

# Enter and View report

January 2020

## WARD 29

North Tees & Hartlepool NHS foundation Trust



# Contents

---

- 1 Introduction..... 3
  - 1.1 Details of visit..... 3
  - 1.2 Acknowledgements ..... 3
  - 1.3 Disclaimer ..... 3
- 2 What is Enter and View? ..... 3
  - 2.1 Purpose of Visit..... 4
  - 2.2 Strategic drivers ..... 4
  - 2.3 Methodology ..... 4
  - 2.4 Summary of findings ..... 5
  - 2.5 Results of visit..... 6
  - 2.6 Additional findings ..... 9
  - 2.7 Recommendations ..... 9
  - 2.8 Service Provider Response.....10, 11, 12
- Appendix 1 .....13,14,15,16



# 1 Introduction

---

## 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>	WARD 29
<b>Date and Time:</b>	23 <sup>rd</sup> January 2020
<b>Authorised Representatives:</b>	Ruby Marshall, Bob Steel & 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

---

# 2 What is Enter and View?

---

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 patients and relatives on WARD 29 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
- Healthwatch Hartlepool annual work programme

## 2.3 Methodology

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

Before we actually started speaking to patients, we asked Matron Helen Smith 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 Matron Helen Smith again. We asked some further 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.



## 2.4 Summary of findings

We arrived, via a very busy Car Park, with very few parking places and no vacant parking places for disabled persons at all.

We entered the hospital at Reception and requested the Receptionist on duty, to contact Matron of Ward 29 to advise her that visitors from Healthwatch Hartlepool had arrived and asked that she meet up at Reception. The Receptionist, who was most helpful, advised us that Matron was on her way to meet up with us.

Matron, Helen Smith arrived shortly afterwards, we introduced ourselves to her and advised her that this was an unannounced visit. We requested her to escort us around the Ward and to point out and advise us of any rooms or wards we should not enter because of the patient's present illness and wellbeing.



Prior to speaking to patients and their family visitors, Matron pointed out five patients who she felt, at this point in time, should not be disturbed or questioned. Healthwatch members took this advice as it was not in the best interest of patients to be disturbed.

We asked Matron how many beds were in use, at the moment. Matron replied the Ward was a 30 bed Unit and presently had four vacant beds. Which no doubt would soon be occupied. We also asked about staffing levels and were advised there were two staff vacancies – a SRN and a Nursing Assistant. This was obviously putting an extremely busy ward, under a great deal of pressure and

they should be commended for the care they were cheerfully giving to patients.

Before speaking with patients and their visitors we also asked Matron if she had any questionnaires which has been left for family/friends to complete, if they wished so to do. Matron said there were nine envelopes with the questionnaires completed and would give them to us before we left the Hospital.

Matron advised us that she had recommended a staff team who provide care to diabetic patients with foot/ankle wound for an in-house recognition award (Shining Stars). The initial results of the initiative have shown a significant reduction in length of stay and Matron said the Staff members involved go “that extra mile”- on behalf of the patients” they care for. She went on to say that newly introduced blood sugar monitoring equipment was proving to be very effective.



## 2.5 Results of visit

### Admission

When asked when they were admitted to Ward 29, 3 patients said within the last three days, three patients 16<sup>th</sup> – 18<sup>th</sup> January, one patient 10<sup>th</sup> January, one patient 28<sup>th</sup> December and one patient didn't know.

### Access Issues

Getting into the hospital, parking, entrance, lift, stairs, four patients said that the parking charges were excessive for visiting relatives and loved ones, three patients said that the ward was a long way from the carpark which made things difficult for older visitors, one patient said that there weren't enough disabled parking spaces in the main carpark and one patient said that the ward being on the fifth floor made things difficult.

Clarity of signage on route to Ward 29, the visiting team felt that the signage on route to Ward 29 was reasonably clear and had no problems finding their way to it.

Signage and information on ward 29, the visiting team were impressed with the amount of information on display on Ward 29.

