Enter and View Visit Report

Provider Name	Shrewsbury and Telford Hospital Trust
Location of Service	Royal Shrewsbury Hospital
Name of Service	Acute Medical Unit, Ward 29

Date of Enter and View Visit	Thursday 4th September 2014
Time and Duration of Visit	1.45 p.m. – 3.15 p.m.
Authorised Representatives in Visit Team	1. Suzanne Hutchinson
	2. Anne Wignall
This was an announced visit. The hospital management was notified in advance. *However the time of the visit was brought forward at the last minute from what hospital management had been informed it would be.*	

Purpose of Visit	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

Ward 29 has, due to its function as an assessment unit for acute medical problems, a high turnover of patients. The circumstances of a patient's stay make it potentially a very stressful experience, and pose a challenge to the ward staff to make the experience as good as possible for every patient.

Our aim was to speak with as many patients and their relatives or friends as were willing to talk to us about their experience. We also had a simple questionnaire survey for patients who were unable or unwilling to speak with us. We had five areas of interest:

1) **Do patients on the ward feel comfortable and able to relax?**

This covered issues such as ward environment, privacy, management of visitors, having the appropriate equipment for maximum mobility, and patients' experiences of admission onto the ward.

2) **Do patients on the ward have confidence in their treatment and care?**

This covered issues of how patients feel about the competence of staff, the patient experience regarding how well they feel treatments and tests are managed, consistency of care across days, nights and weekends, and the sense of security produced by feeling that everything was being done properly.

3) **Do patients on the ward feel supported?**

This covered the extent to which patients felt involved in decisions about their care (including whether they knew they had a care plan), whether they were encouraged to do as much as possible for themselves, and whether call bells were answered promptly.

4) **Do patients on the ward feel listened to and understood?**

This covered communications between patients and staff, and between staff and relatives; the extent to which patients felt they were treated as individuals; whether any other conditions were fully recognised; and whether they felt the staff had time to listen to them.

5) **Do patients on the ward experience good communication from the staff?**

Do staff introduce themselves, ask permission/explain what is happening before undertaking tests and procedures, and keep patients informed about their treatment and care?

We also asked whether the patient had been informed about the timing and process of discharge from the ward.

Outline of Visit

We decided to carry out the visit just before and during visiting time, in order to include relatives in discussions where possible. An advantage of choosing this time was that we were not interrupting patients' treatment or quiet times; a disadvantage was that a number of the patients were too involved with visitors for us to talk with them or obtain a questionnaire response from them.

On arrival we were met by the Matron, who gave us a tour of the ward and introduced

us to the Ward Manager. She also explained how the ward worked. Some patients are referred by their GPs via the Care Co-ordination Centre and are planned admissions, and the others arrive on the ward by way of the Emergency Department, or sometimes the Outpatient Department. They are given whatever assessments and treatments are needed to ascertain whether they are able to return home, or whether they need to be transferred to another ward for extended treatment. A patient's stay on the ward is therefore, ideally, brief. In addition to the doctors, nurses and other care staff, specialist staff, such as physiotherapists, come onto the ward, and if necessary the Social Work team assess patients before discharge back to the community. There is thus a great deal of treatment-related activity that is packed into each day in addition to basic patient care.

The tour included all the utility rooms – clean laundry, clean and dirty utilities, kitchen, store-cupboards, treatment rooms; toilets and bath/shower rooms; reception and waiting room for referred patients; the nurses' station; and two patient bays, one with six beds, and the other with six beds plus four more in a semi-separated bay. The patient bays are designated male and female according to the number of beds needed by male and female patients. On our visit the ten-bed bay was occupied by female patients and the six-bed bay by the men. There are also four side-rooms for patients who need to be isolated because they are infectious or for other reasons.

The ward was very busy on the day of our visit, having received an influx of admissions from the Emergency Department overnight. We were asked to stay out of the side-rooms, three of which were occupied. We therefore spent the bulk of the visit in the main patient bays, speaking to patients and relatives, or observing the activity on the ward as a whole.

Findings

We spoke to ten patients and six relatives between us. We asked people who for whatever reason were unable to speak to us to fill in a questionnaire. We issued five of which three were returned to us completed. None of the patients we spoke to had been on the ward for more than two days, and most for 24 hours or less.

