

Enter and View Report

Croydon University
Hospital
Elderly Care, Wandle
Wards 2 & 3

HEALTHWATCH CROYDON CIC

**Report Compiled by Healthwatch
Croydon Authorised Representatives**

Sylvia Wachuku-King, Michael Hembest,
Anne Milstead,
Sandra Wright & Bonnel Jones

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1. Introduction

1.1 Healthwatch Croydon CIC

Healthwatch Croydon CIC is the independent consumer champion for children, young people and adults who use health and social care services in the borough.

- We work to ensure consumers views about services are represented both locally and nationally;
- We focus on local voices being able to influence the delivery and design of local services;
- We have statutory powers that enable local people to influence Health and Social Care services under the Health and Social Care Act 2012

Healthwatch Croydon CIC finds out what people want from their health and social care services such as hospitals, GPs, care homes and pharmacies. This is referenced against information gathered from health and social care providers, commissioners as well as national and local research sources. Healthwatch Croydon CIC also produces reports about services visited and makes recommendations for action where there are areas for improvement.

As part of this role Healthwatch Croydon CIC has statutory powers to undertake Enter and View visits of publicly funded Health or Social Care premises. Enter and Views are undertaken when Healthwatch Croydon CIC wishes to address an issue of specific concern. These visits give our trained Authorised Enter and View Representatives (ARs) the opportunity to find out about the quality of services and to obtain the views of the people using those services. Our Enter and View policy is available to view at www.healthwatch.co.uk. You may also wish to look at the Department of Health “Code of Conduct” relating to Enter and Views at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285

1.2 Acknowledgements

Healthwatch Croydon would like to thank Julia Layzelle (Associate Director of Nursing), Estelene Klaasen (Matron) for helping to organise this Enter and View visit. We would also like to thank all service users, visitors and staff who took the time to speak to us on the day and for their contribution to our Enter and View programme.

1.3 Disclaimer

Please note that this report relates solely to findings observed on the specific Enter and View visit date. This report is not a representative portrayal of the experience of all service users and staff, but serves as an account of what was observed and contributed at the time of the visit.

2. Visit Background & Purpose

Visit Date/Time:	Thurs, 30 th October / 15.00pm – 17.00pm
Establishment Visited:	Croydon University Hospital Wandle Wards 2 & 3, Jubilee Wing, Orange Zone
Speciality:	Elderly Care
Enter & View Representatives:	Sylvia Wachuku-King, Michael Hembest, Anne Milstead, Sandra Wright & Bonnel Jones
Ward Management:	Yvonne Mulenga, Wandle 2 Ward Manager Cathy Anthonio, Wandle 3 Ward Manager Estelene Klaasen, Matron

2.1 Background

The Elderly Care service at Croydon University Hospital provides holistic inpatient care for patients over the age of 80.

In response to an article in the Croydon Advertiser newspaper on 18th October 2014, Healthwatch Croydon Directors considered that an Enter & View visit would be beneficial in order to look into issues and concerns raised in the newspaper article over the quality of care being provided to elderly patients and their general welfare at Croydon University Hospital. Elderly care is a key strategic priority for Healthwatch Croydon.

2.2 Visit Purpose

- To engage with Wandle Wards 2 & 3 service users and staff
- Observe service users and visitors engaging with the hospital staff and their surroundings
- Capture the experience of service users and visitors as well as any ideas they may have for service improvement and/or change
- Identify examples of good working practice

2.3 Previous Enter & View Reports

A previous Enter & View visit to Wandle Wards 2 & 3 took place in June 2013. A report was also compiled with improvement recommendations. This report can be found at:

<http://www.healthwatchcroydon.co.uk/resources/enter-&-view-reports>

3. Methodology

This was an announced Enter & View visit.

We liaised with the management team on visit arrangements before carrying out the visit.

