



The experiences of Elderly People using wards at Croydon University Hospital

February 2018

1 EXECUTIVE SUMMARY

1.1 Local Context

Healthwatch Croydon is the consumer champion for users of health and social care services. Our purpose is to listen to and understand the needs, experiences and concerns of people who use health and social care services in Croydon. We support patients, residents and service users to voice their views and opinions on services. Healthwatch Croydon works to get the best out of health and social care services by responding to the voice of local people.

Through our Patient Experience Panel analysing anonymous responses from Croydon residents, Healthwatch Croydon became aware of a number of concerns being raised by patients and carers on the elder people's wards at Croydon University Hospital (CUH).

As a response to this, and with consent from CUH, we visited the elder people's wards to survey patients staying in the ward and their visitors. This was undertaken with our team of volunteers over one week in December 2017 in two hour slots including weekends and gathered 65 responses. The survey was both quantitative and qualitative. Patients on the wards are a minimum of 80 years old.

1.2 National guidelines

There are relevant NHS guidelines on providing care to elderly people: *Safe, compassionate care for frail older people using an integrated care pathway: Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders*¹, published by NHS England in 2014, outlines the whole care pathway with a specific section on looking after frail elderly people in hospital, see page 19, which states:

“Adequate education and training for staff in all clinical areas focusing on care and compassion for frail older people.”

“Hospitals must also have regard for some of the other potentially preventable harms of hospitalisation for older people. These include malnutrition, delirium and immobility as a result of bed rest.”

¹ See <https://www.england.nhs.uk/wp-content/uploads/2014/02/safe-comp-care.pdf>

1.2.1 Observations we made whilst conducting the survey

Healthwatch observed an example of positive patient centred care on Wandle 2, demonstrated by a Healthcare Assistant (HCA) offering choices to the patient (who had cognitive impairment) about where the patient would like to walk inside the ward. When the patient kept removing their slippers the HCA responded by offering, and then fitting, non-slip socks.

While we were visiting the wards, we informed staff about a patient who was crying in pain. Staff administered medication shortly after our alert.

Healthwatch Croydon found challenges for staff as well, we alerted staff to a patient who was shouting and frustrated, who wanted to sit round in bed to eat their meal. The patient was shouting for staff to do this, and disrupting the ward. A patient in the bed opposite seemed to be very ill with family gathered around the bed who were upset by the scene.

A staff member said that they could not move the patient alone and needed the hoist and another staff member to move the patient, and that the patient frequently requested to be moved but then shortly wished to be moved back. This took time and resource but the patient was still not comfortable. The staff member told us that the patients' stomach was too big for them to turn around to get to the plate. The patient was left shouting and unable to reach the plate as a result.

1.3 Summary of survey analysis

Overall Patient Experience: When asked for an overall rating, 60% of patients rated their care as good or excellent, 34% rated their care overall as OK with 6% suggesting it was poor. Across the four sites surveyed, Wandle 2 had the greatest level of patient satisfaction and Wandle 1 the least. The same question asked of relatives revealed 70% thought the care received was good or excellent, 15% thought it was ok and 15% thought it poor. These percentages and all presented in this report are indicative as opposed to statistically significant in any way. It is for Croydon University Hospital to reflect on whether a more detailed survey of satisfaction should be commissioned.

Dignity: Whilst the survey recorded most patients and relatives felt they were treated with respect, we heard of some cases where patients were catheterised and left in bed when they could use the toilet with support. We also heard from relatives of other patients who had been catheterised and had overflowing bags. We heard of one patient who used a plastic bottle kept at his bedside. We noted that patients who had cognitive impairment were in the same ward as those who were physically but not cognitively impaired which we heard was difficult for the patients' mental wellbeing.

Stimulation: We heard that patients felt a lack of stimulation in the wards, especially longer-term patients. Some bays did have a radio which we observed created a more pleasant ambience.

Training: Some staff are seemingly well trained and caring, and others were not. This was a theme running throughout our survey. There were also reported differences in attitudes between day and night staff.

Staffing ratios: Many of the responses to the questions referred to inadequate staffing numbers. Patients and relatives perceived a shortage of staff and gave this as the reason for long waits for toileting and basic care, especially over weekends.

Medication: Our survey illustrated the majority of patients and relatives that we spoke with did not believe they always received their medication on time. When patients are admitted to the ward their medications are locked away. The hospital administers medication in unmarked disposable pots, which seemed to create doubt amongst patients and relatives as to whether they were receiving the right medication or not. While Healthwatch were visiting we observed a patient who was crying with pain, and spoke to another patient who did not bring her prescribed gel with her and told us she was in great pain.

Feedback: Statistically the majority of patients (69%) and relatives (69%) felt that they were able to complain. We were referred by one patient to the patient handbook outlining the complaints procedures which is routinely given to all patients. However, of those that said they were unable to complain, we heard comments such as that “they were not the complaining type” or that they “were on the staff side”. This indicates that patients and perhaps staff are not aware of the value of complaints to the trust and are not encouraged to provide feedback. Creating an environment where giving feedback is encouraged could help to create a culture of positive change.

1.4 Considerations to providers

Staff ratios: Healthcare assistants be employed to talk to help with non-medical issues such as toileting and feeding patients.

Training: Ensure staff have ongoing appropriate training in ‘bedside manner’ upholding respect and dignity.

Stimulation: Radios on the bays at certain times of day/evening, or bring back TVs. Newspapers could be sold, or free newspapers distributed on the wards, such as Metro or the Evening Standard. Volunteers could be there to talk to patients at certain times.

Feedback: Introduce a healthy culture of feedback, with emphasis on inviting patients and relatives to help the hospital to improve. This could be both part of conversation and formally. A handbook should be available and clearly identified for the recording of comments and complaints by the patients and their relatives or visitors.

1.5 Methodology

The questionnaire was designed to report on the experiences of elderly inpatients at wards in CUH and the questions were designed to record qualitative as well as quantitative data. The questions were sent in advance to Croydon University Hospital for comment.

We decided against using rating scales for many of the questions as whilst this allowed for greater statistical insight, we felt that the survey needed to be easy to complete for elderly patients, some of whom would be cognitively impaired. We also felt that the main value of the survey would be in the experiences recorded as opposed to statistical information presented.

We delivered the surveys with our team of volunteers over one week in December 2017. We worked in two-hour slots, including the weekend and gathered 65 responses.

We surveyed patients and visiting friends, carers and relatives around the themes of patient and relative involvement in decision making, being heard, staff response, respect, support needs, medication and complaints. We will refer to this group of visiting friends, relatives and carers throughout the report as relatives.

