



Enter & View Visit Report

Details of Visit

Service Name and Address	Sheldon Ward (Rehabilitation and Rheumatology) The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, SY10 7AG
Service Provider	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)
Date and Time	23 rd May 2016 14.30 - 16.00
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	3 Healthwatch Shropshire Authorised Representatives - 2 speaking to patients, visitors and staff and 1 observing the ward

Purpose of the Visit

To explore the quality of the patient experience on the ward.

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 experience of all service users and staff, only an account of what was observed and contributed at the time.

Context of Visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for themselves how services are provided. These visits are called Enter and View and always have a purpose.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives. These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced or unannounced. The visit to Sheldon Ward at The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) was announced.

What we were looking at

We looked at the quality of patient experiences in the ward. In particular we asked patients about:

- their comfort and ability to relax
- their confidence in the staff
- whether they felt supported by staff
- if staff listened to them
- if staff communicated well.

We also planned to observe the interactions of the medical, nursing and support staff with the patients and visitors. The observation was based on the 'Sit and See' tool used by hospital trusts across the country, including RJAH. The tool focuses on

- General care: including the quality of interaction with patients, patient comfort and the support given
- Person-carer engagement: including communication by staff and patient/carer involvement in the care being given
- Infection prevention and control and person safety: including hand hygiene and following the bare below the elbow policy.

What we did

The ward manager showed us around the ward.

Two Authorised representatives talked to patients and visitors. A third member of the team completed an observation.

What we found out

Sheldon Ward has 23 beds. There are two wings at right angles to each other with the nurses' station joining the two wings. Both wings have patient bays of varying sizes, and side rooms. The bays in one wing are used for female patients; those in the other wing are for male patients. The side rooms on the female wing are ensuite. There is a room for therapists and an area set up with physiotherapy equipment. This was not being used during our visit. One of the bathrooms has been recently refurbished and decorated and is bright and airy. There is an attractive 'dementia-friendly' room with books, an appropriate clock and a 'memory case' - a collection of items to stimulate memories and conversations.

Staff told us that they often have patients who have been diagnosed with dementia on the ward, and other patients who are easily confused.

We spoke to 8 patients. We had a questionnaire available which was completed by 2 other patients. Both indicated that they were very comfortable, able to relax, confident in staff ability, supported, listened to and understood and they felt that the staff communicated with them well. It was not appropriate to use the questionnaire with other patients.

Comfort and ability to relax

Most patients we spoke to were complimentary about their comfort on the ward. One said everything was 'champion'. Another said the food was very good. One patient had been transferred from Royal Shrewsbury Hospital and said the transfer was completed very smoothly. Two patients commented that their admission had been a smooth process. One patient said that, when hydrotherapy and/or physiotherapy are expected to be part of their treatment in hospital, it would be helpful to be sent a list of additional items to bring in before admission, e.g. trainers, swimsuit etc.

We were told by patients that visitors were made welcome, and we spoke to 2 of these visitors. One patient, who had been on the ward for 6 weeks, said his stay on the ward had been 'perfect'. Another patient, who had arrived on the morning of our visit as a day patient, was surprised to have been allocated a bed on the ward. Previously when receiving physiotherapy and hydrotherapy as a day patient, she just attended the therapy sessions and then went home again. We asked staff about this. They explained that sometimes the consultant specified that the patient must have a bed in order to rest after treatments. When we left the ward, the patient had already waited 7 hours for treatment.

Those patients who had used the call button said that it was responded to quickly. We observed that when patients called out for help, it was provided quickly.

Confidence in staff and support from staff

Patients praised the staff. One patient said that 'the physiotherapist took me home for an hour last week, to check that I could manage at home'.

We observed that the layout of the ward made it difficult for staff to continuously monitor the well-being of the patients. We were told by the Ward Manager that they were trying to introduce a staff work station in each bay but staff shortages made this more difficult.

Staff listening and communication

Patients were happy with the way staff talked to them. They felt that staff had the time to talk to them and explain what was happening in their treatment, in the short and long term. One patient, when asked about the best thing about being on that ward, said 'The patience of the staff and their ability to listen to you'.

Observation Summary

In addition to the Enter and View team a third authorised representative (AR) visited Sheldon Ward to conduct an observation.

Observation ratings

The AR rated each observation as

- Positive, showing a high level of compassionate care; or
- Passive, showing good care but little empathy or positive engagement with the patients or their visitors; or
- Poor, showing a lack of care and compassion.

