



Wandle wards 2 and 3

Enter & View Visit

June 19th 2013

1. Healthwatch Croydon

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

It will:

- work to ensure consumers views about services are represented both locally and nationally;
- focus on local voices being able to influence the delivery and design of local services

We have statutory powers that enable local Croydon people to influence Health and Social Care services under the Health and Social Care Act 2012.

Healthwatch Croydon 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 and commissioners and national and local research sources. Healthwatch Croydon also produces reports about services visited and make recommendations for action.

As part of this role Healthwatch Croydon has statutory powers to undertake an Enter and View visit of publicly funded Health or Social Care premises. Enter and Views are undertaken when the Healthwatch Croydon wishes to address an issue of specific concern.

Trained authorised representatives from the Healthwatch Croydon may, in certain circumstances, 'enter and view' health and social care premises to find out the quality of services and obtain the views of the people using those services.

Our Enter and View policy is available to view on www.healthwatch.co.uk. You may also wish to look the Depart of Health Code of Conduct relating to Enter and View at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285

2. Acknowledgements

Healthwatch Croydon would like to thank Matron, Estelene Klaasan, for helping to organise the visit. We would also like to thank all the staff who took the time to speak to us.

3. Purpose of “Enter and View”

The reason for our visit was based on issues raised by our members and at public consultation events relating to discharge policy and staffing levels. We were also keen to establish the level of progress made in implementing the Trusts Action plan in response to previous concerns raised about the treatment of older people at CUH.

A team of three authorised representatives undertook the visit all had undertaken the relevant training, had enhanced CRB checks and authorisation for Healthwatch Croydon. During the visit, we will ask some pre-planned questions based on our research and may observe service delivery activity.

4. Methodology/Sources of evidence

Two questionnaires (See Appendix 1) were compiled by the Authorised Representative team in conjunction. CHP Authorised Representatives interviewed staff at the hospital however despite requests no residents wished to take part. As outlined in the CHP Enter and View policy, in order to be as unobtrusive as possible and avoid disrupting routines or service delivery, Authorised representatives were divided into two groups and toured the home as an individual and as a pair.

The group was given a short introduction to the home by the manager and then had the opportunity to tour the facilities and spend some time interviewing four members of staff through the questionnaire.

5. Environmental Observations

Form 1: We were warmly welcomed by the matron, who seems passionate to improve performance of staff. She had a strong presence on the units and was constantly assessing performance.

Form 2: Good, fresh smelling , staff responsibly dressed. Staff seemed busy. Everything was tidy and orderly. Notice board had useful information on Dementia.

6. Key outcomes of interviews with Staff

Form1: Good feedback- Attempted to observe the individuals needs. Good knowledge about health and safety procedure. They have knowledge of the red tray system. Not fully aware of discharge procedures or if there is a scientific system used. Could have more staff.

Form 2: Junior sister was very positively enjoying her job. They are very passionate about team work to give quality of care to vulnerable adults. Staff/patient relationship has been good.

UNDERLINED REST IS ILLEGIBLE

7. Key outcomes of interviews with Patient

Form 1: Satisfactory, it depends on the staff on duty. They are conscious that shortages have an effect on performance and some staff display uncaring attitudes. This is very noticeable on night duty when call bells are not answered promptly.

Form 2: Generally positive. They well aware of how hard it is to take care of elderly patients and staff were doing their best. They feel safe and cared for. Food seemed good but difficult to appreciate because of their illness. Their state of health made it challenging to accept their claims.

8. Good points

Form 2: Gel dispensers were all filled. Staff were very enthusiastic. Wards looked clean and fresh smelling. Medical term exercised. . Patience when talking to patient during their round. Infection control seems cross cutting.

- Good Practice heard or observed: Junior sister mentioned how she had implemented good practice she experienced when she visited another hospital. Also staff could photocopy any leaflet that nay visitor or family member may require.

Form 1: The environment was clean, cleaners were in progress with their duties. Staff attending to patients. 10am is a very busy time on wards, but we were still welcomed. Staff co-operative.

- Good Practice heard or observed: Good attention to hygiene when going from patient to patient. Checking that patient's request to see the doctor was fulfilled . Encouragement of patient to drink fluid and take medication.

9. Issues to address

Form 1: Planning for discharge. Feedback to patients about their treatment and reasons. Long waiting when told that patient will be discharged, to get medication, see doctor and to get discharge note.- Late discharge

Form 2: None during their assessment.

10. Recommendations

Form 1: More explanation given to patients about their treatment and why they are receiving it. Involvement in their discharge planning . No discharge after 4pm – especially if there is no one to receive patient . Late discharge could be daunting to an elderly patient.

May 2013

Estelene Klaasen, Matron,
Wandle Wards 2 & 3
Croydon University Hospital

Dear Estelene,

Re : Healthwatch Croydon Enter and View

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

We have statutory powers that enable local Croydon people to influence Health and Social Care services under the Health and Social Care Act 2012.

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Our aim is to develop a constructive working relationship with you with the intention of improving service delivery for the residents of Croydon.

We would like to conduct an Enter and View visit to the wards in the week beginning June 10th. The visit would last for two hours. Would it be possible for you identify a suitable time?

The reason for our visit is based on issues raised by our members and at public consultation events relating to discharge policy and staffing levels. We are also keen to establish the level of progress made in implementing the Trusts Action plan in response to previous concerns raised about the treatment of older people at CUH.

A team of three colleagues will undertake the visit we will send on their names ahead of the visit. They have all undertaken the relevant training, have enhanced CRB checks and have authorisation for Healthwatch Croydon. During the visit, we will ask some pre-planned questions based on our research and may observe service delivery activity.

In order to make the visit a useful experience for us both could you please supply me with the following information to enhance our research.

1. Staffing structure of the Unit;
2. Quality standards;
3. Any further information you feel it is relevant for us to have

We will take notes during the visit and no service user or member of staff will be identified. After the visit, we will write a draft report within 2 weeks, which we will send to you to identify any factual inaccuracies. You have a duty to respond back to us within 2 weeks. A final report will then be sent back to you and any other appropriate body and published on our website. If we have made recommendations, we would expect to see a document responding to these within two weeks. If this is not forthcoming we may refer the report to the Health and Social Care Scrutiny Subcommittee.

If necessary we will arrange a follow up visit in due course.

Please do not hesitate to contact me if you would like further information. I can be contacted directly on folake.segun@cvalive.org.uk or on 020 8253 7081.

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Yours sincerely

Folake Segun
Co-ordinator