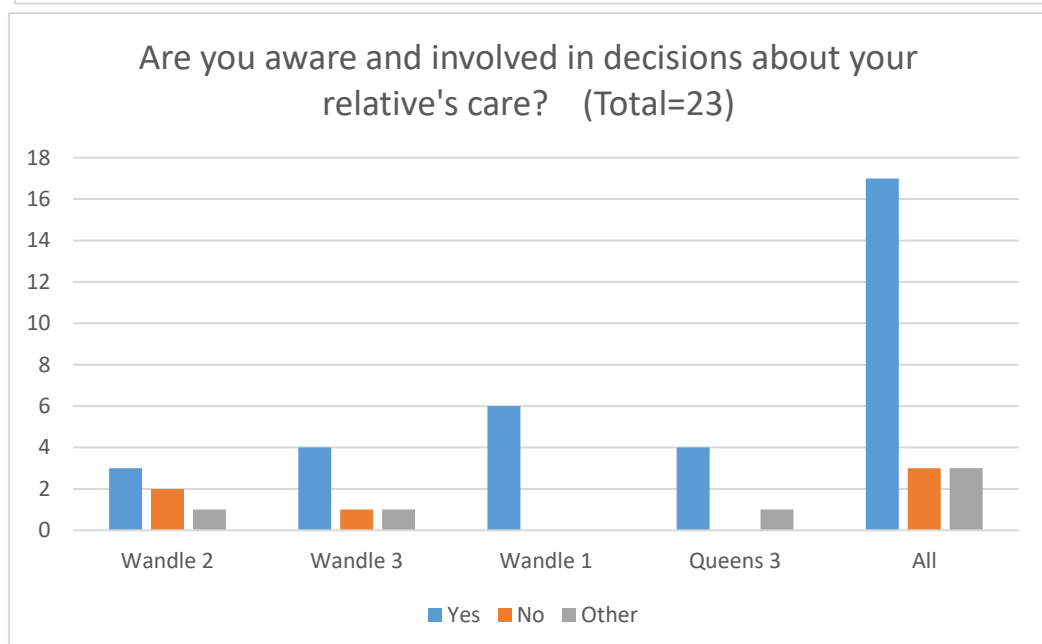
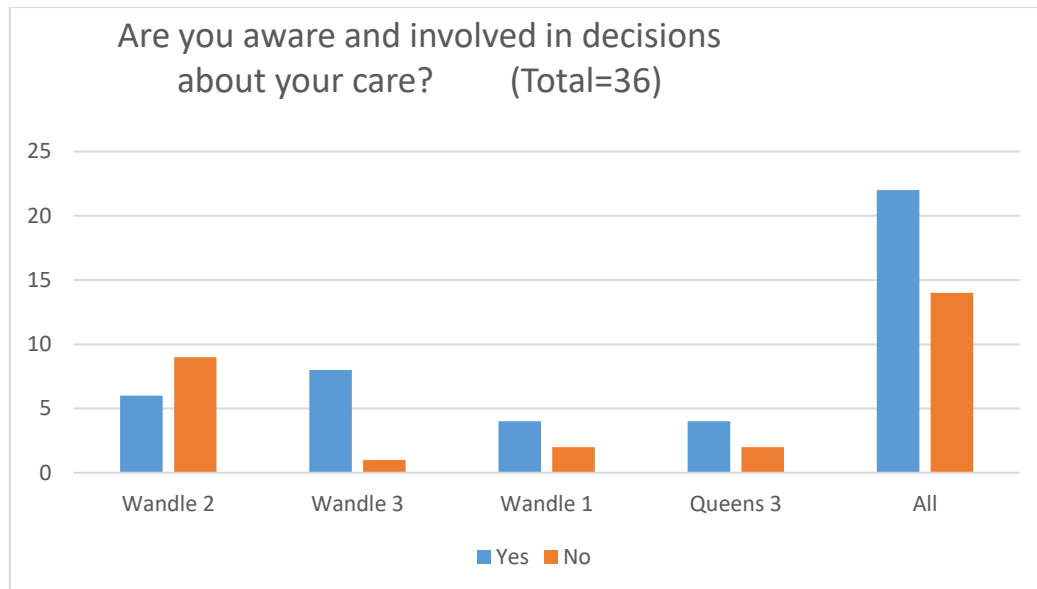
Healthwatch spoke separately to the patients and relatives, and where we gained responses from both patient and relative, these have not been linked and no individual comparisons made.

Healthwatch Croydon would like to thank the patients and relatives for sharing their experiences and speaking to us at what was for some a worrying and difficult time. We also thank Croydon University Hospital for permitting us onto the wards.

Patients may have been admitted to more than one ward during their stay in hospital.

2 ANALYSIS OF FEEDBACK

2.1 Patient and relative involvement



Patients' experiences

Overall a substantial minority of patients (39%) said that they weren't involved in decisions about their care. Patients at Wandle 2 felt less involved than other wards with 60% giving a negative indication to this question. It is noticeable that Wandle 2 had patients that had been on the ward for longer compared to the other wards. It is possible that the greater the length of stay on the ward the more a patient wishes to be involved in their care.

Where the patient was involved in decisions about their care they told us they were given choices.

Reported involvement was improved in the other wards with the highest reported feeling of involvement recorded in Wandle 3, with one respondent reporting that they did not feel involved or aware in decisions about their care.

Relatives' experiences

Amongst the relatives that we surveyed, 13% responded that they were not involved in decisions about their relatives care.

Where relatives reported that they were not involved one relative told us:

“Since leaving resuscitation, we have seen a doctor once in three days.”

Where relatives gave us an ‘other’ response, they told us they didn’t want to interfere with care, or that they have to ask and actively seek out information.

Although relatives indicated full involvement in Wandle 1, relatives made the most comment here about where they felt they were not involved. This suggests relatives who have the most involvement may have the highest expectations.