Although there were patients awaiting admission in the waiting room, we did not speak with them. The area is confined so that it was impossible to speak with any degree of confidentiality.

We spoke with no members of staff other than the Matron and Ward Manager. It was not part of our purpose, and in any case all the staff seemed very busy attending to the patients or processing new arrivals.

General Observations

a) We were shown the entrance to the ward for patients referred for planned admissions, and the one for those referred from the Emergency Department next door. The Matron mentioned the 'Fifteen Steps' principle; that first impressions (the first fifteen steps into the ward) are important for patients' overall experience. She pointed out that the entrance from the Emergency

Department brings patients past the utility areas before they make it onto the ward itself, something she would like to change or improve, whereas referred patients come into a reception area via a small external courtyard with shrubs and places to sit.

b) The ward area is compact. Utilities take up one side, with the reception area and the entrance from the Emergency Department at the front and rear ends of the corridor respectively. The side rooms are at the rear of the ward, the nurses' station is central, and the two bays extend towards the front of the building. It is possible to walk through from the six-bed bay to the waiting room. There are no windows on the main ward; the only part which receives natural daylight is the reception area. However, the ward space is well-lit and very well-organised. It also appeared very clean throughout, something on which several patients made positive comments. The general noise-level at the time we were there was reasonable given the limited space and large amount of activity from staff and visitors, and it was possible to conduct conversations without undue effort. There are no televisions on the ward.

c) The waiting room is quite small, with patients awaiting admission in close proximity to one another. We noted that patients who have a long wait for admission might not find it very comfortable.

d) In the reception area there is a sign which gives incoming patients information on procedures and waiting times. On a wall by the nurses' station a large notice displays the required and actual staffing levels, which at the time of the visit matched. There is also a smartboard at the station which displays the exact status of the ward: which patients are in which beds and what stage they have reached in terms of readiness for discharge.

e) The ward was operating at Level 3, meaning that the need for beds was critical. The Matron explained that there had been a large number of admissions from the Emergency Department the night before. While we were there two or three beds were cleaned and prepared for new patients. Three patients we spoke with were hopeful of discharge later that day or the next.

f) Despite the pressure and level of activity the atmosphere was calm and purposeful.

Do patients on the ward feel comfortable and able to relax?

- Overall, the patients we spoke to were positive about this aspect of their experience.
- One person said the ward was 'quite noisy' and another said it was 'very noisy', but a third said they had no trouble sleeping. One person commented that the temperature was uncomfortably high for them, and another said that the lack of windows felt uncomfortable. Several commented positively on the cleanliness. The lack of windows is sometimes an issue; the Ward Manager noted that some patients find this uncomfortable, and one patient we spoke to did comment on it.
- A number of patients underwent procedures or treatment during our visit. In all cases the curtains were drawn around the bed. One patient who seemed

distressed had kicked off the bedclothes and was noticeably exposed. We felt that the curtain should have been around the bed at all times, or at least during visiting hours. Later we noticed that this had been done.

- On the subject of privacy and dignity, one patient commented that "When the curtains go round someone's bed, you automatically tune out anything from behind the curtain." No-one felt that their privacy or dignity had been compromised beyond what could not be avoided in a communal living space. We noted that curtains were always drawn around beds during any but the most casual staff-patient interaction. One patient said: "They even asked me whether I wanted the curtains drawn when taking my medication." Another said: "The female staff are so understanding about how vulnerable you feel. They covered my legs when I went for an X-ray."
- A drinks trolley was taken round the ward during our visit, with the cheerful offering of a range of drinks and snacks. In the kitchen the Matron showed us cupboards of snacks and drinks which are available to patients at all times. Often people come into the ward at odd hours or after spending time in the Emergency Department and the staff are able to offer them hot drinks, toast and other snacks.
- Given the short time patients we spoke with had been on the ward, the food was generally rated as good enough. Comments included:
    - "The food is very good, with plenty of choice. I give them ten out of ten, and I am a fussy eater."
    - "The choice and quality of the food is good. I have enjoyed my meals."
    - "The food is very good."
    - "I'm not a stew or cottage pie sort of person. There was the choice of a sandwich but I'd have liked something lighter, a nice salad with a roll for example."
    - "The food is so-so, for example the pastry was poor. There wasn't much choice."
- A patient on one bay who was distressed during the night was treated with kindness and patience by the nurses, according to someone in a nearby bed.
- Visitors we spoke to felt welcome on the ward. One said: "They look after visitors well. They bring you a cup of tea and a cake." We observed this during our visit. Most of the patients who had visitors while we were there had just one or two, in accordance with the ward guidelines, though one person had three for a time.
- When asked about their admission, all the patients we spoke to were happy with what had happened to them once they reached the ward. Some were very complimentary about the way they had been looked after by ward staff. Several had had long waits in the Emergency Department and were given a bed on the ward in the early hours of the morning: they were philosophical about this and said it was a great relief to reach the ward, where they experienced 'very good care'. One person had travelled some distance and had had to wait over an hour for admission, so was very tired. Another had waited in the waiting room for four hours before a bed became available. Once on the ward, whatever time of day or night, patients were asked whether they wanted something to eat.
- Two out of the three questionnaire responders rated their experience as 'quite comfortable/able to relax' and one as 'very comfortable/able to relax'.

