

Enter and View Visit Report

Provider Name	Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Location of Service	RJAH Orthopaedic and District Hospital
Name of Service	Sheldon Ward

Type of Service	Sheldon is a general medical and metabolic ward, specialising in elderly care and treatment for osteoporosis. There are twenty-three beds arranged in two, four and eight bedded bays. There are also four side rooms. It caters for male and female patients (source RJAH website)
Address of Service	RJAH Orthopaedic & District Hospital, Twmpath Lane, Gobowen, Shropshire, SY10 7AG
NHS Choices Service Webpage	https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=2129

Date of Enter and View Visit	13/02/2014
Time and Duration of Visit	13.30 - 15.00
Authorised Representatives in Visit Team	1. Suzanne Hutchinson
	2. Chris Heaven
	3. Kate Prescott (Volunteer and Involvement Officer)
Type of Visit	Pilot Visit: Announced

Purpose of Visit	To explore how the individual's dignity is respected in this care setting, and to identify good practice
Stand-alone visit or Part of a programme of visits	<i>Pilot Visit:</i> A series of visits testing Healthwatch Shropshire's newly developed systems for Enter and View visits, and to build the volunteers' confidence and expertise. Pilot visits are not based on intelligence.



Aim of Visit

Our aims were:

- a) To observe the environment and routine of the ward with a particular focus on how well they supported the dignity of the patients
- b) To speak to as many patients as possible about their experience on the ward, focusing specifically on the personal interactions with ward staff and others providing their care and treatment
- c) To speak to family members visiting the patients about their perspective on the care provided
- d) To speak to members of the ward staff about the running of the ward.

During the planning stage we compiled a list of topics, with the intention of covering as much of the ground as possible through informal chats, either with patients on their own or together with their family visitors.

We compiled a list of the ward areas, facilities and routines we hoped to observe.

Outline of Visit

On our arrival we identified ourselves to the Staff Nurse in charge of the shift as had been prearranged with the Ward Manager who was not on duty that day. She gave us information about staffing and patient numbers, and took us through the men's wing to a room beyond to show us the information boards and comments made by patients from the previous day's 'digni-tea party'. She then offered us any further help we might need, and left us to it.

Sheldon Ward is on the first floor of the hospital and is arranged in two wings at right-angles, with the nurses' station at the junction of the wings. Along and beyond the men's wing there are two side rooms, offices, a nurses' rest-room and a physiotherapy room. This section of the ward is divided into one two-bed and one four-bed bay. The women's wing, with a four-bed and an eight bed bay, has some ward facilities such as the sluice opposite the other two side rooms. There is a toilet and bathroom on each wings.

The Authorised Representatives spent time alternating between talking with patients and their families, speaking with the staff members on duty, and making observations from a range of points within the ward.

We talked to a number of patients spread across the different bays and side-rooms. It was visiting time so we also talked with 3 visitors. In total we spoke to eight female patients, five male patients and five members of staff.

The patients we spoke to had been on the ward for varying lengths of time and



some were preparing for discharge in the near future.

Findings

Digni-tea Event

On the previous day the ward had held a 'Digni-tea party' at which patients discussed with staff the meaning of dignity and respect in terms of the care they were receiving. One patient we spoke to said she enjoyed and was quite impressed with the event.

Promoting Independence

- Many of the patients were observed to be out of bed, seated in chairs.
- One patient was receiving physiotherapy at the time of the visit and another patient was observed to walk out of the ward independently (accompanied by a family member) as they were discharged.
- When two porters approached a patient to take them from the ward to an appointment the patient offered to walk, but was asked to 'use the wheelchair today'.
- A relative said that in the mornings the staff were too busy to accompany the patient as required when she needed to get out of bed. However, the relative was surprised and pleased to find that since the last visit the patient had become independently mobile and was encouraged to move about with a walking frame.

Patients treated as Individuals

- All the patients we spoke to expressed themselves well-satisfied with this aspect of their care. When asked what they would remember about their stay, the word 'kind' was used repeatedly about the ward staff.
- It was observed that patients who were sleeping in the afternoon were respected by having the window curtains drawn in that bay. In other bays where there was no-one asleep the curtains were open.
- Above each bed was a board of information about the occupant which included 'preferred name'. All staff, including cleaners, were observed using people's preferred names.
- A Health Care Assistant was observed attending to a vulnerable patient with gentleness and consideration, talking quietly to him as she worked.
- A nurse was observed seated by a patient in a side room engaged in a lengthy conversation. Her body-language indicated full engagement and a person-to-person rather than professional-to-patient approach. The patient was taken off the ward shortly afterwards so we could not follow up the



observation directly.

- Friendly interactions between staff and patients were observed in the men's wing, including light banter between porters and patients being transported onto and off the ward.
- A physiotherapy treatment was in progress during the visit. The physiotherapist was observed to provide a lot of encouragement to the patient, congratulating the patient when things were done well. When moving things around the patient the physiotherapist was continuously communicating what she was doing and so keeping the patient informed of what was happening all the time.
- A patient was happy with the care received, and felt treated as an individual. The patient was waiting for Social Services to arrange care before being discharged.
- A patient preparing to leave the ward expressed satisfaction with the care received. Aftercare had been arranged and communicated; home-care and outpatient follow-up timetable were mentioned. The family member assisting agreed with this and was very satisfied with the quality of care the patient had received.
- A patient in a side room expressed satisfaction with the care. It was "better than the previous hospital" as the nurses seemed "more mature". The food was also much better. A doctor came round most days and the consultant came round once a week; the patient felt confident that they would address any concerns. Asked whether being confined to bed and in a side room ever felt lonely or isolated, the patient said not; ward staff were always quick to respond to the call-button.