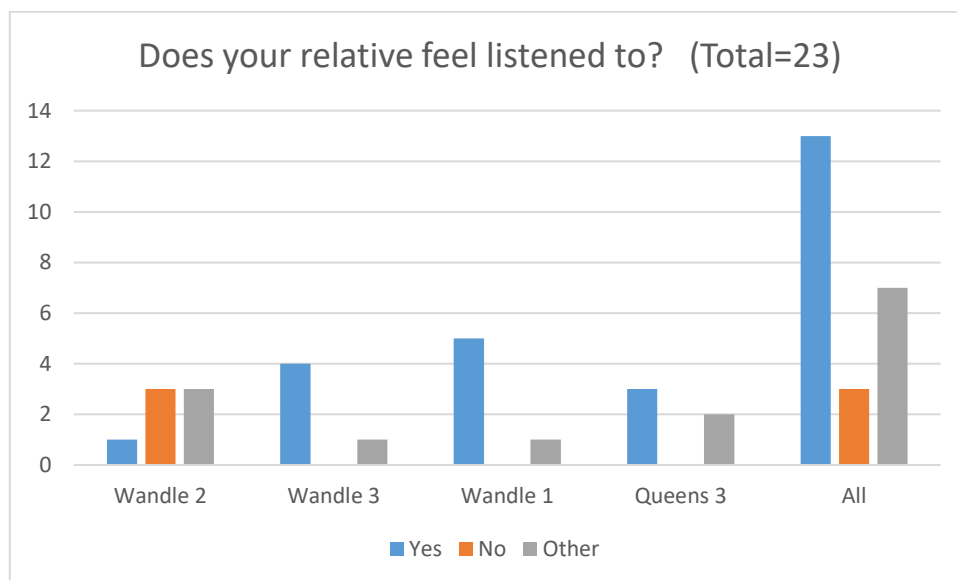
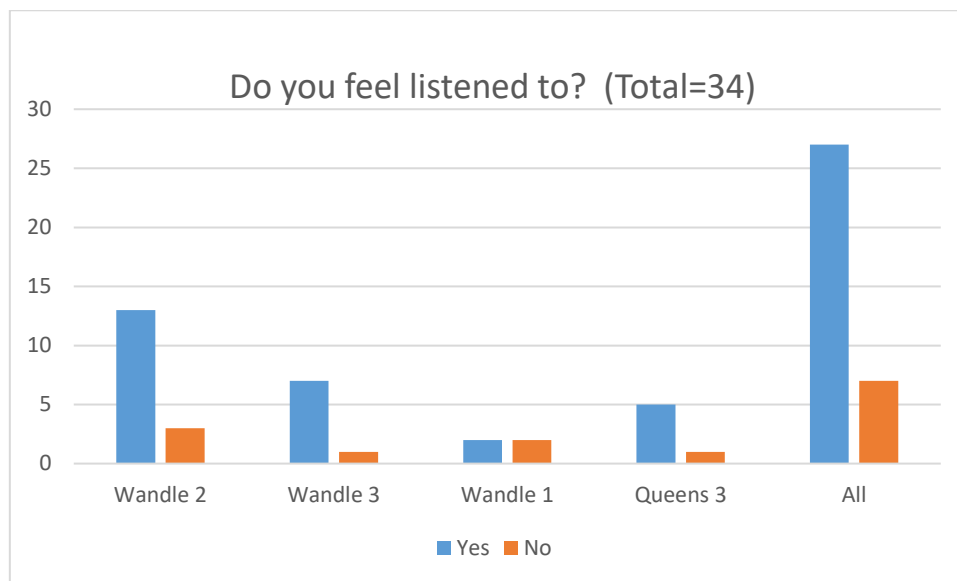
Relatives said:

“Sometimes there are poor communications with planning, we would have like to have had more involvement.”

“Handover is inadequate between wards, there is a lack of information, no help on phone, I can’t prepare for what to bring, there is no way to communicate with the Doctor if I am not here, I am having to ask the patient to carry messages, there is a staffing issue which is worse on weekends’

In Queens 4/5 relatives felt they were involved, the other response was mixed, indicating that they were “sometimes” involved in decisions about their relatives care.

2.2 Do patients and relatives feel listened to by Staff?



Patients' experiences

Overall the patients on the elder wards reported that they did feel listened to, but this was dependant on the staff. We heard numerous times during our visits that the attitudes of the night and day staff were different.

Patients on Wandle 2 who did not feel listened told us:

“No. Not most of the time.”

“It depends on staff.” (Wandle 3)

“They do not ask me, they just do it.” (Wandle 1)

“Doctors and nurses (listened) usually”.

Half of patients in Wandle 1 reported that they did not feel listened to.

Relatives' experiences

Just under half of relatives overall told us that the patient felt listened to. In two responses patient cognitive or sensory impairment indicated a barrier to being listened to. A further barrier was perceived staff shortage. All of the 'no' responses where relatives felt patients were listened to came from Wandle 2.

On Wandle 2 we were told:

“No. She (the patient) doesn't always understand.”

“At times...when staff are not busy.”

“Nice staff, Doctors and Nurses.”

A relative we surveyed on Wandle 3 said:

“There is never anyone willing to speak to family or to listen, (patient) left too long alone...unfortunately the care has gone from the caring profession.”

Other relatives we surveyed on this ward reported that they felt that the patient was being listened to, but did not expand on their yes response.

Relatives on Wandle 1 gave the most positive responses regarding listening, but told us 'other responses reflected the perceived staff shortage saying:

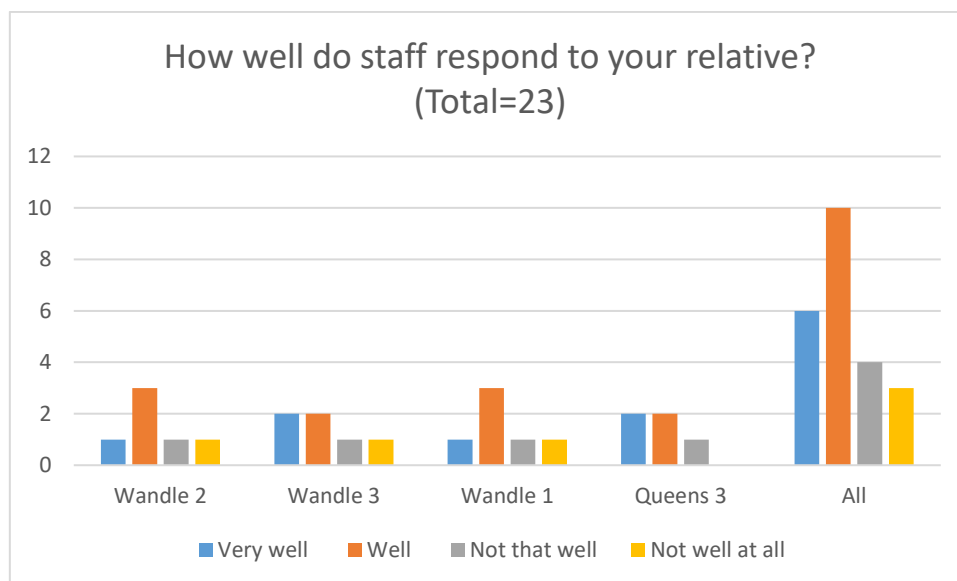
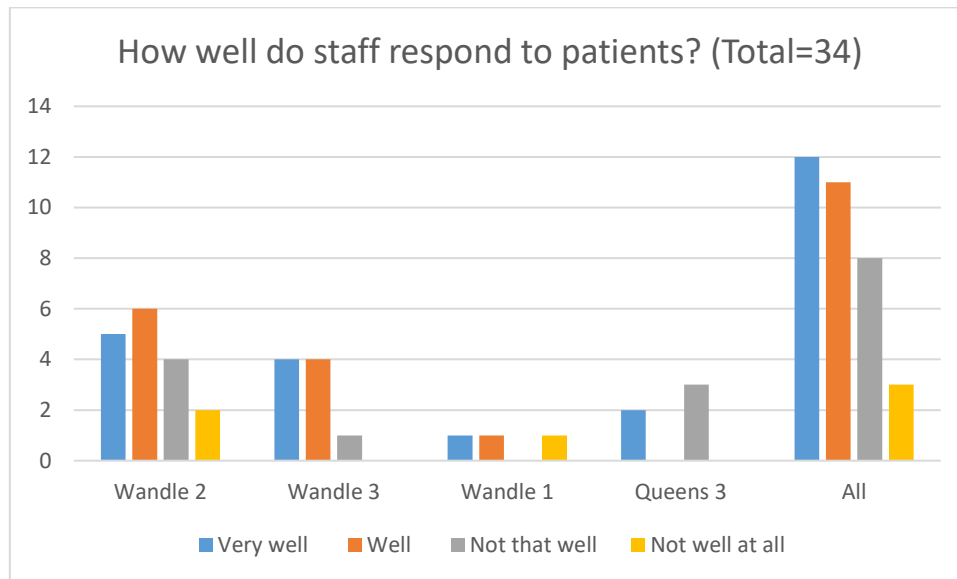
“We have had to be proactive.”

