleys or wheelchairs which did not give a good impression as we walked in.

Summary

Allocated room was too far from the Ward. They team found a small one on the Ward which was used.

Overall the team were very happy with the standards of care. It was noted that this is an extremely busy ward with a big throughput of patients. Due to the pressures on other wards this ward also takes transfer patients to relieve the pressure. As result the lengths of stay varied greatly and discharges were managed well –with most patients having an awareness of their discharge status.

It was possible that the staff 'rudeness' may have been a cultural effect rather than an intended action.

A patient was concerned that there was a person suffering from dementia on the ward.

Several patients said that the ward was much better than their previous ward.

The team was told many times 'the staff are wonderful 'and how well looked after they are.

Recommendations

When dealing with nutrition to consider portion size.

To investigate a means of keeping the food hot for every patient.

When toilets or equipment are out of order, To ensure explanatory signs clearly tell the patient what is happening to prevent misunderstandings

To provide a consulting room for those patients who need more privacy when having difficult consultations or receiving personal distressing news.

Re decorate entrance corridor to give a brighter cleaner look.