

## Enter and View Visit Report

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| <b>Provider Name</b>       | Shrewsbury and Telford Hospital NHS Trust |
| <b>Location of Service</b> | Royal Shrewsbury Hospital                 |
| <b>Name of Service</b>     | Ward 27 (acute medical unit)              |

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| <b>Date of Enter and View Visit</b>   | 29/08/2014                                       |
| <b>Time and Duration of Visit</b>   | 15.00 - 16.30                                    |
| <b>Authorised Representatives in Visit Team</b>                               | 1. Vanessa Barrett (Healthwatch Shropshire)      |
|   | 2. Anthea Fell (Healthwatch Shropshire)          |
|   | 3. Healthwatch Telford and Wrekin Authorised Rep |
| This was an announced visit. The hospital management was notified in advance. |  |

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| <b>Purpose of Visit</b>  | To explore the quality of the patient experience in wards where there is a high turnover of patients, or other challenges. |
| This visit was one of a series of visits to this hospital trust. All visits had the same purpose but there will not be an overall report collating the findings. |  |

### 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 services users and staff, only an account of what was observed and contributed at the time.

### Aims of Visit

The visit sought to find out whether patients on the ward felt they were receiving a quality experience. Opinions from visitors were also sought, and observations were made during the visit also.

To help understand the patient experience the visit team sought to explore the following areas:

- Comfort
- Ability to Relax
- Confidence in Staff Ability
- Feeling Supported
- Feeling listened to and understood
- Feeling staff communicated with patients well

Each of these topics was broken down in the following ways:

*Comfortable and Able to Relax:* did patients find it a restful environment; whether patients felt there was privacy on the ward; what the choice and quality of food is; and the patients opinions on the arrangements for visitors.

*Confidence in Staff Ability and Feeling Supported:* the identification of staff, the response to call bells, whether patients felt supported and involved in their care, and on cleanliness.

*Listened to and Understood:* whether patients felt staff recognised their needs.

*Staff Communication with Patients:* this included the general availability of information, how involved in their care patients felt and whether staff were communicating with patients in preparation for discharge.

### Outline of Visit

The visit took place to the ward took place part way through Visiting Time, hoping to engage with patients and their visitors at a time when there would not be many treatments taking place.

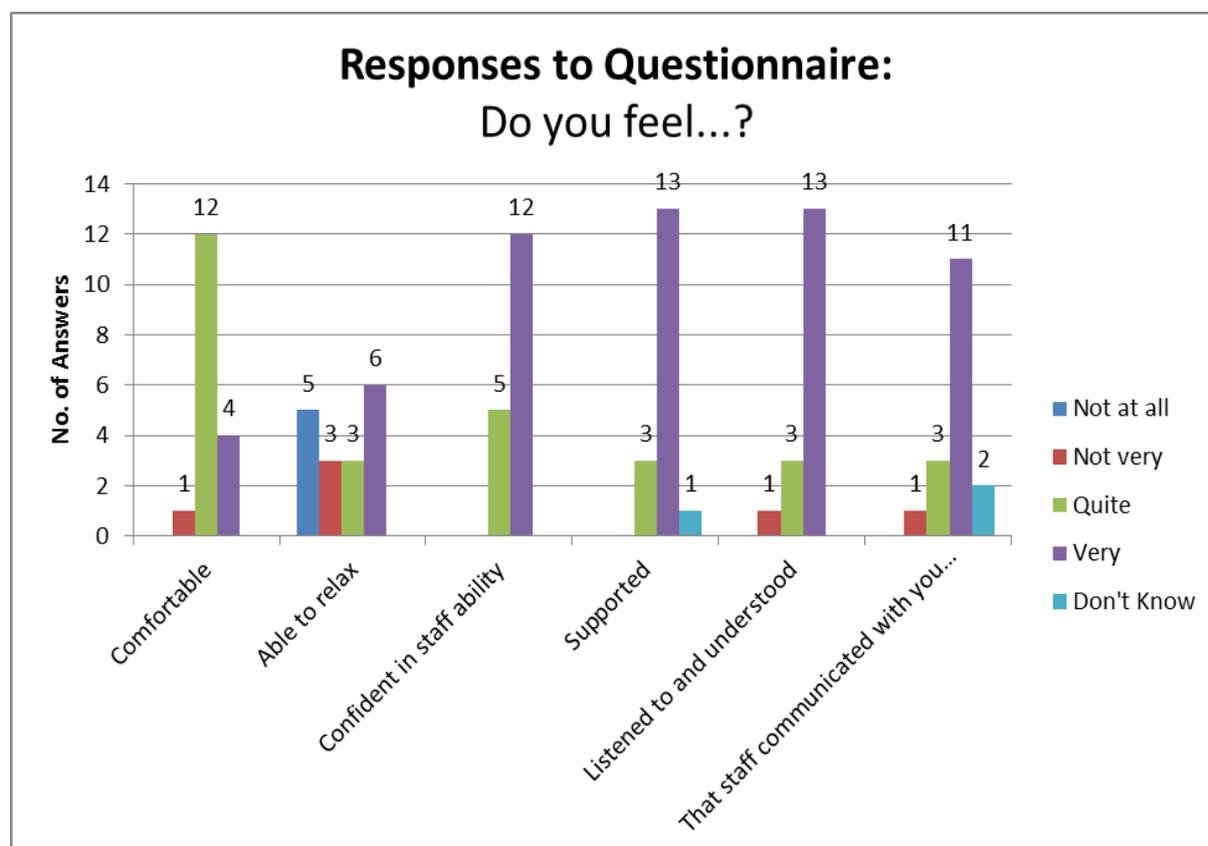
The Healthwatch Representatives were pleasantly greeted by the Ward Manager, who was expecting them. They were shown the lay-out of the ward and invited to go through the ward speaking to patients and making observations unaccompanied. The ward is divided into five 6-bedded bays, one 4-bedded bay and four individual side rooms. Bays were for only men or women, but washing and toilet facilities were for both sexes.