Accessibility of toileting and bathing facilities, three patients commented that there were only showers on the ward and that they prefer to have a bath, two patients commented that the toilet cubicles were very small and two patients said they did not like having to go onto the main corridor to take a shower as there side room didn't have one.

### Feeding and Hydration



#### Quality of food

When asked about choice, quality and quantity of food, one patient said plenty of food and good choice, one patient said happy with the food, 3 said ok, one said excellent and one said that food was unappealing, but had little appetite, one only just admitted and one no response.

Special dietary needs, one patient was diabetic and needs had been properly catered for.

Correct food arrives, all patient who responded, reported that the correct food always arrived.

Hot on arrival, four patients said yes, one said reasonably and two said only just warm on arrival.





## Hydration

When asked are water jugs close by, eight patients said yes.

Water jugs regularly topped up, eight patients responded yes.

Assistance given if needed, four patients said yes and four said assistance not required.

Do you ever feel thirsty, four patients said no, one patient said sometimes, one patient said yes and one patient said yes, hot drinks are not regularly offered and I particularly like a hot drink at night.



## Dignity and Respect

Are staff friendly and polite, eight patients said yes, always friendly and polite, one patient said they have been ok.



Do staff take time to listen to you and answer your questions, two patients said yes when they have time, they are very busy, one patient said yes they do listen but don't always talk as so busy, three patients said yes, one patient said yes, I feel I have been kept well informed, one patient said they have been very good, Beth is so lovely and kind.

Are you called by your preferred name, nine patients said yes.

Is the call button close by and do you get a quick response, two patients said yes, three patients said yes, it is close but haven't used it, two patients said it is close but response is slow, two patients said yes and they come quickly.

If needed, is sensitive assistance provided with washing and toileting, four patients said help was not required, two patients said if needed, I manage myself mostly, one patient said yes I do get help, they are kind and helpful, one patient said yes they are good and one patient said assistance is not needed, but would have liked a bath and there isn't one on this ward.

Are you able to discuss your treatment privately, four patients said yes, two patients said yes with the Doctor who see's me regularly, two said yes, they keep me regularly updated, one patient said only just been admitted so not so far.

Are you happy with your overall care and treatment, six patients said yes very happy, one patient said very good, very caring and try to help, one patient said on the whole, but not sleeping as they have given me an air mattress to avoid pressure sores, it is vey uncomfortable, one patient said yes but a bit boring and depends who is on the ward.







one patient said they would like a lockable box and one patient said that she was wearing her valuables at all times as they didn't have a lockable cupboard.

Trips, slips and falls, five patients said none, two patients said they had fallen during previous hospital admissions but everything ok this time, one patient said they found the floor of the shower to be slippery and had felt unsafe and one patient said that there were always signs if the floor was wet.

Any hazards observed during the course of the visit, no hazards were observed by the visiting team during the course of the visit.

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.



## 2.6 Additional findings

During our discussions with Matron Helen Smith she confirmed that she knew how to access interpreting support services and that many staff have accessed training around Dementia Awareness, Supporting Patients with a Learning Disability and Pharmacy. She went on to say that there were good links with Hospital Social Workers and the Discharge team, but relationships with care homes was varied.

## 2.7 Recommendations

These recommendations are based on what we observed and what we were told during the visit to WARD 29.

1. Appoint Qualified SRN and Nursing Assistant as soon as possible.
2. Wheelchair accessible toileting and showering facilities should be introduced on the Ward
3. Consideration should be given to the provision of lockable cabinets in which patients can keep personal possessions.



## 2.8 Service Provider Response

University Hospital of North Tees  
Hardwick  
Stockton on Tees  
TS19 8PE  
Telephone 01642 617617  
[www.nth.nhs.uk](http://www.nth.nhs.uk)

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,

The trust has received your report from your visit to Ward 29 on the 23 January 2020 and would like to thank you and your colleagues for your time and hope that you enjoyed your visit to Ward 29 and found the staff welcoming and helpful.

The trust had been informed to expect your visit prior to the Christmas period and on the day of your visit the ward was not fully occupied which is unusual for the winter period.