“I don't know... Doctor is so busy that you can't talk to them, it's frustrating continually having to ask questions.”

Queens 3 ward responses were composed of 'yes' or 'other' comments and one relative explained:

“The patient is hard of hearing; an insufficient effort is made to communicate.”

2.3 How well did staff respond to patients and relatives?



Patients and relatives were sometimes unable to give definitive responses to questions because of the differences they perceived in the attitude of staff.

Patients' experiences

The majority of patients told us that staff responded to them well or very well.

Comments we received from Wandle 2 included:

"Very well, the nurses laugh and joke with me."

"Couldn't be better."

"Very poor, they went through my things in my personal cupboard."

Perceived staff shortage on Wandle 2 was reflected in some of the comments reflecting how busy they are and attitude of some of the staff:

"Busy."

"Sometimes Doctors have so much to do and don't get answers' as well as the differences in staff attitude."

"(Staff) vary a bit."

"Some do, some don't."

One patient reported a lack of stimulation:

"I'm frustrated sitting and lying in my bed all day."

On Wandle 3 patients talked about timings and staff attitude:

"(Staff respond) well".

"Bit slow (need) more staff."

"Not that well, depends on staff...I had an accident and was blamed."

Comments for the same question in Queens Ward had the following range

“Very well- tops!”

“Not that well, lag between wants and attending, timing not good, but staff caring’.”

‘Not always because they are very busy.’”

Relatives’ experiences

The majority of relatives indicated staff responded well or very well although the comments they gave us below echo patient concerns of staff shortage. The staff ratio may be linked to other concerns relatives had about patients not being moved.

Relatives on Wandle 2 said:

“They are short staffed, there is a wait sometimes for general care’ and told us ‘staff did not respond to a patient in distress...another relative had to intervene.’”

On Wandle 3 we heard:

“Staff don’t respond that well, we are having to move him (the patient) ourselves.”

A relative on Wandle 1 told us:

“Staff respond well, though Mum had to wait two weeks to sit up.”

Another relative did not answer as to how well staff responded but had this to say:

“Poor communication between agencies, doctors busy with lots of patient. Doctors found me just once in five weeks, (patient) lost function from being in here previously, not being moved. Staff do what’s easier for them, blood clot developed in both legs from laying down, there is not enough support.”

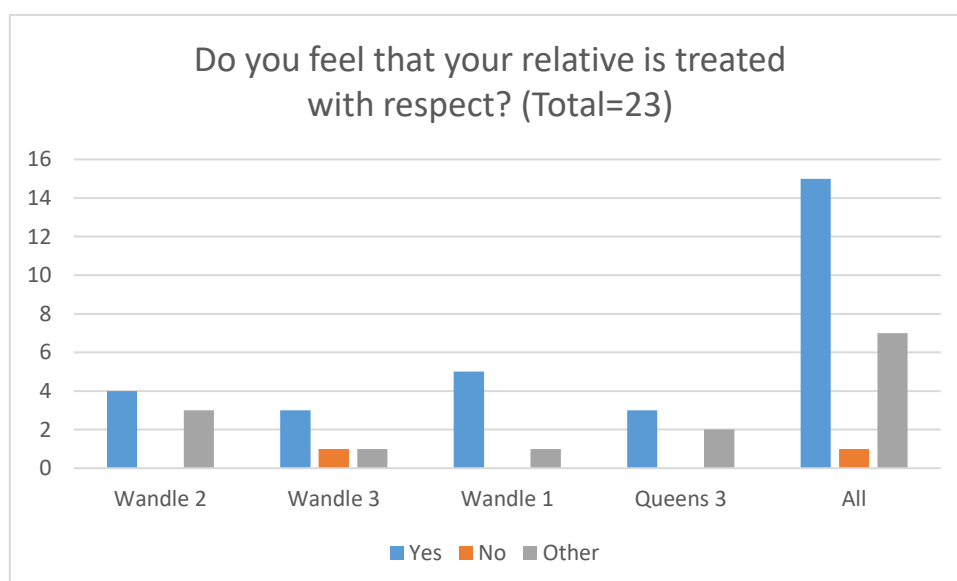
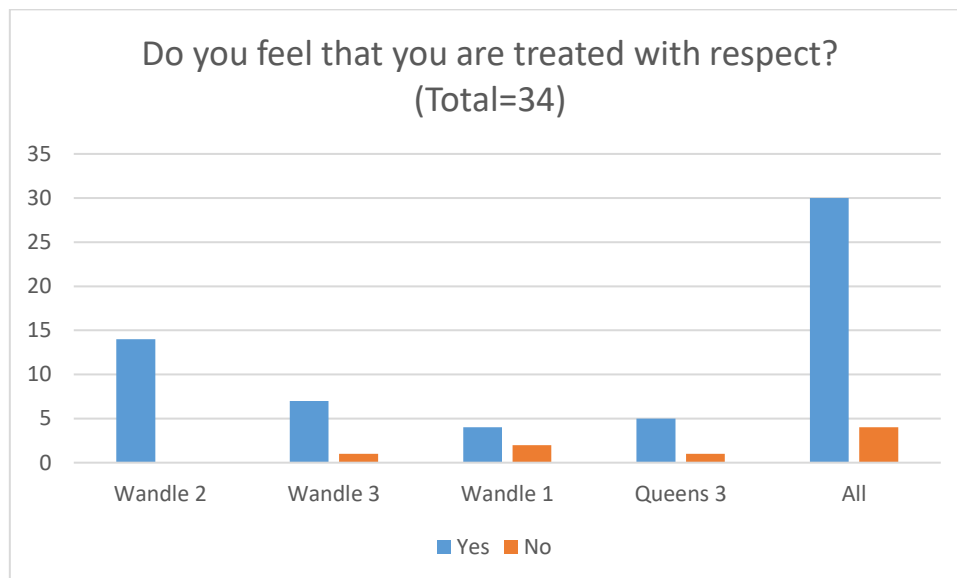
Relatives in Queens 3 told us

“Staff respond well- happy.”

“Mixed. Not enough staff. Enormous pressure, wait 90 minutes from calling.”

“(Staff treat patient) well... sometimes excellent, sometimes very poor, depends on staff.”

2.4 Do patients and relatives feel respected?



Patients' experiences

Overall patients feel they are respected, with the comments yielding more information. Two patients spoke about the dignity of other patients on the ward.