The Authorised Representatives each visited two of the six bays and associated side rooms. They introduced themselves and Healthwatch to individual patients and their visitors and asked whether the patient would be willing to talk about their experiences during this hospital stay. Patients who appeared to be asleep, or who had curtains

drawn for most of the time, were not disturbed. Patients were encouraged to complete the brief questionnaire on the six key topics, which affect how a person perceives the quality of their experience on the ward (see appendix for the questionnaire). The questionnaire was distributed to patients, and followed up with a conversation about their experiences if they chose. Patients were told their responses and comments would be incorporated into a report, but all would be anonymised. Most were happy to do this, although some did not wish to engage in further discussion. Some patients were not physically able to mark a questionnaire and the volunteer noted their responses. Some patients were too confused to understand about Healthwatch and the purpose of the Enter and View visit.

### Findings

In total 17 questionnaires were completed. Some patients were willing to discuss their experiences in greater depth.



### Did Patients Feel Comfortable and Able to Relax?

Responses to the questionnaire were:

| During your stay, have you felt....? | Not at all | Not very | Quite | Very | Don't know |
|--------------------------------------|------------|----------|-------|------|------------|
| Comfortable                          | 0          | 1        | 12    | 4    | 0          |
| Able to relax                        | 5          | 3        | 3     | 6    | 0          |

Of all the questions asked in the questionnaire the one relating to the ability to relax had the highest mix of answers. Also half of the respondents indicated they had some difficulty relaxing on the ward.

### **A Restful Environment**

One patient said it was a very noisy ward, especially at night, both from disturbances from other patients and 'lots of chatter' from the nearby nurse's station. Three respondents at the end of the ward nearest the entrance commented that they were unable to relax due to the ward being too noisy. One said they were unable to relax, mainly because of their medical condition.

Five patients commented that this ward was better than their experiences on other wards in the hospital - they felt safer and more relaxed. One patient in a side room was appreciative that they were quiet and not disturbed, compared with the previous few days in a 4-bed bay on a different ward. One patient was delighted to have been offered an extra pillow, which 'made all the difference'.

It was observed that there was considerable activity in the ward, with patients on beds coming in or being taken out for treatment. A mobile X-ray machine was in use.

Representatives noted there appeared to be quite a rapid turnover of patients with several very recent arrivals. One patient had been admitted for less than 48 hours and was going home that evening. However, the Visit Team were impressed by the calm, unhurried atmosphere that prevailed. Staff were observed to give a reassuring greeting to a new patient and a comforting touch to another, who was being taken from the ward on their bed by porters.

### **Privacy**

No patient commented adversely on arrangements for privacy. It was observed that curtains were fully drawn while treatments or conversations with clinicians were taking place. However it was also observed that conversations about patients at the nurse station could be heard in the public lift lobby.