Assigned Authorised Representatives (ARs) attended a pre-visit briefing meeting on 21st October 2014. Two questionnaires, attached as appendices to this report, were devised by these ARs at this meeting. One questionnaire was designed to capture the views of patients, their families or carers and the second focussed on capturing staff insights and experiences. Representatives worked in pairs on the day of the visit, conducting short interviews and observing general environmental conditions as well as patients and visitors engaging with staff and their ward surroundings. The questionnaires were designed to capture qualitative data relating to inpatient care and service experience, exploring topics such as:

- How inpatients are treated with dignity, respect and as individuals
- What measures are in place to meet the spiritual, cultural, physical, practical and emotional needs of patients to improve their quality of life
- How the staff team engage with inpatients and family members

A large proportion of the visit was also observational, involving ARs walking around the public/communal areas, wards and observing the surroundings.

4. Key Observation Findings

At the time of our visit, the evidence is that the wards are operating to a good standard of inpatient care, hygiene and cleanliness.

4.1 Environmental observations

General

- The general atmosphere and cleanliness in the wards was very good
- Wandle Ward 2 is clean and tidy, with a modern and attractive appearance, having been recently refurbished
- Wandle Ward 3 is clean and tidy, except for cupboards in the linen room
- There was a distinct smell of urine upon arrival at the entrance of Wandle Ward 2, although this disappeared further down the main corridor
- Lighting is adequate
- The majority of beds looked freshly made

- Rooms were a little warm at the time of the visit, but staff explained that the heating had been turned up because of cooler weather the previous days and this could be adjusted at source
- There were well-being enhancing images on the walls in Ward 2, but not in Ward 3. These also help patients identify and remember their location.
- A well-organised information rack is located near reception, containing up-to-date health-related information leaflets
- Paperwork and computing equipment is appropriately confined to an administration room
- The patient common area is well located opposite the reception area, enabling hospital staff to keep a watchful eye on patients as they rest in this area
- The equipment room was rather cluttered, with several items on the floor

Quiet Room & Patient Common Area

- Staff and patients use this room, so unclear if this should be for sole patient use
- Fixtures and fittings are all adequate
- The chairs were rather low and could cause seating discomfort for some elderly patients
- The room did not have help alert buttons

Hygiene

- Signs are clearly displayed regarding the use of hand gel sanitisers
- Staff highlighted the importance of using the gel between patient visits to ARs
- Sterilising gel dispensers are readily available in appropriate places throughout the wards and of those tested all had gel.
- The Nursing Director explained the need to be bare-armed to the elbows for hygiene purposes, which had not been pointed out at the start of the visit

Hospital information and notices

- Ward posters, notices and leaflets are kept to a reasonable minimum, ensuring patients have access to relevant information, but without cluttering the premises
- A staff information boards display photos, names and job titles clearly
- Key ward information about patient incidents and staffing levels etc is also on display and serves as a useful visual aid that goes a long way to fulfilling the hospital side of the 'Friends and Family Test'.
- Another notice board informs patients, internal staff and visitors about staff on duty and current ward issues. Unfortunately, this board was on the floor

- A patient comments board is displayed in Ward 3 with a number of very positive comments from patients about the good care they have received. However, many of these comments were written by the same person and therefore cannot be considered as truly representative of general patient views
- A large self-assessment board is on display where staff can openly comment on how they are trying to tackle work challenges and also to make suggestions for improvements

Staff

- The ratio of staff to patients is two staff to every seven patients on these wards
- Staff were courteous, friendly and helpful at all times throughout the visit
- Staff wore appropriate, clean and tidy uniforms
- Patients were using innovative 'staff alert' mobile gadgets that would enable them to call for staff assistance with greater ease than standard fixed alert switches or chords

Patient bed sores

As bed sores had been raised as an issue at a recent CCG Board meeting prior to the visit, a representative raised this topic with the Ward Sister, who explained hospital procedures at CUH clearly.

An innovative timer device was observed by beds in Ward 3 that assist nurses and health care assistants to ensure patients are turned in their beds at regular intervals to aid blood circulation and help avoid bed sores.