100% of patients we surveyed on Wandle 2 answered positively with some implying that the respect must go both ways:

"70% respect me"

"Definitely (respected) - it's a two way street."

One patient felt that they were respected themselves but were concerned that other patients may not have their dignity:

“Lack of dignity (patient exposed) need to be covered up, naked.”

Patients on Wandle 3 told us:

“50/50.”

“Some days good, some days bad, too many patients not enough staff.”

“Dignity, dressing gown low.”

A single patient responded that they were not treated with respect.

A third of patients on Wandle 1, felt they were not treated with respect but others were more positive:

“Some carers’ too rough, pulling pad from me (during toileting) not gentle enough.”

“Everyone’s fine.”

Relatives’ experiences

Relatives on Wandle 2 answered in two ways, either positively without further comment, or did not indicate a yes or no.

Comment we received from a relative about whether the patient was treated with respect:

“It depends on staff sometimes.”

In Wandle 3 we recorded three relatives who were positive that the patient felt as if they were treated with respect. Comments for the other answers were:

“Neither yes or no, 50/50.”

“Catheter inside under clothes, wee going back inside body.”

Wandle 1 reported similarly to Wandle 2, with no comment for positive responses.

Another comment pointed to training:

“Some (staff) are not experienced.”

“We are not allowed (as males) to help with care.”

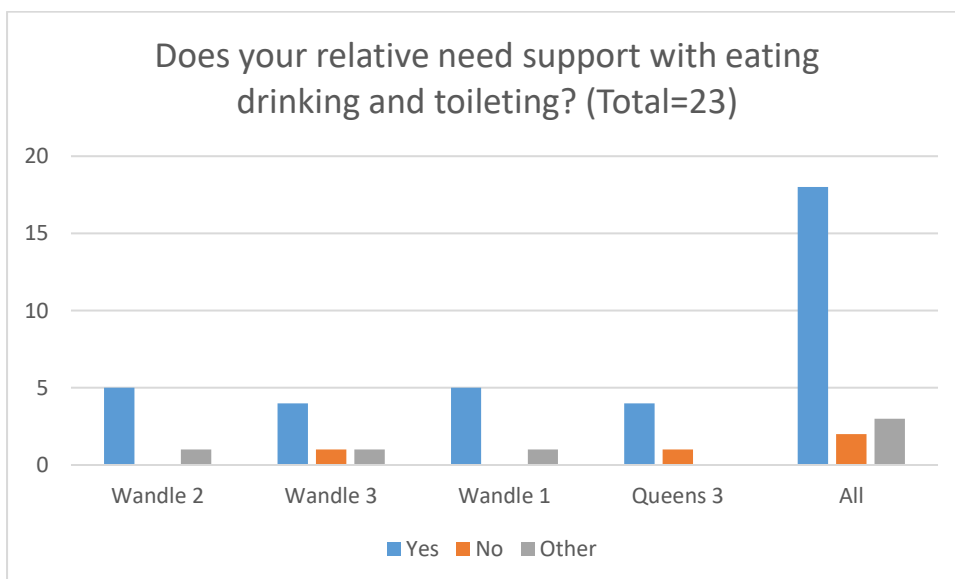
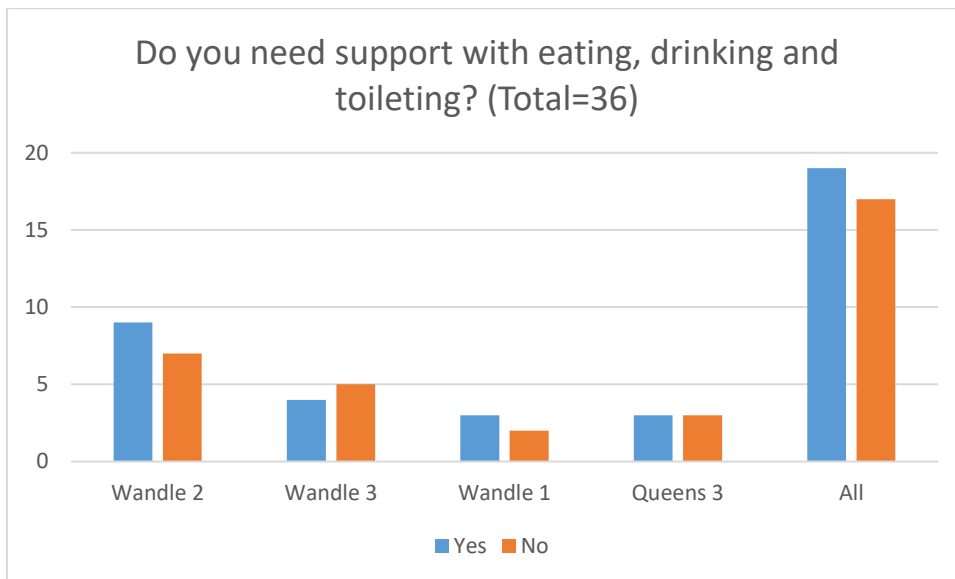
Relatives from Queens ward made the following comments about staff:

“Eye contact is lacking.”

“Not caring enough.”