### **Choice and quality of food**

Not many patients commented specifically on the food, but two patients were complimentary about it. All the patients in one bay were very appreciative that breakfast is not served all at once, so they can have hot toast with their tea after they have finished their cereal/porridge. One patient commented that they were not allowed anything by mouth and they felt "watching everyone else eat is cruel!"

### **Arrangements for visitors**

On entering the ward block of the hospital, there is a large notice board outside the lifts. This lists the 14 wards and departments by number and floor. However only five had an explanation in words, the remainder using sets of initials which the Visit Team felt was very confusing.

On the ward, in two bays, signs about visiting times were in evidence. In two bays there was a note to say that chairs for visitors were now kept out in the corridor. One patient in a side room did not know whether there were any available chairs and was distressed that their visitors had had to stand.

Visitors obviously became rather disorientated in the ward corridor. On several occasions staff were observed to direct visitors to the way out. There did not appear to be an arrow or other indicator in the corridor.

### Did Patients Feel Confident in Staff Ability and Supported?

Both confidence in staff ability and feeling well supported were consistently graded highly in the questionnaire. Responses were:

| During your stay, have you felt....? | Not at all | Not very | Quite | Very | Don't know |
|--------------------------------------|------------|----------|-------|------|------------|
| Confident in staff ability           | 0          | 0        | 5     | 12   | 0          |
| Supported                            | 0          | 0        | 3     | 13   | 1          |

One patient who answered that they felt 'Quite' confident in staff ability added "some" to the questionnaire by this answer.

#### Identification of staff

Staff were observed to carry cards with their names and grades/roles, but this was not always in clear sight for patients. At the time of the visit it was not observed how staff greeted patients and their visitors or how they introduced themselves. In response to a question, four patients said that staff introduced themselves.

#### Response to call bells

Generally call bells were observed to have been placed conveniently within reach. Two patients reported a prompt response from staff when a bell was rung. One patient said their call bell had not been functioning the previous night, but that a technician had been in to replace it early that morning.

#### Supported and involved in care

One visitor and patient said they had had a long and very helpful conversation with a doctor on the ward this morning when everything about the patient's condition had been explained to them.

#### Cleanliness

A sign on the floor at the entrance to the ward reminded doctors their clothes should be sleeveless below the elbow. Well-stocked, automatic gel dispensers were by every bed and entrance to rooms and bays. Two members of staff were observed to sneeze/cough into their hands without using antiseptic gel afterwards and several also to touch their hair without apparent awareness of potential cross-contamination. Observation of bathrooms and toilets showed them to be both clean and tidy. Two patients commented favourably on the general cleanliness of the ward.

### Did Patients Feel Listened to and Understood?

| During your stay, have you felt....? | Not at all | Not very | Quite | Very | Don't know |
|--------------------------------------|------------|----------|-------|------|------------|
| Listened to and understood           | 0          | 1        | 3     | 13   | 0          |

One patient who replied that they felt ‘Quite’ well listened to and understood added verbally that “it has improved since I was first admitted”.

One partially sighted patient said they found it difficult to know whether staff were addressing them. They were distressed by the thought that they might be listening to conversations that didn’t relate to them. The patient wanted staff to use their name when approaching and talking to them.

### Did Patients Feel that Staff Communicated with them Well?

| During your stay, have you felt....?  | Not at all | Not very | Quite | Very | Don’t know |
|---------------------------------------|------------|----------|-------|------|------------|
| That staff communicated with you well | 0          | 1        | 3     | 11   | 2          |

One patient qualified their answer of ‘Quite’ to whether they felt staff communicated with them well during their stay with “some”.

Three people said the information they had received was excellent, one of whom added staff communication has been much better this time than during previous hospital stays. However, one patient said there had been ‘a real battle’ to get any information at all. One very elderly patient reported there had been a helpful session involving the patient, their relatives, nurses and a doctor to agree an approach to their treatment and whether to resuscitate or not: this contrasted to a previous experience where the patient had not been consulted or involved in decisions about their care.

#### Available information

It was noted that the notice board for patients appeared very cluttered and it was difficult to distinguish any specific information.

#### Preparation for discharge

One patient said that every day they are told by someone that they can go home, but then it is countermanded by someone else. Another patient was waiting for transport to take them home on the day of the visit but had received no information about how long they would have to wait. One patient said there was no news yet about going home, but they still needed help to walk even a few yards with a Zimmer frame, so they thought it would be some time yet.