The trust takes on board all of the findings that you have provided from the patients on the day of the visit and also from the relatives and carers of our patients, from the questionnaires that were distributed prior to your visit.

Three recommendations were outlined in your report for the trust to respond to, please find the responses as follows:

**To appoint a qualified Registered Nurse and Health Care Assistant as soon as possible:**

The Trust has a rolling, ongoing programme to recruit both registered nurses and health care assistants.

After applications are received the Trust invites interested candidates to attend a recruitment centre. The recruitment centre is divided into skills stations, whereby the applicants are assessed during team work and team discussions, assessment is completed by senior staff within the organisation. The individual candidates are also given a set of scenarios to demonstrate their knowledge and understanding and assess their suitability to work for the Trust.



Following on from the recruitment centre, the facilitators discuss the candidates individually and select who will be offered a post and where the position is available. The Trust does try to provide the post that matches their preferences.

At the time of response, Ward 29 are awaiting a newly qualified nurse who will be joining the Trust in a full time post in March 2020. In line with Trust policy and guidance, the staff member will have supernumerary status for the first two weeks and during this time they will receive training that will allow them to work proficiently on the ward, such as our IT systems and the trakcare system to allow her to administer patient medication.

The Trust also utilises a revised recruitment centre approach to recruit Healthcare Assistants. Ward 29 has a newly appointed HCA who is due to started with the trust in March 2020 working part time hours. The trust is continually striving to increase recruitment and retention rates for candidates who are appropriate to work within the organisation.

### **Wheelchair accessible toileting and showering facilities should be introduced on the Ward**

At the present time the ward has 3 shower rooms. All of these rooms are large enough to accommodate wheelchair access, the trust acknowledges that manoeuvring of wheelchairs in these rooms can be challenging, however is unable to amend the layout of the ward at this current time without capital funding, despite the current restrictions this issue has been raised with the estates department in order to source an eventual solution. All of the shower rooms have a designated shower chair for patients to use.

The toilet areas can all be accessed by using a commode to glide over the toilet area. One of the toilet areas is slightly larger than the majority and this is situated in the main corridor next to the nurse's station and outside of room 6. However, the ward does not have a toilet that is large enough to accommodate a patient in a wheelchair and an accompanying member of staff whereby they can enter the toilet room and shut the door behind them in order for the patient to transfer from the wheelchair to the toilet whilst maintaining their privacy and dignity.

The ward has used the disabled toilet located on the far end of ward 28, which is the adjoining ward, in the case of patients who require a member of staff to assist them whilst in the toilet. Alternatively, ward 25 which is located on the third floor, has a much larger disabled toilet that is also situated next to the nurses' station, and this has been used previously by patients from ward 29.

The Trust holds a monthly accessibility group where issues raised with accessibility and reasonable adjustments are raised, this point will be added as an agenda item to the accessibility group and discussed with the senior team and external stakeholders.

### **Consideration should be given to the provision of lockable cabinets in which patients can keep personal possessions.**

At this time the ward does not have provision of any lockable cabinets for patients to store their personal possessions. Each patient has their own bedside cabinet and some of these do come with lockable drawers, however, not all the cupboards are of this design and for those with lockable drawers, the keys are not in use. The Trust



does provide a small lockable cabinet for the patients' medications and the key to these cupboards are kept with the nursing staff.

To install lockable cabinets represents a cost for the trust and a business case for their use, feasibility and their cost would need to be submitted for discussion and approval. Due to the nature of the ward, many of the patients are very frail and elderly and they would need assistance to use this facility and this in itself would not be without risk.

I hope you feel that the trust has given your recommendations serious consideration and once again can I thank you for your feedback on the services provided.