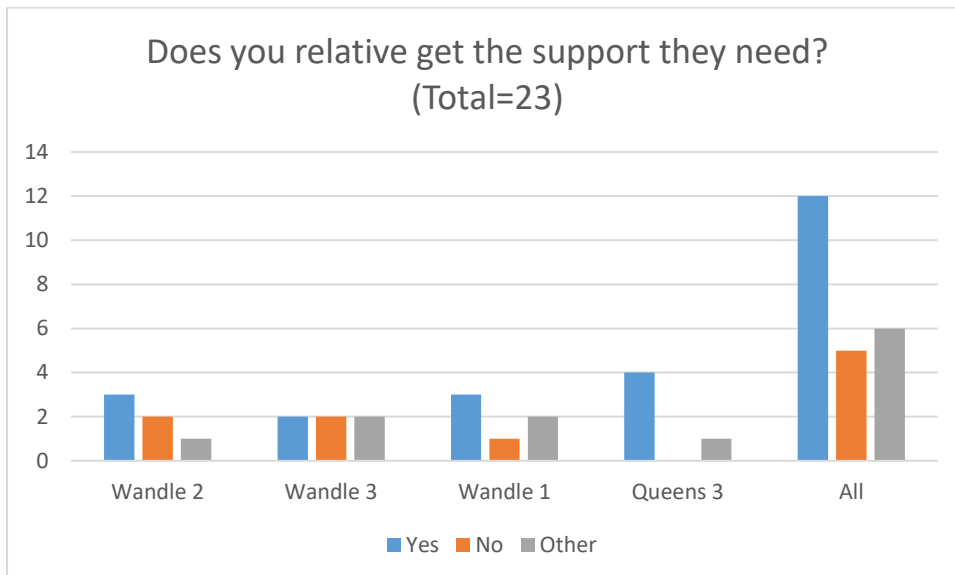
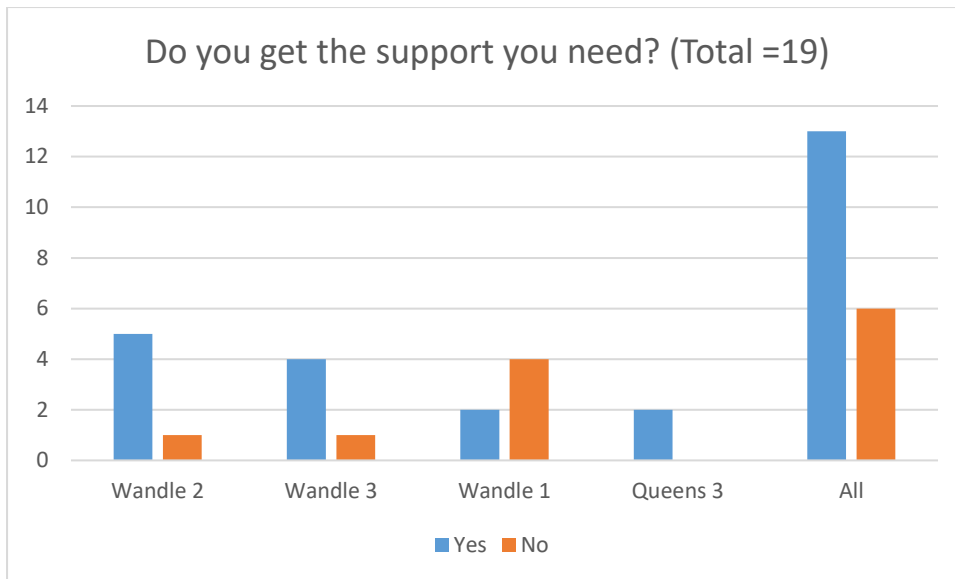
Others felt they could say that the patient did feel respected but added no comment to support this view.

2.5 Did patients get support they need with eating, drinking and toileting?



We asked patients if they needed support with eating drinking and toileting, if they were supported and how they were supported.

The majority of patients did require support, some with all of these functions and others with one or two of them.



Patients' experiences

Just over half of patients we surveyed felt that they got the support they needed overall, but timing could present difficulties.

Patients on Wandle 2 told us:

“Yes, but not enough time.”

“Yes - nurses have lots to do but very supported.”

On Wandle 3, patients said:

“Yes - but haven’t been out of bed.” (Patient was on the ward for 10 days at this point)

“No - I’m not supported, might not be quick enough to get to toilet, might need cleaning up. There is a wait for an extra nurse but I can use the commode if quick enough.”

Respondents from Wandle 1 both needed more support than the other wards, and were not being adequately supported. Where patients were supported they told us:

“Yes, drink is poured out for me, food is cut up, staff work very hard for me.”

“They are busy.”

“No. Not gentle enough.”

The patients on Queens 3 who we surveyed told us:

“Yes, always busy but mostly helped.”

“Yes, moving me, getting (to) chair and frame.”

Relatives’ experiences

Just over half of relatives felt that the patient they were visiting was supported. Relatives in Queens 3 ward gave the most positive responses.

Relatives on Wandle 2 said:

“Yes, a nurse helps him go to the toilet and showering.”

“Yes. two times a day PEG (tube feeding).”

“Yes, fed at dinner times and cleaned up if going to toilet.”

“No, slow response sometimes.”

On Wandle 3 relatives said:

“Yes, she needs to be monitored, liquid foods.”

“Yes, a nurse helps (the patient) to the toilet.”

“No, eating and drinking OK but was left for ages after pressing the buzzer, ended up with a puddle of urine on the floor.”

Wandle 1 relatives said:

“Don’t know, I’ve not been here at a lunchtime where I have not fed her.”

“No, needs support to the toilet, catheter bypassing and leaking.”

“Depends on the shift work (the staff who are on duty).”

A relative at Wandle 1 spoke out about what they saw as staffing issues telling us:

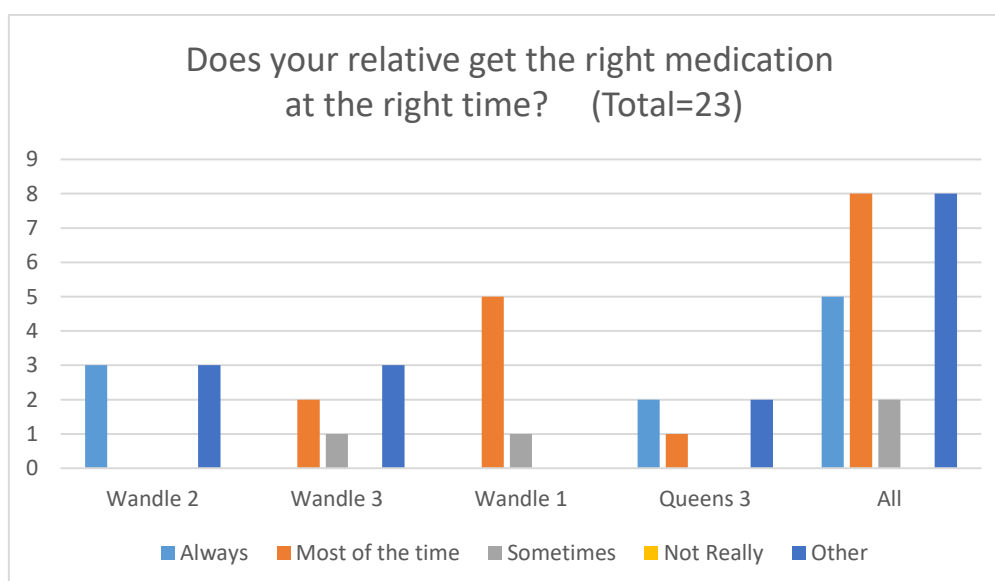
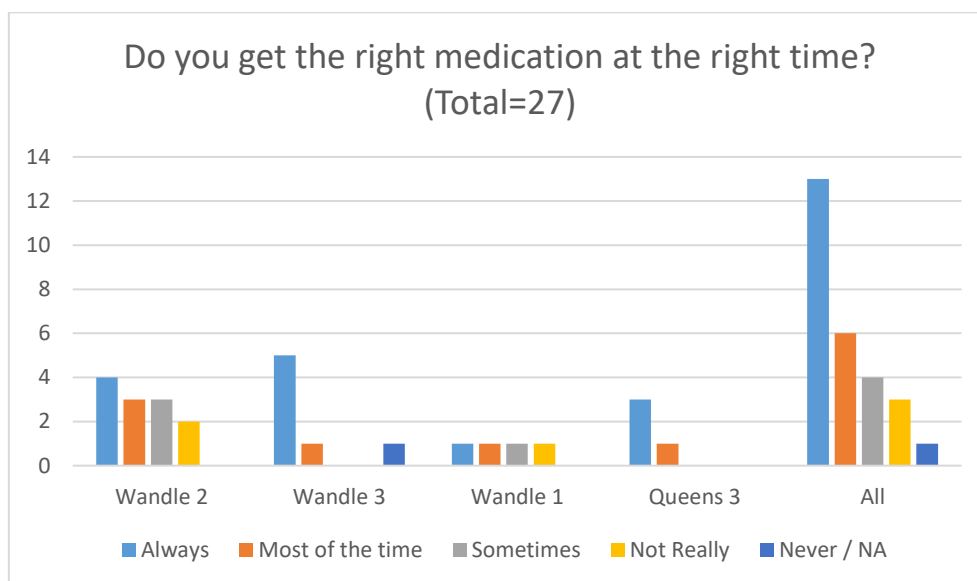
“Staff do what they can but patient might not be responsive, a lot of times nurse is not available. If you don’t pay you don’t get, staff can’t cajole to get patient to do what is required. Doesn’t matter which ward it is. There is a staffing issue everywhere.”

