



Enter & View Visit Report

Details of Visit

Service Name and Address	Urology Ward in the Treatment Centre, Royal Shrewsbury Hospital
Service Provider	Shrewsbury and Telford Hospital NHS Trust
Date and Time	15 March 2016 14.00-16.00
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	1 Healthwatch Shropshire Authorised Representative and the Enter & View Officer

Purpose of the Visit

- To be assured that patients are treated with dignity and respect, have privacy and that staff respond appropriately to meet care needs
- To explore the appropriateness of the environment for inpatients

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 ourselves how services are provided. These visits are called Enter and View and always have a purpose. Enter and View visits can be announced or unannounced.

The visit to the Urology Ward situated in the Treatment Centre at The Royal Shrewsbury Hospital was unannounced.

The purpose of the visit was to speak to patients, their visitors and staff and find out if patients are treated with dignity and respect, have privacy on the ward and if the staff respond appropriately to their care needs. We also wanted to explore if the Treatment Centre is an appropriate environment for the Urology in-patients.

What we were looking at

The key areas we looked at were

- Person-centred care and communication
- Medication - management and safety
- Choice - particularly relating to food
- Environment - the physical environment and patient privacy

What we did

We were shown around the Urology Ward by the Ward Manager. During the visit we spoke to:

- four patients, two of whom had a visitor present
- two ward staff
- two senior hospital staff

What we found out

The Ward Manager told us that Urology was moved from Ward 21 to the day surgery ward in the Treatment Centre in mid-November 2015. This was done to free up Ward 21 over the winter so it could be used for patients who are ready for discharge. Urology is due to move back to Ward 21 in early April 2016.

The ward has 4 bays. On the day of the visit there were 22 inpatients, most of whom were urology patients, divided between three bays and two side rooms. Another bay and the lounge area were occupied by day surgery patients.

The lounge is used for Ophthalmology patients during the day but can be used as a TV lounge by inpatients in the evening.

Urology have access to a small sluice room, washing facilities, offices and various treatment rooms.

A nurse's station for both day patients and inpatients is situated in the middle of the largest bay.

Person-centred care and communication

All the patients we spoke to praised the staff and said they were called by their preferred name. One patient told us the staff were 'doing great' under pressure and explained that the night shift staff had been excellent when dealing with a very sick patient and a difficult patient the previous night. Three patients told us that it had been noisy and chaotic but the staff had managed the situation well and were very patient. Another patient in the next bay said they had had a very quiet night.

One patient who had been in the ward for three nights said his only complaint was that when the medical team came to his bed they talked amongst themselves but didn't talk to him. However he also said that he knew what was happening with his treatment. Another patient who had been on the ward for four nights said the staff had been absolutely brilliant. He told us that he had asked a lot of questions since arriving on the ward and felt fully informed about what was happening. He said his treatment was explained and he described his discharge arrangements and future treatment.

One patient said that he had been encouraged to get out of his bed and was helped to sit in his chair, but that he moved back to his bed as it was more comfortable. This patient said that staff responded quickly to his requests.

One patient told us that he had come to the ward that day from another ward in the hospital. He explained that he was not a urology patient and had been worried that he was so far away from the department treating him. He was reassured because the appropriate doctor had already been to see him and so the 'system seemed to be working'. He had not had breakfast but his treatment had been postponed so staff had brought him some toast mid-morning.

Medication - management and safety

We observed that the medication for one patient was left on the top of a locker. When we raised this with the Ward Manager she explained that this was because the medication was being checked prior to discharge. We were told by other patients that their medication was locked in their individual lockers.

Choice - particularly relating to food

All the patients we spoke to said that the food was fine or as expected. They said it was warm and what they had ordered from the menu. A jug of water was provided for each patient, and one patient told us that a drinks trolley came around regularly.

The physical environment and patient privacy

The Ward Manager explained that the ward is designed for the narrow beds used for day surgery patients. In order to accommodate the larger inpatient beds alternate bed spaces were left empty. We observed that each bed had plenty of space around it. However another member of staff told us that when the curtains are drawn there is not enough space around the bed as this area was also designed for the narrower day treatment beds. This makes maintaining patient privacy more difficult.

Each patient had a locker with a lockable medication section. They also had a wide, comfortable chair so they could sit in it for long periods.

Staff told us that the sluice room was also small for their needs and storage space was limited because it was not designed for inpatients. They also told us that patient washbasins in the bathrooms were smaller than is usual for an inpatient ward because they were designed to be used by day patients.