Respect for Privacy

- We saw no instances of personal care being given without the curtain being drawn around the bed.
- Bed-pans were well-covered and were removed very discreetly through the busy ward.
- Staff were observed making use of curtains around individual beds for quiet conversations with patients.
- The bathrooms and toilets are individual rooms rather than grouped facilities (i.e. a row of toilets or baths/showers)

Additional Findings

Staffing on the ward

- The Staff Nurse told us that there are seven staff on duty during the morning shift, and five on the late shift: three of whom on the late shift are healthcare assistants.
- Rapid response to calls, day and night, was mentioned by a number of patients.
- Two patients said the staff always seemed busy but always came when they



used the call bell.

- One patient said they sometimes had to wait a bit longer for a response when there was a meeting taking place.
- A visitor said there had not always been staff free to accompany the patient when necessary, and when nurses were asked for information they said that they 'would get back' when they had time, which sometimes did not happen.
- One patient intimated that compared with another ward they did not find the routine quite as 'slick' .
- A visiting relative was also generally positive about the quality of care.

Ward environment: Noise

Sheldon Ward falls into two halves, the men's and women's wings, and the environment in each differs significantly from the other. The men's wing has an unavoidably high level of through-traffic because of the offices and physiotherapy area at its far end, and does not have a lot of space. It does not feel as though there is much distinction between the corridor area and the bays.

The women's wing gave a much more calm, bright and open impression, with more space.

During our visit the noise level on the men's wing seemed quite high: several televisions were switched on and there was a lot of background noise from the through traffic and general activity. By contrast the women's wing was much quieter in every respect. Asked about the noise levels staff members confirmed that the women patients tended to use the available televisions less often and that generally it was a quieter part of the ward.

It is difficult to see how the men's wing can be improved under current circumstances. However, potentially a male patient with a low noise tolerance threshold could find the environment stressful.

Ward environment: Cleanliness

The whole ward was spotlessly clean; toilets and bathrooms were immaculate, common areas clean and tidy. Floor-cleaning was taking place on both wings during the visit before visitors began to arrive.

Ward environment: Additional Comments

At the far end of the men's ward is a sizeable open area with exercise equipment and other items stored there. It did not appear to be somewhere that patients routinely used. A small, open area with basic amenities is available on the women's wing, but no-one used it during our visit. The Ward Sister explained that this is going to be turned into a quiet space for dementia patients. It was not clear where confidential conversations could be held on the ward, outside the private



side rooms; however, staff were observed making use of curtains around individual beds for quiet conversations with patients.

The general atmosphere was one of orderly and purposeful activity. Ward staff seemed relaxed and cheerful and were friendly when approached.

It was observed that the clocks on the ward all read different times. When asked about this the staff said they hadn't noticed before and that only facilities staff are authorised to alter the clocks.

Fluids of various kinds were readily accessible for all patients except for one in a side room, where the water-jug was placed out of reach. However, the patient had a bell to hand with which to summon assistance. We had timed our visit to avoid meal-times, but a snacks trolley manned by volunteers toured the ward while we were there, and a library trolley entered as we left.

Key Findings

The Healthwatch team were in agreement that Sheldon Ward appeared to be a well-run environment where patient care was of a consistently high standard and where the dignity of patients was consistently respected. We saw and heard plenty of evidence that patients on Sheldon Ward are treated with respect for their individuality and dignity by ward staff, and no evidence that they are not. This was nicely illustrated by two comments on the 'digni-tea party' board: "*Follow the code you are already doing on this ward!*" and "*Good staff understanding*".

The built environment has some disadvantages for both patients and staff, resulting in the men's half of the ward being busier and noisier, and a potential lack of privacy for confidential conversations.

There were indications that staff were sometimes busy to the point of being over-stretched. At least one relative felt that this had impacted to some extent on the patients' care as staff did not have time to accompany the patient when necessary.

Instances of good practice observed by the team:

- Patients' 'preferred name' identified and used
- Respect for privacy within constraints of ward lay-out
- Prompt response to requests, day and night
- Drinks readily available and accessible
- Compassionate treatment of frail patients
- High standard of cleanliness throughout the ward



- Friendly and approachable attitude of staff
- During our visit a woman from the hospital patient panel arrived to ask the patients about their experiences of the hospital, demonstrating that patient feedback is collected.

Recommendations

We recommend that this ward continues to provide the high standard of care with respect for people's dignity that we observed and heard about on this visit.

We recommend that the clocks on the ward are synchronised.

Response from Service

We are very pleased with your findings and will ensure that the high standard of care provided on the ward is maintained.

All the clocks have now been synchronised and the ward manager will ensure that this is monitored.

We have noted your comments with regard to the noise levels in the men's wing. This is a known problem and staff make every effort to accommodate patients by making use of the side rooms where possible. The ward staff have previously looked into the option of offering patients headphones for watching TV, but this is unfortunately not possible.