Yours sincerely

Helen Smith

Ward Matron ward 29



Questionnaire for Relatives/Carers of Patients on Ward 29

**A. Food, Nutrition and Hydration**

1. Is the food varied, plentiful and well presented?
  - Yes 5
  - No
  - Not very well presented
  - Fair
  
2. Has your relative different options to choose from a meal times?
  - Yes 7
  - They do have a choice of sorts
  
3. Is assistance available if required?
  - Not all of the time
  - Not observed, patients left to own devices, no support offered.
  - Yes 4
  - Not needed
  - Yes but not always
  - N/a
  
4. Are water jugs close by and are they regularly topped up?
  - Yes 6
  - On table, never observed staff replenish jugs
  - Close by but not topped up very regularly
  - Would like water jugs checked regularly
  
5. Are any health issues (e.g. diabetes) or cultural, religious requirements catered for with regards to food options?
  - Yes 4
  - N/a 4
  - Mam has diabetes, has puree food but there are always options.



## **B. Dignity/ Respect**

1. 1 Are staff friendly and polite?  
The one I came into contact with was rude
  - Yes 6
  - OK
  - Very nice
  
2. When you visit, have you noticed staff talking to your relative?
  - Never observed it on the ward, too busy
  - Yes 8
  
3. Do they treat them with respect?
  - No, observed catheter bags being emptied on ward
  - Yes 7
  - 8/10
  
4. Is the call button close by and do they get a quick response?
  - No, too short staffed, busy
  - Not all of the time
  - Depends on times
  - Mam can't use it but nurse always pops in
  - Don't know
  - Yes close by but not answered very quickly
  - No
  - Yes 2
  
5. If needed, is appropriate and sensitive assistance provided with washing and toileting?
  - No 2
  - Yes 4
  - N/a 2
  - Always there when wanted
  
6. Are you able to discuss their condition and treatment privately with staff?
  - Could never find staff, desk always empty, too busy.
  - Yes 8

## **C. Cleanliness & Hygiene**

1. Do you think the ward is clean?
  - No, stains on floor, wet pads and tissues on the floor





- Relatively clean
  - 50/50
  - Yes 5
  - Not bad, not perfect
2. Are toilet/bathroom facilities clean?
- Have never used them
  - Relatively clean
  - Have walked in and paper is all over the floor
  - Always clean
  - Yes 5

#### **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?
- No staff never approached to discuss care
  - Yes 6
  - No
  - Have no reason to complain
2. Are you regularly updated on the treatment of your relative and their progress?
- No 3
  - Yes 5
  - Yes, even when I can't get to the hospital, I phone and is answered straight away.
3. Have discharge arrangements been discussed?
- No had to ask, (as above)
  - Yes 2
  - Not spoken about it
  - Not yet, mam just admitted
  - Not yet 3

#### **E. Safety & Security**

1. Are your relatives personal possessions kept safely?
- No, personal items went missing, reported but nothing happened.
  - Yes 4
  - Asked nurses to take items away for safe keeping
  - Didn't leave any items on ward
  - No response
  - Mostly



## F. Information and Access

1. How easy was it to find Ward 29, and how helpful was signage in the hospital?
  - Signage good 7
  - OK
  - Very easy
  
2. Are leaflets and other written information in the Ward easy to understand and if needed available in easy read or other formats such as large print or braille?
  - Never saw any
  - Yes 4
  - Don't know 3
  
3. Are toileting and bathing/showering facilities available on the Ward and if so, do they meet the personal requirements of your relative?
  - Relative in fortnight, never offered bath, needs assistance
  - Yes 5
  - Don't know
  - Not yet
  
4. How easy has it been to contact the ward by telephone?
  - Could never get through, kept ringing
  - Average
  - On one occasion got through but was cut off
  - Very good
  - OK
  - Easy
  - Not needed to 2

### Any other comments

- Short staffed and staff who were available seemed like they didn't care as too busy. Can only comment on ones I came into contact with, not all staff. Will probably be fully staffed for your visit, need unannounced visit to get true picture.
- I am hard of hearing, hard to understand some staff whose first language not English.
- Friendly ward. The only problem is call button alarm outside the room which constantly buzzes. Annoying especially during the night as it is so loud.

**That's it! - Please would you return this, in the envelope provided, no later than 8<sup>th</sup> December. - Once again our thanks and assurance that everything you tell us will be treated in strict confidentiality.**