Bathrooms and toilets

- A shower was out of use and awaiting repair in Ward 3, so patients were receiving bed baths in the meantime
- A representative interview with a patient's family highlighted concerns regarding the accessibility of the men's ward toilet facilities for disabled patients. Upon inspection, it was noted that the handrails in the men's toilets had been removed, making this toilet very difficult to use for disabled patients
- Urine was observed on the floor in the same toilet
- An alternative men's toilet is located in a disused bathroom at the end of the ward complex. This is also unsuitable and inconveniently located for disabled users as it is some distance away and the handrails are very difficult to maneuver and too narrow to enable wheelchair access
- Bed pans were readily available for use on the wards and were also seen in the equipment room

- Staff were generally readily available to support patients in need of the toilet, although a representative did observe an incident where one patient had been calling out for help to go to the toilet and was left unattended for some time
- Walking aids were available in the bathroom
- There is only one public toilet available on the ground floor, which is some distance from the wards
- One lift appeared not to go up to the third floor, which meant ARs had to use the stairs to access the wards

Meals, special diets and drinking water

- As mealtime had already taken place, menus were not available to view at the time of the visit
- Only a few tables had water jugs on them
- Most patients were sat in upright positions in bed, which is a good patient bed position after meals
- No special diet yellow notices were on display as there were no patients on special diets at the time of the visit

5. Key Findings from Interviews with Staff

As to be expected, staff were very busy on the wards during our visit and the Sister-in-Charge was unfortunately unable to speak with us as a result. However, we were able to speak with the Director of Nursing, a Health Care Assistant and Staff Nurse.

Health Care Assistant

- Relatively new in post and had been recruited through the hospital's standard recruitment and selection process
- She was clearly suitably qualified and experienced for the post
- She had been keen to work in the elderly care unit and was enjoying her role
- She did not find her work overly challenging as she found fellow staff to be good communicators, helpful, supportive and very team-spirited
- To improve the service, the Health Assistant suggested volunteers be recruited to further support inpatients e.g. by befriending patients that did not have relatives who could visit them in hospital
- She felt some patients were lonely and needed activities to take their mind off of their illnesses and loneliness

Staff Nurse

The Staff Nurse has been in her post at the hospital for over 8 years. She's suitably qualified and highly experienced, with considerable elderly care knowledge having worked on the ward for a long time. Most of the interview discussion focussed on inpatient diet management.

Dietary issues are clearly identified and addressed at the hospital. There is a special diet assessment process as well as a system in place to identify and help patients who exhibit a change in eating behaviour. Patients on special diets are also clearly identified and managed appropriately through in-house staff training, the use of yellow notice cards, red trays and through effective communications with patients, hospital staff (kitchen, dieticians and ward) and family members.

The Staff Nurse pointed out that patient visitors need to be monitored carefully as they often bring in food or drink items that are not in the patient's best dietary interest and that this is a challenge to do when busy working on the ward. For example, sweets being given to diabetic patients.

The Staff Nurse also highlighted the fact that more regular Enter & View Visits would be helpful and not solely when something appears to have gone wrong. A focus on the positive as well as areas for improvement was also needed. This was also reiterated by the ward Matron on duty.

6. Key Findings from Interviews with Patients and Relatives

We spoke to six patients and relatives on the day.

Responses were mainly very positive about their service experience.

Patients informed us that they were happy with the ward rounds, they were comfortable in the wards, the food was acceptable and that their dignity was respected. One patient said they were more comfortable at Croydon University Hospital than another hospital they had recently visited.

However, concerns were raised by patients during interviews in relation to the following issues:

- The poor treatment of patients at night by agency staff
- A female patient was left for some minutes in an undignified position with her underwear exposed on Wandle Watd 3, Bay 3 at the time of the Enter and View visit
- Infection control signage needs to be more visible as the current A4 document text is too small to be legible at distance at present.