One patient said that toilet facilities seemed to be quite a long way away from Bay 2, particularly when patients are in pain. A member of staff said that it was a similar distance on other wards. We observed that the inpatients had to walk past day patients to use the toilet facilities.

Patient names were above the beds.

Several patients said that the ward was cool at times. Staff said this was due to the air conditioning and they would follow this up immediately with the estates team.

Some of the patients we spoke to in Bay 2 said that at times the ward was understandably noisy. Another patient in Bay 3 said it was surprisingly quiet.

We asked ward staff about how they make the environment dementia-friendly. They told us about their use of the butterfly symbol on patient wristbands and patient information boards to show when a patient has Dementia. The Ward Manager told us that they have dementia-friendly clocks on Ward 21 which show the time and date. All ward staff have introductory training on dementia as part of their induction and additional courses are available but these are not mandatory and there is not a certificated course. One member of staff told us that they thought dementia training should be mandatory for all staff including agency staff.

Additional Findings

Ward staff understood the rationale for the move of the Urology Ward to the Treatment Centre. They said they did not think the move had affected the quality of care and treatment they gave to patients as they were still the same team. They told us about the pressure on beds in the Treatment Centre and how they managed competing demand for beds from day patients and inpatients, including patients from different parts of the hospital. One member of staff said they did not think it was ideal for the ward to be a mixture of day patients and in-patients, not least because the patients and their visitors find it confusing.

The staff were looking forward to returning to Ward 21, but wondered what would happen next winter.

Staff told us that the move of the ward to the Treatment Centre in November 2015 had taken place as planned and therefore they expected that the return to Ward 21 would also take place as planned.

Summary of Findings

- Patients were complimentary about the care they had received, which met or exceeded expectations.
- Patients were complimentary about the way staff responded to their questions.
- Staff called patients by their preferred name.
- Patients felt that they were kept informed about their treatment.
- In all but one case, medication was kept in individual locked cabinets. Staff explained that one patient's medication was being prepared for their discharge.
- Drinks are provided regularly. Food was as expected or better and was what the patient had ordered.

- Several patients commented that the ward was cool at times.
- Curtained space around beds is limited, making it harder to maintain patient privacy.
- The ward is designed for use as a day treatment centre. Storage, sluice room and patient wash facilities are smaller than those provided on wards designed for inpatients.
- Sharing the ward between day patients and inpatients appeared to be well-managed, but may have made some patients feel uncomfortable.
- Staff were aware of the need to create a dementia-friendly environment.

Recommendations

If the day treatment centre is used again as an inpatient ward, consider:

- changing the individual bed curtaining arrangements to make it easier to maintain patient privacy
- providing appropriate inpatient washing facilities
- providing a larger sluice and storage area

Generally

- Ensure that the ward is at an appropriate temperature
- Ensure that medication is stored securely
- Ensure that all staff have regular dementia training

Service Provider Response

Healthwatch Shropshire has received the following response to this report from the Director of Nursing and Quality at SATH:

I would like to thank the team that attended for their time and feedback which is as always really helpful and very much appreciated. Several of the recommendations will very much rely on what the trust decides to do next winter.

The trust has given the following response to Healthwatch Shropshire's recommendations:

If the day treatment centre is used again as an inpatient ward, consider:

- **changing the individual bed curtaining arrangements to make it easier to maintain patient privacy**
- **providing appropriate inpatient washing facilities**
- **providing a larger sluice and storage area**

This information needs to be shared at the Winter Planning Meetings. If the area is to be used again as an inpatient ward we will need to look at making the necessary changes and obtain quotes for the work that would need completing.

This will be overseen by the Urology Ward Manager, Matron and Deputy Assistant Chief Operating Officer, and completed by July 2016 if necessary.

Generally

- **Ensure that the ward is at an appropriate temperature**

This issue will be raised with the team to raise awareness. The Nurse in charge will check with the patients on each shift as to whether the temperature is comfortable. We are asking estates to monitor the temperature on the ward. This will be overseen by the Ward Manager.

- **Ensure that medication is stored securely**

This issue will be shared with the team to raise awareness, a letter is being sent to all staff. The Nurse in charge and the Ward Manager will perform random spot checks throughout the day. This will be overseen by the Ward Manager.

- **Ensure that all staff have regular dementia training**

Review the training completed by each member of the team. Book any staff who have not attended onto the training as soon as possible. Lead Dementia Nurse to provide updates for staff. This will be overseen by the Ward Manager and should be completed by September 2016.

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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