

Enter and View Visit Report

Provider Name	Shrewsbury and Telford Hospital NHS Trust
Location of Service	Royal Shrewsbury Hospital
Name of Service	Ward 28 (Nephrology and Acute Medicine)

Date of Enter and View Visit	28/08/2014
Time and Duration of Visit	16:00 – 18:30
Authorised Representatives in Visit Team	1. Julia Davies (Healthwatch Shropshire)
	2. Rita Hester (Healthwatch Shropshire)
	3. 1 x Healthwatch Telford & Wrekin Authorised Representative
This was an announced visit. The hospital management was notified in advance.	

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

The visit sought to find out whether patients on the ward felt they were receiving a quality experience. Observations were made during the visit.

To help understand the patient experience the visit team sought to explore the following areas with staff and patients:

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

Outline of Visit

The visiting team was greeted by staff members on the Ward and subsequently the Ward Matron. The Matron gave us a tour of the ward and explained some of the ward management.

The ward has been established only since March 2014 as a result of rearrangements of the wards throughout the Trust. This made the facility larger and less fragmented for the Renal service, although Haemodialysis (a treatment common in the renal department) is still on another floor level in the building.

The ward is laid out with Matron's office at the entrance, which is then followed by bays and side rooms. Opposite the office is a training room which is used for teaching patients, carers, relatives and staff how to manage their specialist treatment, such as peritoneal dialysis, at home. There is a team of permanent staff from this unit who also go into the community to help manage these patients in their own homes. The training room is very pleasant with a comfortable treatment chair facing the window through which there are views of the hospital grounds. Although there was no patient in when we visited, it seemed to be a very relaxing area, away from the bustle of the ward but near enough for a bell to be answered.

At the far end of the ward there was a bay, at present occupied by patients. This is designated for future conversion to a treatment room for the benefit of ward patients undergoing haemodialysis. Currently patients have to go for this treatment to a separate floor.

Findings

The visiting team spoke to 12 patients and 9 members of staff. The staff members were able to help us with our patient choice to make sure we did not speak to someone who was confused or too ill.

How comfortable do you feel?

All of the patients spoken with considered the temperature of the ward to be comfortable, and found the electric beds easy to use once they had become familiar with them. The staff had ensured that the controls were within easy reach. When asked, one patient stated that the arm chair became uncomfortable after sitting out of bed for a long period. All of the patients interviewed felt that the use of screens when being assessed and examined by medical and nursing staff, and when undergoing individual treatment, was perfectly adequate.

How well are you able to relax?

This was a very busy ward, with several confused and disorientated patients who were restless, and the less unwell patients found that the environment was consequently noisy on occasions, particularly at night. The staff were sympathetic to this: they explained that the confusion was generally due to the conditions from which these patients were suffering. The patients in general found the daily movement of patients going to receive treatment on the floor below very exhausting - for those who were not that day receiving treatment, who found it difficult to relax, but particularly for those who had to travel in the lift. In spite of this the patient's dignity, particularly by maintaining adequate covering while in transit, was kept by the staff. This particular aspect was observed by the visit team and confirmed by the patient concerned.

The medical patients in particular remarked on the noise, and complained that there was little stimulation other than the hospital radio, and little time for conversations other than concerning their treatments. There was one patient who was very distressed about the noise in their bay. This was brought by us to the attention of the staff who rearranged the beds while we were present to improve the situation.

Menus were limited and no patient complained about the quality of the food. However patients said that if they are admitted late in the evening they miss out on the opportunity to choose what they would like to eat because the menus have all been filled in for the following day already, as a result they are given what a previous patient chose. Additionally, the supper bell was rung at 6.15 pm, when some of the patients were not back from their treatment.

How confident are you in the staff's ability?

All of the patients we spoke to said they were perfectly confident in the ability of all the staff responsible for their care, and said they were able to be involved in their treatment plans.

How well do you feel supported?

Patients discussed the fact they had assistance to get out of bed, and where necessary

a walking aid was provided. They affirmed that the call bells were answered promptly, and the visiting team noted that there were none ringing for a long time during the visit.

Do you feel listened to and understood?

Although we spoke to only a small number of patients about this most felt the staff communicated well and discussed treatment with them.

How well do the staff communicate with you?

The general feeling was that discussions with patients and relatives were good. Most of the complaints were to do with the long waits for transport: both the staff and the patients had issues with this.

However the visit team saw little social interaction by the staff on the ward with patients. This became particularly obvious when the team was invited to the treatment centre on the floor below, where a much greater level of communication between staff and patients was observed.