We were also unable to assess whether there had been improvements in patient discharge procedures since the last Enter and View visit in June 2013 as a relative

interviewed on this visit complained about the one-day discharge notice she had been given regarding her mother, who had been in the ward for three weeks. She was also concerned about the lack of communication and organisation regarding discharge medication as well as the lack of consultation in relation to her mother's medical treatment and assessments.

7. Recommendations

This report highlights the good practice that we observed on this visit and reflects the appreciation shown by the majority of patients interviewed in relation to the care and support provided at Wandle Wards 2 and 3.

The observation and interview findings also serve to highlight some areas for improvement and helpful suggestions made by patients and staff to make the inpatient experience even better for elderly patients on these wards.

Therefore, in light of these visit findings we recommend:

1. A new shelving system be installed in the equipment room so that equipment can be easily organised, stored off the floor and found by staff
2. Putting open fronted boxes in the linen cupboard to prevent items from falling out when you open the door and also to prevent items getting muddled in the cupboard
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
4. Toilet railings and shower equipment defects should be rectified
5. Review of the ward's toilet/bathroom inspection and monitoring procedures to ensure broken equipment is identified and repaired in a timely manner
6. Putting up a notice explaining the use and purpose of the 'Quiet Room' to avoid staff and patient confusion over its correct use
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
8. An internal review of discharge procedures/ management to ensure patients and their relatives have sufficient notice and information regarding patient discharge arrangements

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
10. Regulating room temperatures to ensure they are appropriate for patients and visitors and adjusted appropriately according to changing weather conditions
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

Approvals

PREPARED BY: _____
Authorised Enter and View Representatives (ARs)

Approved by: _____
Chair, Healthwatch Croydon CIC

STAFF INTERVIEW QUESTIONS

Staff background

What are your medical qualifications?

How long have you been working in this unit?

How did you come about working in this unit?

How long have you been in your current position and what challenges do you face?

What concerns do you have about the quality of service delivered?

Is there one small thing that could be done today to improve the service?

Tell us what you know about Healthwatch Croydon

What questions do you have for us?

Diets

How often are patients dietary needs assessed?

Who makes decisions and changes to patient's dietary needs?

How are these decisions shared and who gets to know about them?

When patients are put on special diets how timely is this information transferred between services?

How are patient's dietary assessment and needs shared with them and their families?

How are staff reminded about patients' dietary plan to avoid errors and mistakes?

How are patients supported to stick to their recommended diets?

What training is given to staff on patients' nutrition and when was the last one done?

How is staff informed of feedback and reviews on their services and what actions to be taken if necessary?

How do staff support and assist patients to eat and drink regularly?

What happens if a patient does not eat or drink during meal times?

General Care

How are patients supported to go to the toilet when they want/need to?

How can you tell that a patient is having difficulties going to the toilet?

How are patients supported to spend their free time?

Enter & View Questionnaire: Elderly Ward, Wandle Wards 2 and 3

To ask patients:

Tell me about your experience of Wandle Ward 1 or 2?

.....
.....
.....

Please score: 1 – poor, 3 – average, 5 - excellent

Do you feel comfortable? 1 2 3 4 5

Do you feel respected? ie privacy and dignity 1 2 3 4 5

Do you enjoy the food? 1 2 3 4 5

Do you need assistance with feeding YES/NO

If YES, do you get the assistance needed from hospital staff at feeding times? YES/NO

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.....

Do you feel comfortable in discussing any concerns with the Doctor and other staff?
YES/NO

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Do you find your 'Ward Rounds' helpful? YES/NO

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Do you understand the information given about your care plan? YES/NO

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Have you been offered an Advocate? YES/NO

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Do you know the next steps on your pathway to recovery? YES/NO

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.....
Are there any other concerns you would like to discuss with us?

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Would you like to be kept informed with the outcomes of this work? YES/NO

*Healthwatch adviser left leaflet with participant YES/NO