Do patients on the ward have confidence in their treatment and care?

- Overall, confidence in the medical staff seemed high.
- Two patients in particular were very complimentary about the quality of their treatment. One said they had 'total confidence' in the staff.
- Another compared this experience with other experiences 40 years ago. "All the staff are charming. The doctors are especially attentive, friendly and kind. They didn't use to be like that."
- A patient who had previously been treated in 'a very posh centre' in Yorkshire felt that the treatment in RSH had been just as good. They compared the current RSH with the hospital 20 years ago, saying how much better it was now.
- A patient commented that the staff were all 'friendly and efficient' and that there seemed to be lots of staff on the ward.
- One patient was not so confident about 'being in the right place' as they felt far from home. The tests they received seemed to be different from those they had been expecting and they were feeling confused and a little anxious.
- Two of the three questionnaire responders rated their confidence in staff ability as 'very confident' and one as 'quite confident'.

Do patients on the ward feel supported?

- Two patients with reduced mobility said they were given assistance to reach the toilet, and had their walking-frames close to hand. Others received help getting in and out of bed.
- One patient reported having trouble getting the bell answered, resorting to leaving the bay despite being unsteady to call for assistance. Another patient said they were told by night staff that they had to use a bedpan. They were unable to do this, so waited from 3 a.m. until 9 a.m., when the day shift staff brought a commode to the bedside. We reported these incidents to the Ward Manager before leaving.
- Bearing in mind that most patients had not been on the ward for very long, no differences in the quality of care between day and night were reported and care was experienced as consistently good.
- Two of the three questionnaire responders felt 'quite supported' and one felt 'very supported'.
- Staff appeared to us to be responsive to patients and friendly in their approach. When an elderly patient walked unsteadily into the ward from the waiting room a nurse fielded them deftly and, supporting them on her arm, guided them to the toilet they were seeking.

Do patients on the ward feel listened to and understood? Do patients on the ward and their relatives experience good communication from the staff?

- Four people we talked with said that their needs with respect to co-existent conditions had been understood and taken into account in their treatment.
- Staff were perceived by the patients to be very busy, and this was reflected in patient expectations of how much time staff had to spend with. They all felt that the staff took the time necessary to treat and care for them. One person said that the staff took time to chat, and another said they were 'chatty'. We observed staff talking and joking with patients.

- One person who was asked whether they would feel able to complain if they had cause said that they would not do so as they would feel nervous of the consequences. Others asked that question said that they would feel able to address concerns with the relevant staff.
- One relative said: "You have to ask for information, it's not volunteered, but when you ask they give it very well."
- A relative had been unable to talk to the Emergency Department consultant the day before because he was too busy to see them. As ward rounds take place in the morning and visiting hours are restricted to the afternoon, this person was anxious to talk to someone about their relative's diagnosis and treatment.
- Another relative said that they had been kept informed by staff.
- On the issue of staff introducing themselves to new patients, or when they arrived to carry out some treatment, the picture was mixed. Patients said that some did, and we observed this happening during our visit. Others said not, but did not appear to be concerned about this. The friendliness and empathy of the staff seemed more important, and was mentioned by most of those we spoke with.
- We were told that staff quite often gave advance warning of treatment or procedures, saying "I'll be back in a few minutes to do....." When this happened it was appreciated.
- Two visitors appeared to be having difficulty dealing with the situation posed by relatives who were unable to communicate meaningfully either with them or with the staff. We spoke with one person who was leaving without attempting to talk to staff, because they could not make sense of what their relative was saying, as they seemed in so much pain. This person mistook us for ward staff; we suggested going to the nurses' station to talk to someone. The other seemed unclear about the reason for the relative's admission but said the relative appeared to be well-looked after.
- One questionnaire responder answered 'Very well' to both questions, one answered 'quite well', the third felt staff communicated 'quite well' but did not know if they had been listened to and understood.