Other Findings

- One patient had been transferred from another hospital as an emergency admission over 24 hours earlier, and was concerned and very agitated by the fact that they had not been seen by a Consultant.
- When the visiting team first arrived we could see many of the staff carrying out tasks and going in and out of the bays; a few staff looked up and smiled.
- The visiting team was shown the daily staffing levels board and the colour codes for the uniforms of the permanent staff, but not of the agency staff, which we were told were different. The matron was unhappy that too many agency staff have to be used, owing to vacancies at present.
- The Matron told us that the shift patterns were of 12 hours, with each bay having a staff nurse allocated, together with a healthcare assistant. They also look after the side room nearby supporting one another when necessary.
- Staff told us that they work at tables in the bays and write up their notes during visiting time, thus enabling them always to be around to answer questions from relatives. The nursing staff were discouraged from gathering round the nursing station.
- There is information on each locker explaining how to complain, and encouraging this to happen, when necessary, while on the ward.
- The staff have support for training and are engaged with this.
- The Matron is a very proactive enthusiastic person who inspires her staff, who all seem in turn happy to work on this unit.

Key Findings

- The Renal patients found the days hectic and exhausting because of the need to be moved from floor to floor for their treatment. There is a plan to convert a bay on the ward into a treatment area to lessen the need for patients to travel between floors.
The hospital has since added that the decision to use the small bay (annex) at the end of the ward as a treatment area for patients on the ward has yet to be finalised. A proposal has been put forward and Business case is being developed to present to the Trust board.
- Patients and visitors reported that staff communicated with them well on medical matters, but there is little social interaction by the staff on the ward with patients.
- Patients reported there was a lack of stimulation on the ward as there was only the radio available.
- Patients admitted later in the day, after menu choices have been collected, miss out on the opportunity to choose their meal and end up eating what a previous patient, now no longer on the ward, has ordered.
- The supper bell rings before some patients have returned to the ward from their treatments.
- Some patients mentioned that the noise on the ward was disturbing, especially at night.
- The dignity of patients was reported and observed as being respected on the ward and during transport.
- Both staff and patients complained of long waits for transport.
- Bedside chairs could become uncomfortable after sitting out of bed for a long time, so potentially discouraging patients from staying out of bed.
- Patients reported that they felt confident in the staff's ability, involved in their treatment plans, felt supported, felt listened to and understood, and well communicated with on medical matters.
- Currently the levels of agency staff are quite high on this ward and the matron would prefer to have more permanent staff in post.
- Overall the visit team felt the quality of care on the ward was high.

Recommendations

- The ward and hospital should seek a way for patients admitted later in the day to still be given a choice of food.
- The ward and hospital should look at having supper start after all patients have returned to the ward from treatments.
- The hospital should look at addressing the long waits for hospital transport, which patients and staff are unhappy with.
- The ward team should consider if there are ways to reduce the noise in the ward, especially at night, to promote a more restful environment.
- The hospital should go ahead as planned with building the new treatment room next to the ward for the improved comfort of the patients receiving the treatment.
- The ward could benefit from more social interaction between staff and patients, and finding other ways to create a stimulating environment in addition to hospital radio.

Response from Service

In the Service's own words:

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 their confidence in the staff's ability. They were satisfied with communication and information about their care and medical treatment, but felt that staffs social interaction with them was limited. This was compounded by the fact that there is very little mental stimulus, on the ward, with limited access to radio/TV etc. There are no plans to introduce television on the ward although patients can ask families to bring in a range of materials including electronic audio systems to listen to music, show DVDs etc. The ward is also investing in more radio / CD players.

Some patients reported that the bedside chairs were uncomfortable. The Ward Manager has raised this issue on an Executive ward visit and put forward a request for funding to purchase more suitable chairs.

There were no issues with the quality of the choice and presentation of food but patient who arrived late on the ward reported that they can miss the opportunity to

choose their own meal choice. Likewise some patients reported that the supper bell can ring before they return from treatment in the dialysis unit. It is not possible to delay suppers until all patients return from treatment as this can be staggered over the whole day, sometimes into the late evening. The ward does seek to take a number of steps to ensure patients receive a meal which may include asking catering to divert meals to the Renal unit or taking the patients meals from the ward to the renal unit. The ward also has a good selection of snacks and sandwiches available 24 hours a day, as does the Renal unit.

Both patients and staff reported issue with delays in transport, the Ward Manager and Matron recognized this can be an issue, resolution to this is not easy but major concerns are escalated and discussion for improvements are ongoing.

Noise on the ward, particularly at night, was a comment made by a number of patients. The Ward Manager is taking a number of steps to help reduce this. Staff are seeking to settle patients down ASAP in the late evening, staff are sitting outside bays at night not in the bay. Ward blinds and doors are closed to keep out light and noise as much as possible.

Responding to Recommendations

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

- Continuing to review ward and individual practice to help reduce noise at night in the Ward
- A series of night time walkabouts by members of the Trust Board and patient representatives
- Ensuring that patients having treatment in the Renal Unit, or who are admitted later on to the ward, have access to food and a menu choice
- Exploring ways to increase the options for mental stimulation and activity
- To pursue and follow through the request for improved bedside chairs
- To present and submit a Business plan for the development of a treatment room in the Annex Bay
- To monitor and report delays in transport and escalate concerns for wider discussion and communication.