The AR also noted the staff's attention to the ward environment, covering issues such as ward cleanliness and tidiness, noise levels, and the steps taken to maintain high standards.

Observation findings

It was a quiet time on the ward. Several patients had visitors with them, and several others were having treatment off the ward or were taken or brought back while we were there. One patient was awaiting discharge. Several patients had been admitted very recently and most of the activity on the ward centred around them. A tea trolley and the hospital library trolley were taken round during our visit.

1) General Care

Overall the AR observed good quality care being delivered. While engaged in care tasks with patients the ward staff and others treated them with respect and in a friendly manner. The instances of care not rated as Positive centred around a bay on the female wing in which all 4 occupants had some degree of dementia. At least 2 of the patients seemed to be at an advanced stage.

The Ward Manager explained at the beginning of our visit that there were staffing difficulties that day on Sheldon Ward, with some vacancies and some staff on sick leave. The AR observed that the ward staff seemed to be very busy despite it being a comparatively quiet period on the ward.

Twenty observations were made in this category:

Positive: 13 Passive: 1 Poor: 6

Examples of Positive Care:

- A nurse explaining to an elderly patient in detail what would be happening, and giving a clear timeline.
- A physiotherapist explaining to a patient that they would be helping her to get out of bed for the first time since her admission but that first they needed to read her notes to make sure they were doing the right things.
- A pharmacist taking details of a new, rather confused patient's medication with a pleasant smile and a lot of patience.
- Several ward staff helping a patient from bed to a chair, with recognition of the need for a footstool to make them comfortable and a straw to make drinking tea easier.
- A student shown how to lay a blanket more comfortably over the patient's legs. This patient looked pleased and relieved to be so well looked after.
- The curtains being pulled round the bed while a patient was helped to get up and sit in a chair.

Examples of Passive Care:

- Two health care assistants having their attention drawn to a patient with dementia who was looking unhappy and uncomfortable, checking the patient without talking to them, and later saying, in response to a question, "She's OK" without looking at the patient.

Examples of Poor Care:

- Members of the ward staff walking past bays between tasks without looking at the patients in the bays, and missing that some patients needed help.
- A very cursory cleaning of a mattress on a recently-vacated bed. The same cloth was used continuously for the whole operation, and as the mattress was not laid flat and the cover was wrinkled, multiple small areas were not touched by the cloth.

2) Patient/Visitor Engagement

Most of the interactions observed between the various grades of staff and the patients/visitors were friendly, though it was observed that the ward staff did not spend much time talking with patients or their visitors unless they were carrying out care tasks. Once again the observations rated as Passive or Poor related to the female wing and the bay where the patients had a degree of dementia.

Twenty five observations were made in this category:

Positive: 21 Passive: 1 Poor: 3

Examples of Positive Care:

- The healthcare assistant taking round the tea trolley spending nearly ten minutes making a patient with dementia more comfortable, talking them through what she was doing, taking things very slowly, and making sure that tea and water were within the patient's reach.
- A healthcare assistant exchanging banter with a patient and their regular visitor.

Example of Passive Care:

- A nurse noticing that a patient with dementia had not drunk their tea and asking them if they wanted it, but not helping or encouraging the patient to drink it.

Examples of Poor Care:

- A pharmacy student aware of the distress of a patient with dementia next to where they were working, but not given a lead or guidance by the pharmacist, who gave no signs of being aware of the distressed patient.
- The pharmacist being asked by a member of the public to help with a distressed patient and answering that she was not the right person to ask, but failing to draw the attention of ward staff to the request.
- A family member of a patient with advanced dementia being told that the patient had not drunk much that day and being asked to ensure that the patient drank something. There was no recognition from staff that this might cause the visitor a problem and no support was offered. Over a period

of about half an hour this visitor became visibly very stressed over the patient's refusal to co-operate. No member of staff checked on the patient or paid any attention to them during this time.

3) Patient Safety and Infection Prevention

There was a limited amount of care being given during the period of observation, mainly routine checks. No staff were observed failing to wash their hands when moving from one patient to another. In the one instance of more personal care observed, the staff member used gloves. All medical and support staff were observing the bare-below-the-elbow protocol. Most wearing ties or lanyards had them tucked into their clothing, but one doctor had a dangling lanyard.