Relatives from Queens 3 told us:

“Yes, some are very caring and some are too busy, help to toilet and encouragement to eat.”

“Yes, however little things being missed, gown, hygiene etc.”

2.6 Did patients get medication at the right time?



Patients' experiences

When patients are admitted to the ward the medicines they brought into hospital with them are taken away. The hospital administers medication in unmarked disposable pots, so some patients and relatives were not sure if they were receiving the right medication or not.

While Healthwatch were visiting we observed a patient who was crying with pain, and spoke to another patient who did not bring her prescribed gel with her and told us she was in great pain.

A patient on Wandle 2 who said that they didn't get their medication on time told us:

“Not really, if I am in pain they say they will be back later and do not return.”

Another told us:

“BP (blood pressure) everything on time, can't fault them.”

Respondents on Wandle 3 were the surest that they got the right medication at the right time and made no comments.

Surveys on Wandle 1 yielded very mixed responses, one patient told us they:

“Did not want to discuss with anybody.”
“When pain is unbearable staff are kind and attentive.”
“(The medication was) more than required.”
“(The right medication was given) not today.”

Three patients told us they did not know what medication they were on, feeling that it was not explained to them, other respondents on Queens 3 were satisfied that they always, or mostly, got their medication.

Relatives' experiences

Relatives on Wandle 2 were not sure if the patient they were visiting was getting the right medication or not, with Wandle 3 yielding a similar response, with most relatives telling us they did not know.

A relative on Wandle 1 told us:

“Always, I know what medication is being given and what for.”

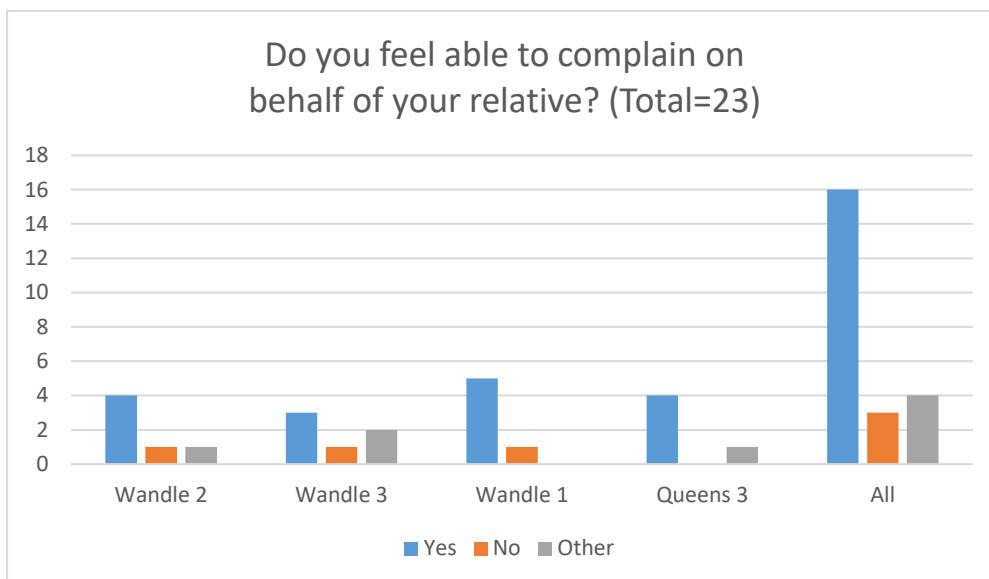
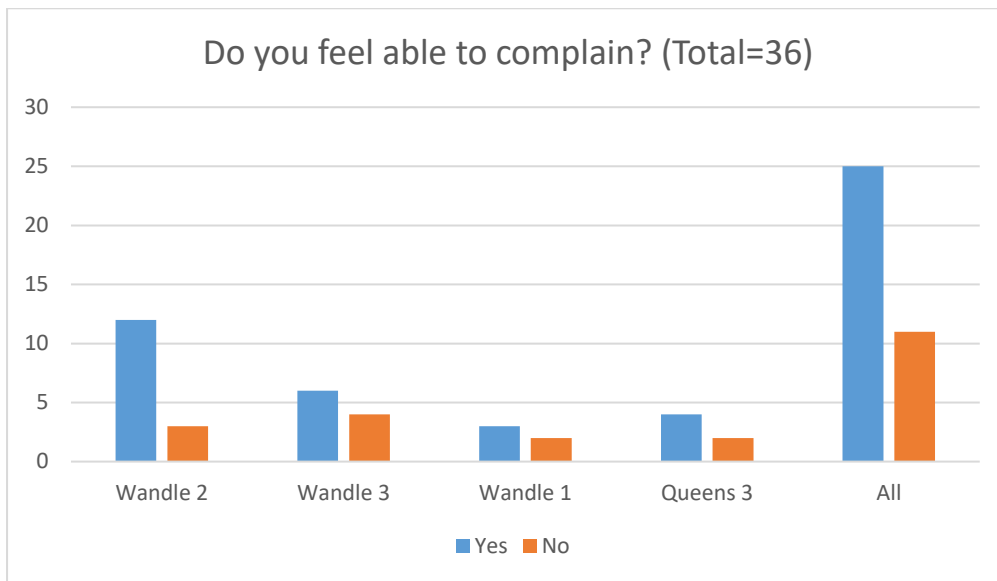
There was most variation in Queens 3 where some relatives reported that the right medication was mostly being given, others told us:

“No medicine chart, don’t know what’s going on.”

Another was confused and told us:

“Worried first day, product in fridge but different product used, we need more explanation.”

2.7 Were patients and relatives able to complain?



Patients' experiences

Some patients on each of the wards did not feel able to complain. A range of reasons were given, from not knowing the complaints policy or procedure, not being invited to complain, and other patients saying they were not the complaining type.

A significant number did feel able to complain.

On Wandle 2 we were told:

“I don’t know the complaints procedure... (I)’never thought about complaining, I am on the side of the staff!”

“I don’t know who to complain to, I’m too vulnerable.”

A single patient referenced the handbook which, we are informed, is routinely given to all patients that outlines the complaints procedure.