Care Plans and Discharge Information

- No-one we spoke with had been on the ward more than two days and most had arrived within the previous 24 hours. Seven of the ten patients understood what was happening in the way of treatment and tests, and why, though staff did not appear to have talked to them in terms of a formal 'care plan'. Of the other three, one was confused because the tests did not seem to be the ones they were expecting, and the other two had relatives in attendance, one of whom had asked for and received information on their behalf, the other of whom did not appear to know anything about the patient's diagnosis or treatment.
- One relative said that they had no information and there was no board at the bottom of the bed (this board is the record of the patient's stay, including results from routine tests and procedures).
- Apart from the three patients who had been told they would probably be discharged that day or the next, people we spoke with had not been on the ward long enough to have been told about discharge plans or procedures, and were still awaiting the results of tests. One relative expressed the hope that they would be given fairly quickly a treatment plan that they could take with

them to their local community hospital.

Key Findings

- Ward 29 deals with patients who are often very unwell and probably frightened, with anxious relatives. We experienced the atmosphere as one of calm and purposeful activity on the part of ward staff, and there was a high level of confidence in the staff and sense of safety amongst patients and relatives. Visitors also said they felt welcomed.
- Patients perceived ward staff and other medical personnel as friendly, kind and efficient, and felt well-supported. Patients with existing conditions reported feeling these were taken into account by the staff.
- Patients' experience of involvement in their care was variable. Some patients and relatives were happy with the level of communication and information from hospital staff, and many reported good warning that treatments were about to take place. But at least one patient felt confused and three relatives were either anxious to obtain information or appeared unable to ask.
- Two people reported difficulties getting staff attention or help.
- The ward environment suffers from the lack of windows but is otherwise clean, bright, well-organised and well-maintained. We received a number of positive comments about the cleanliness of the ward from patients.
- One person reported a four hour wait for admission onto the ward. The waiting room was small and people could potentially be very close here: it could be cramped and uncomfortable, especially for patients who had to wait a long time.
- The food was perceived as adequate by most patients and good by some.
- Light meals, snacks and drinks are available outside set mealtimes 24 hours a day and patients who have waited a long time for a bed are routinely offered food on admittance to the ward.
- At the time of our visit the ward was fully-staffed.
- There were positive comments from patients about staff upholding their privacy and this was reflected in what the visit team observed.
- None of the patients, when asked if they had any suggestions for improvements in care, could think of anything.

Recommendations
○ The ward management should continue to build on the overall high standards of compassionate care described by the patients. ○ Ward staff should look for ways of being more pro-active about giving information to relatives, where appropriate, particularly those of patients who for whatever reason are unable to communicate effectively. ○ It could be beneficial for patients waiting to be admitted onto the ward for the management to consider how they might improve levels of comfort in the waiting room.

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. Patients spoke positively about the staff reporting them to be friendly, kind and efficient with confidence in their ability. The ward environment was clean and tidy, giving an appearance that it was well organised and maintained. The waiting area was very small and cramped and would benefit from improvement and development. There were no issues with the quality of the choice and presentation of food and patients had access to 24 hours snacks and light meals. Some patients felt that communication and information could be improved, with staff being more proactive in informing them of what was happening or going to happen, rather than patients and families having to ask for it. 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 • Continue to maintained build on the high standards of care • To give further consideration as to the options for making improvements to the patient waiting area. • To raise awareness with staff of the need to take a proactive approach to patient communication and information. To feedback the results of the monthly audits to staff.