#### Other Findings

- In two bays it was noted that bed-tables had been well-placed and with water/drinks conveniently to hand. This sort of attention to detail was not so much in evidence in the other bays.
- One patient commented they ‘felt safe in hospital and it was better than when they were in two years ago’.
- At both ends of the ward are large electronic notice boards for staff with details of who is in which bed, updated in real time with when they leave the ward for treatment or change location between the bays. However, during the visit there was some confusion over which patient had gone to another

department: three members of staff were involved in working out who had gone and from which bay whilst the member of staff from the other department was on hold on the telephone. None of the members of staff were able to deal with this query quickly and by themselves.

### Key Findings

The responses to the questionnaire's six topics (comfort; ability to relax; confidence in staff ability; feeling supported; feeling listened to and understood; feeling staff communicated well with the patient) were positive.

- 94% rated feeling 'very' or 'quite' comfortable
- 100% said they felt 'very' or 'quite' confident in the staff
- 94% said they felt 'very' or 'quite' supported
- 94% reported feeling 'very' or 'quite' listened to and understood, and
- 82% rated feeling 'very' or 'quite' communicated with well by staff.

52% of patients asked reported feeling 'very' or 'quite' able to relax. The remaining 48% answered that they did either "not at all" or "not very" feel able to relax. Four patients mentioned noise levels as a factor affecting this: three of these patients were by the entrance to the ward.

A number of other indicators of the quality of the experience were mentioned by patients or observed by the Authorised Representatives. These included:

- Privacy was well-respected in the bed bays, but staff at the nurse station appeared unaware how much their voices carried: one patient spoke of being disturbed by their 'chatter' at night and Healthwatch volunteers in the lift lobby could hear staff conversations about patients held at the nurse's station.
- Two patients gave examples of how staff had spent considerable time with them to ensure both the patient and their relatives understood the information they were being given and explained the care plan. Most people spoken to about this were positive about the staff communication generally. However this contrasts with the experiences of patients of the preparation for, and communication about, discharge where people reported not being kept informed or receiving mixed messages.
- A partially sighted patient said they would benefit from staff addressing them by name when starting talking with them so they knew that staff were talking to them.
- The general cleanliness and tidiness of the busy ward was positively remarked upon. However some staff appeared insufficiently aware of the potential of their behaviour to contribute to the spread of infection.
- The signage by the lift was confusing, and there was no signage on the ward

indicating where the exit is.

- Patients who commented were generally pleased with the choice and presentation of food. It was said that the personalisation when serving breakfast was especially appreciated.
- In some ward areas it was noted that much attention to detail was paid in ensuring patients were comfortable, with items they needed placed close to hand. However this standard was not consistent in all bays.
- Five patients said they felt safer and more relaxed on this ward than they had on other wards in the hospital.

### Recommendations

- The ward team should consider whether there are changes that could be made to reduce noise disturbance at night.
- The ward team should remind staff of the importance of hand washing to promote infection control and a safe ward environment.
- The hospital should look at whether it can improve signage in and around the ward to help visitors and patients navigate the hospital and the ward more easily.
- Patients reported that, although generally good, communication was not so good around discharge and with individual's special needs. The ward team and hospital should look at whether it can improve communication in these areas.

### Response from Service

As a Trust we seek to continually monitor and audit the quality of our services and welcome your valued contribution to this process and for taking the time to bring your findings to our attention.

Reducing the noise at night in particular around the nursing station was an area that several patients commented on and for staff to have increase awareness of casual conversations and chatter that can be distracting for patients.

It was noted that the ward had easy and plentiful access to automatic hand gel dispensers. However two members of staff were noted to have not used the gel after coughing/ sneezing into their hands. Education and training on Infection control practice is ongoing and the Ward Manager will further reiterate the importance of this with the staff and take corrective action with staff failing to comply.

It was felt that signage to the ward areas and in the ward could be improved to help signpost and orientate patients.

Many patients were satisfied with communication and information about their care and treatment but there was a need for an improved communication and information about discharge planning arrangements. The Trust audits this aspect of care monthly and forms part of each areas monthly KPI's, which are monitored and reported within each care group.

The contents of your report has been shared with ward staff and the Ward Manager and Matron will pick up and follow through the key findings and recommendations

- Reviewing ward and individual practice to help reduce noise at night in the ward
- A series of night time walkabouts by members of the senior management team and patient representatives have been undertaken
- Improving communication and information to patients and families on discharge arrangements and planning.
- Maintaining high standards of infection control practice.
- Sharing your comments about signage with the Estates management team.