Patients on Wandle 3 said:

“Don’t like to complain.”

“No need to complain.”

On Wandle 1 a patient said

“Nobody to complain to.”

This suggests that they had not been asked if their care was OK, or invited to give a comment, although this respondent had been in the ward for less than a week.

Another respondent told us:

“I am not the sort of person to complain.”

Queens 3 had the strongest responses and most respondents who felt sufficiently able to complain. A closer look at the comments inform us that some patients are not comfortable to complain, two further patients on Queens 3 told us that they are:

“Not the type (to complain).”

Other comments we recorded on Queens 3 showed inconsistency in knowledge about complaining:

“I can complain.”

“No request for feedback, care OK.”

Relatives' experiences

The majority of relatives felt that they could complain about treatment on the ward, with a single respondent on each of the Wandle wards who felt that they could not. In Queens's ward, all felt that they could complain.

The respondents who felt they could not complain told us:

"Fear of reprisals."

"50/50."

"Complaints procedure was not provided."

"(Relative) has learned to speak up, doctors aren't God."

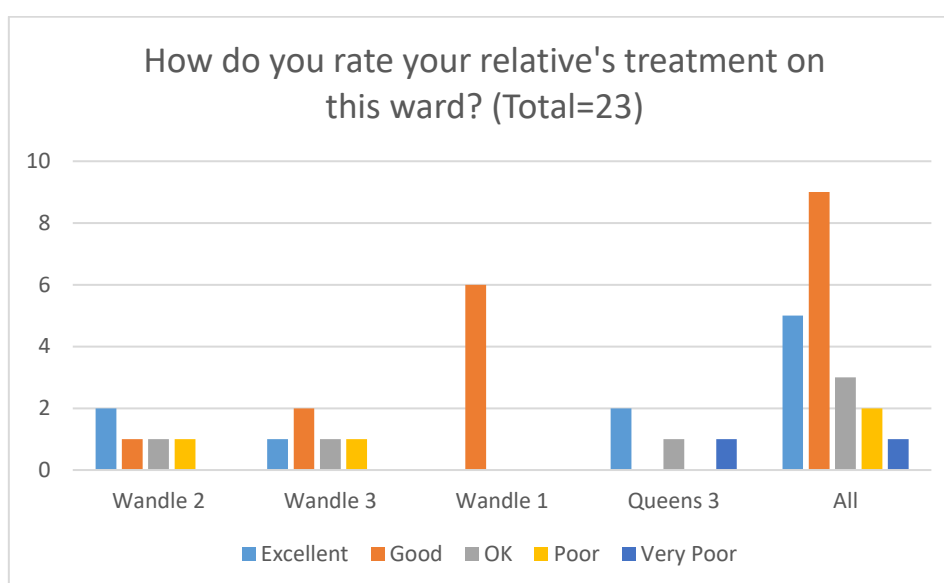
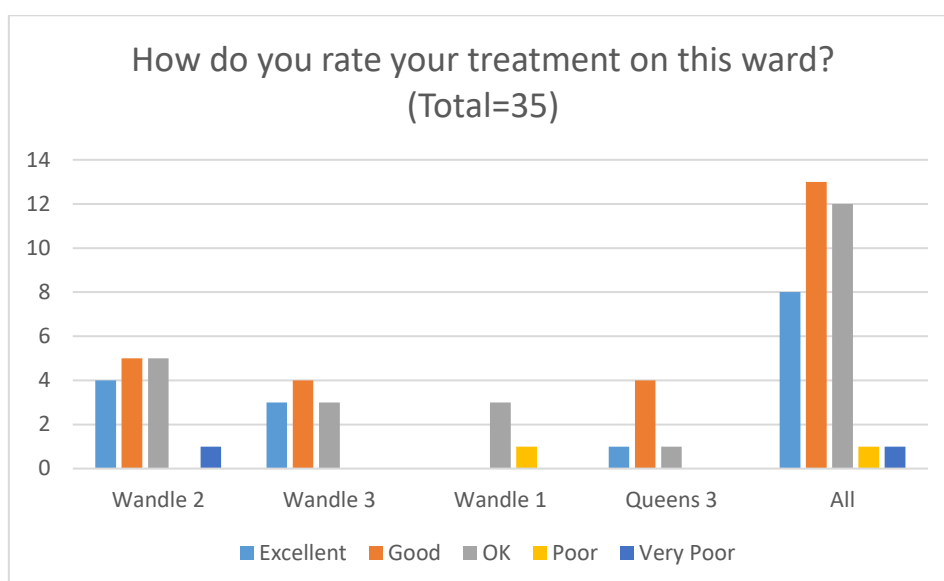
"If there was an issue I feel I could complain."

"Never anyone willing to speak to family or listen."

A respondent from Queens 3 who gave another response told us:

"Big improvement since last year."

2.8 How do patients and relatives rate the treatment on the ward?



Patients' experiences

Overall patients are satisfied with their treatment on the wards, reporting it to be good or excellent. Just two patients that we spoke to overall rated their treatment as poor or very poor.

Relatives' experiences

Relatives rated Wandle 1 most highly, with no relative scoring it OK or below overall.

Wandle 2 and Queens both had two excellent overall relative scores.

2.9 Final observations

Staff ratios in some wards at some times of the day means some patients are waiting a long time for basic care. Patients and relatives understand the shortage of staff so are responding positively to our questions, but are ultimately suffering. The reported differences in attitudes of day and night staff and at weekends may reflect these ratios.

Patients indicated that they may be catheterised and left lying down when they could use the toilet with support.

There are reported differences in staff attitude, with some seen as well trained and others inexperienced or lacking in caring manner.

There is a lack of stimulation for patients who are not cognitively impaired.

While it is clear there are feedback processes, a healthy culture of feedback needs to be promoted and encouraged, with emphasis on helping the hospital to improve.

There is a need to manage the expectations of the most involved. As those who were more involved in their health and know more about their condition were least satisfied.

3 CHALLENGES AND LEARNING

This report has spoken to elderly people while experiencing services on hospital wards, which is a group that usually hard-to-reach and seldom-heard. This posed a number of challenges.

Challenges

The patients we spoke to were the ones able to tell us their experience. There were some of those patients did not want to do the survey, or were not cognitively able to do so, and so were not part of this research.

During our visit, we spoke to a relative who “wasn’t up” to taking the survey, others who were visiting patients did not have time to answer our survey.

Learning for future work

Extra training is needed by those delivering the survey to communicate more effectively with those patients who are cognitively impaired.

We could consider a simpler survey, or maybe one-to-one interviews focusing on the conversational rather than set questions.

A focus on more observation-based reporting 'health-watching', as well as asking patients.

Staff could also be spoken to about their experiences of delivering services.

4 REFERENCES

NHS England (2014): *Safe, compassionate care for frail older people using an integrated care pathway: Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders*

Downloaded from on 15 February 2018: <https://www.england.nhs.uk/wp-content/uploads/2014/02/safe-comp-care.pdf>