Five observations were made in this category.

Positive: 4 Poor: 1

The Ward Environment

Sheldon is an L-shaped ward. The men's wing appears darker and more cramped than the women's wing, though each bay has a window. The corridor on the men's wing seems narrower, and there is less distinction between being in the bay and being in the corridor, than on the female wing. The largest bay at the far end of the women's wing is very light and bright as it has windows at each end. There are side-rooms but we did not attempt to observe in any of them.

The ward looked and smelled clean, the women's wing more so than the men's. The wet rooms we were shown were very clean and tidy.

Parts of the ward were quite cluttered, with medical equipment and furniture stored along the walls of the corridor.

The areas round the beds were relatively free of clutter and tables held only the necessities, for example jugs of water, glasses, cups of tea, and some personal possessions. There was no sign of medical or continence equipment having been left on the tables apart from one unused urine bottle seen through the door of a side-room.

The noise level was quite high, particularly on the men's wing, mainly due to conversations amongst the ward staff and other medical professionals. We observed that there were always a number of staff at the Nurses' Station talking with one another. Due to the layout of the ward this affects the men's wing more. In addition there are offices and a physiotherapy room at the far end of the men's wing so there is more through traffic.

Summary of Findings

- Patients said that:
 - they were looked after very well
 - they were happy with the care and treatment they received
 - staff communicated with them clearly.
- One patient did not know why, as a day patient, she had been allocated a bed. This had not happened before when she was a day patient.
- One patient told us it would be useful to be told prior to admission what specialist clothing they need for therapy sessions e.g. trainers, swimsuit.
- Staff responded promptly to call bells or when patients shouted for help.
- The observer saw that in general the quality of interactions between staff and patients during care tasks was high. All staff were friendly and respectful of patients' dignity.
- The ward staff did not appear to have time to give attention to patients who were not being given active care.
- The layout of the ward seemed to us to make it difficult for ward staff to keep the patients, especially those with some level of dementia, under observation. A station near the top end of the female ward, opposite the bay for patients with dementia, was not occupied during the period of observation, though we were later told that at night someone was always positioned there.

- Patients with a high level of need did not, during the period of observation, receive as much attention from ward staff as they required.
- The need for support from ward staff for family members of patients with dementia did not appear to be recognised, i.e. a visitor was asked to support a patient to drink.
- The ward environment was clean but cluttered and quite noisy, especially on the male wing. The female wing was much brighter and felt less cluttered.

Recommendations

- To review procedures for day patients
- To review written information provided to all patients prior to admission, to make sure it provides the information on clothing needed for therapy sessions
- To continue to work on ways to make it easier for staff to continuously monitor the well-being of patients
- That ward staff be reminded of/given training in the skills required for nursing patients with dementia

Service Provider Response

This section is filled in with the response the service provider gives when they have seen the draft report.

Healthwatch Shropshire received the following response to our recommendations from the hospital trust on 28th July 2016.

To review procedures for day patients

Day case patients are often given a bed if one is available to enable them to rest between hydrotherapy and gym sessions. They usually appreciate being able to lie down and have a rest between treatments.

We will continue to offer a bed out of kindness to patients whenever there is a bed available.

To review written information provided to all patients prior to admission, to make sure it provides the information on clothing needed for therapy sessions

Patients coming to the hospital receive a letter with their admission date which also asks them to bring in comfortable clothing for exercise sessions and swimwear for hydrotherapy sessions.

We will continue to issues the letter we are already using.

To continue to work on ways to make it easier for staff to continuously monitor the well-being of patients

Starting September 2016 and to be completed by May 2017 the ward manager will oversee the following actions:

- The ward manager will implement bay nursing, so there will be a member of staff present in each bay at all times of the day
- In the process of recruiting more staff
- Business plan for activity coordinator
- Work station for staff in each bay
- Discuss impact of winter pressure on this plan with Clinical Services Manager (CSM)

That ward staff be reminded of / given training in the skills required for nursing patients with dementia

The ward manager / sister oversee the following on an ongoing basis:

- All ward staff but 1 have had dementia training (1 new staff member was on duty on the day of your visit, they are booked on training 09/08/16)
- The ward has an active dementia lead who attends meetings / conferences and feeds back to ward staff
- There is a monthly activity plan in place for patients with dementia
- Change and update the dementia board 6 monthly
- Audit against the dementia policy

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out 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 Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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