

Naomi Gilbert
Interim CEO
24 George Street
Croydon
CRO 1PB

Croydon University Hospital

530 London Road
Croydon
CR7 7YE

Julia Layzell
Associate Director of Nursing
Adult Care Pathways
Tel: (020) 8401 3862 / 3591

02/03/2015

Dear Naomi,

Thank you for the completed report following Healthwatch Croydon enter and view visit to the Care of the Elderly wards on Wandle 2 &3 in November 2014.

The Trust welcomes the report and has taken all of the findings and recommendations very seriously with immediate review and actions put in place to address. This reply provides an overview of work undertaken to deliver high quality and patient centred care that improves outcomes, patient safety and patient experience.

All of the positive comments have been communicated back to the teams about the good practices highlighted and for the majority of the patients their experience was positive, caring and supportive.

Recommendations:

1. A new shelving system be installed in the equipment room. Both wards have order new shelving on wheels and awaiting deliver. Delivery time is monitored by Matron.
2. Putting open fronted boxes in the linen cupboard to prevent items falling out when you open the door and also to prevent items getting muddled in the cupboard. Matron has introduced labelled shelving system, and every shift a Health Care Assistant is allocated responsibility to monitor tidiness.
3. All official visitors to the wards are given full information about the infection control measures in place when talking to numerous patients in the ward e.g the need to roll up sleeves so that arms are bare to the elbow and regarding use of antibacterial gel. This was a National campaign introduced several years ago right across the NHS, to highlight the importance of good clinical infection control practices when working or visiting areas clinical areas, and the use of good hand washing and the use of gel if a visitor to these areas. There are posters distributed around the wards in all clinical areas. All Staff have been reminded to highlight when visitors are on official visit to their wards and communicate the bare below the elbow, and the use of hand gel. Patient's visitors only required to use hand gel.
4. Toilet railings and shower equipment defects should be rectified. The toilet railing had been raised on the day of the visit by the Matron and rectified immediately by Estates.

5. Review of the ward's toilet/bathroom inspection and monitoring procedure to ensure broken equipment is identified and repaired in a timely way. Matron has raised awareness with her Senior Sisters and ward staff if any broken equipment found then to notify Estates and if it can be fixed to obtain a work requisition number. If replacement is needed to be forward onto the Matron for attention. Each ward now employ a housekeeper as part of the team, and their role is to also be vigilant and report immediate issues so teams can resolve issues in a timely way to Estates department. All timelines are monitored by Matrons and Senior Sister, and escalated to the either Head of Nursing or Associate Director of Nursing.
6. Putting up a notice explaining the use and purpose of the 'quiet room' to avoid staff and patient confusion over its correct use. All notices are kept to a minimum on the care of the elderly wards as research shows for confused and dementia patients this increases anxiety. Staff have been made aware about the quiet room usage and it is normal practices that staff direct visitors to the quiet room when privacy is required. This allows clinical staff to speak to patient and relatives away from the ward bays.
7. Partnership working with local or National charities that specialise in providing befriending services for the elderly. Alternatively, liaison with the Volunteer Centre in Croydon to help recruit ward volunteers that can support inpatients to address the issues of loneliness and lack of activities to keep them occupied during their stay. Our Clinical Nurse specialist has set up close links with community groups and this involves both Red Cross and Age UK. We will follow up the recommendation of involving the local volunteer centre but do have a vibrant volunteer's team within the hospital, and many do support the care of the elderly wards. The CNS has set up previous activities on the ward that includes choir's visits but we acknowledge there is further work to improve this. Our Health care assistants are presently undertaking training in how to care for patients with dementia, and this will eventually be offered to other healthcare professionals.
8. An internal review of discharge procedures/ management to ensure patients and their relatives have sufficient notice and information regarding patient discharge arrangements. All patients are discussed at a multidisciplinary meeting that involves the clinicians, care managers, senior nurses, physiotherapist and occupational therapy. The discussion includes the medical reviews and what is required for a safe discharge, and shared with the patients, relatives or next of kin. This discussion takes place at the board rounds each morning and expected date of discharge confirmed and a plan communicated to the patient with their full involvement and consent. If the patients do not have capacity then it is their advocate who is involved in planning their care and discharge with the multidisciplinary team. Further work is underway to tighten the process.
9. Sharing your good working practices with other hospitals and elderly care settings in relation to the innovative use of your 'bed turn timer' devices and mobile staff alert switches carried by patients. The senior sister has designed a poster to be shared across wards which has been discussed at the sisters meeting with the matrons.
10. Regulating room temperatures to ensure they are appropriate for patients and visitors and adjusted appropriate according to changing weather conditions. The temperatures of the wards are monitored closely by ward staff and Estates. In the summer months the Trust follow the DOH Heat wave guidance. Each ward hold a

supply of fans, close all blinds, and turn off lights. Patients drink rounds increased and ice is offered as well as lollies. This is monitored by the Matrons, and regular ward temperatures taken and cascaded by to Estate department for further actions. We also hire air conditioning units. Winter months are also closely monitored and DOH guidance followed.

11. Putting up a visitor notice at the entrance of the ward to highlight the importance and need for visitors to comply with special dietary arrangements. The ward as previously discussed on the care of the elderly ward try to restrict the notices so to ensure a clear and clutter free environment is maintained. The Senior Sister ensures that all staff at the beginning of the shift on handover is aware of the dietary requirement of patients. If there is any concerns due to visitors not complying then the nurse in charge will speak with the family in a discreet manner to ensure the patient's best interest is maintained.

Please accept the actions taken following Health watch Croydon visit last November, and I would like to assure you that we continue to monitor the wards closely with quality rounds and audits. These are undertaken by the Executive Board members, Senior Nurses, senior managers and non Executives. Each team receive feedback and if changes to practice are required discussed and actions developed. Our aim is to make a difference for every patient.

Yours Sincerely

Julia Layzell
Associate Director of Nursing