

Ward visitedMAAU.....

Date of observation 1...14 December 2013...

Start time.....20.30hrs.....Finish.....22.15hrs.....

Names of Enter & View panel members involved in the visit

Sue Orchin, Jo Smith, Rose Wiltshire

Number of Patients on ward at each visit		18 with one Expected	Were all beds full?		No	
Total numbers spoken to:-	Patients	10	Staff	3	Visitors	0

Please give a summary of staffing structure on ward at time of visit and whether it appeared to be adequate

2 Doctors on ward (one consultant on call), 3 trained nurses with one auxiliary. They were joined by a nurse from ITU whilst we were there. We were told that the team had some sickness absence and they had been trying to arrange cover.

The bed manager was present on the ward when we arrived.
We were told that the ward has access to cleaning staff 24 hours a day.

Please note this visit was carried out independently from two very recent day time visits by Enter and View. Only information/observations gathered on this occasion are reported here. We did not re-visit some of the information gathering carried out on recent visits, although some was volunteered by staff. Our conclusions and recommendations are based on this visit alone.

Patient/Visitor feedback

Summary of comments/observations re: Communications
All patients spoken to were happy with information given to them by staff so far and with the way staff addressed them. One patient reported being addressed by their first name and surname by different staff but did not mind.
One patient's buzzer was out of reach although they said they felt capable of attracting attention. The bell had been answered promptly on other occasions.

Most patients were happy with information they had been given but one patient reported 'I've never spoken to the staff about what is happening to me - I don't really know but I hope to go home in a few days'

Whilst we were present, the staff member who had just arrived from ITU approached one patient and did not know they were hard of hearing.

Summary of feedback re: Care

All patients spoken to reported that they were very happy with the care they had received. One patient was concerned for the dignity of another patient. They told us that they felt uncomfortable and embarrassed when another patient had been 'showing all their bum yesterday on the ward, but luckily [they] didn't seem aware'. The staff talked to us about how they had dealt with this incident by moving the second patient into a more private area to maintain their dignity.

One patient was pleased to have someone to talk to as they had no visitor and was unlikely to have anyone soon.

Summary of feedback re: practical assistance/aids

One patient had their own walking stick, no other aids were observed on this visit.

Summary of feedback re: mealtimes

Everyone we spoke to seemed happy with their food. One patient whose sandwiches had been placed beside the bed, said they really did not want to eat as they had only just been admitted and felt too ill.

Food was delivered on time and was hot and reported to be quite nice although one patient felt the portions could be a little bigger.

Staff reported they use red serviettes and beakers with red tops to signify which patients will need help with eating and drinking.

Summary of feedback re: hydration

Water is available in jugs and hot drinks are available. Drinks were placed within reach and the cups were good. Two handled mugs or drinking vessels with spouts were available if needed. We were told by the nurse in charge that water is checked on the 2 hourly rounds and re-filled if needed. We observed staff on duty taking drinks round while we were there.

Beakers with red tops are provided where patients require help to drink. One patient reported they were pleased to have this option as they could not move much from a 'propped up' position and the beaker enabled him to drink with ease.

Summary of feedback re: discharge from hospital

Patients seemed generally well informed about their discharge, where appropriate, although one clearly knew nothing.

Observations / questions for staff

Summary of communication

The notice board system was explained to us in some detail. We were able to see how different coloured pins or card could be attached next to names to identify different needs and information about patients, i.e. 'nil by mouth' the name of ward the patient is going to, cleaning of beds etc. This does depend on staff remembering to change details as soon as possible. One patient left the ward whilst we were there and the board had not been changed.

In addition to information received on a previous visit we were told that the 'Patient's Panel' had requested that no first names or initials be displayed on the ward.

The nurse in charge, explained they always try to move patients before 22.00 hours to free up beds for new admissions during the night. They try to work with the bed managers 'so as not to overload Colwell ward with confused patients all at once' - 'to share workload'.

We were told that staff are encouraged during quiet times to go and talk to patients and night and day staff are asked to work different shifts occasionally to encourage team work and break down barriers. The nurse in charge said that they missed having time to talk to patients and getting to know them a bit better but there never seemed to be any time now.

The nurse in charge told us they give patients a choice of drinking vessels but try to use cups if they can.

Summary of Personal Hygiene Support

We were informed that there are two hourly rounds where staff will help when required to do so. They check on patients' comfort and needs at this time. Most patients move from the unit within 48 to 72 hours. As a result, there are no plans for longer term care. We were told that care planning commences here and is then passed on to the relevant ward or indicates changes needed at home or a referral to Adult Social care. We were told that during busy times rounds could be slightly later than planned.

Summary of support at mealtimes/with drinking

There is a system in place to identify those who need help and one patient was pleased to have been given a beaker with a spout.

Summary of physical environment

Reception area

The area was not busy during our visit. One large item of equipment arrived and because of the cramped conditions we all had to move out of the way. There are no admin/clerical staff working at night. **The Trust told us that 'All HCAs in the unit are trained on the admin systems and there is an additional twilight HCA to help with admin.'**

The plans for the new unit are in the very small office and we were shown them. Two drinks trays had been left in the hall way.

Staff identification

Nursing staff had yellow identification badges. There was a board on the wall with staff details. One member of our team found it difficult to read and understand who was on duty or their roles. It was changeover time when we arrived. One member of staff was dressed in dark green with no identifying badge and our team member did not know her position or role. We understand that everyone will soon have badges.

The Trust told us: 'we are currently consulting with staff on uniforms where it is envisaged that fewer types of uniforms will make it easier for staff to be recognised. Ward staffing boards are on order. These make it clear how many staff are actually on duty'.

Ward facilities

Ward facilities are generally good within the constraints of the layout. There is one large ward and then smaller rooms. We were told that to avoid having a mixed sex ward they sometimes have to move all the beds around and this can take 2 hours. In addition to the staff time, this can cause distress and confusion for patients. Some patients can be moved 4 or 5 times during their stay. Staff are very pleased to be involved in the planning for the new unit which should have some single ensuite facilities and some smaller 2 bedded and 4 bedded wards rather than the 10 bedded wards at present.

On the main ward and the nearest bay there were some items in front of the fire exits. When we spoke to the Sister she explained they had just had fire assessors in to assess the risk as they would be unusable anyway because of work being carried out outside. This exit was no longer in use. However, the fire exit sign was still above the door and there was no way of telling that this was the case.

The Trust told us that since the visit, this has now been resolved.

One other fire exit had a rubbish bin in front partially blocking it.

Although one bed bay had a new clean bed ready, there were 4 items of debris on the floor. We informed the sister before leaving.

There are plenty of bins available for various waste materials with smaller ones in bathrooms. All used different colours for identification. Toilets looked at were clean.

Summary of additional comments

When we spoke to the Sister about the patient who had part of their body exposed, the sister and another staff member were clearly embarrassed about the incident. The nurses reported that the version of events offered by the patient was different to the one they remembered. They told us that eventually the patient was moved to a two bedded bay in an attempt to protect both their own and other patients' privacy. The Nurse in charge reported they had had difficulty weighing up the needs of everyone on the ward including that patient.

The staff were friendly, welcoming, open to feedback and seemed transparent.

Conclusion

The reception area is too cramped with too much on the walls. The notice board for patients' information is quite small and not highly visible and the ward layout is unsuitable. We are concerned about the amount of time taken to move patients around, the confusion to both patients and staff when this has to happen. What we saw matched with several pieces of independent feedback we had received about patients being moved from bed to bed in a relatively short period.

Generally patients seem happy with their care but there appear to be important areas which could be improved by more attention to detail and talking to patients. These include drinks and buzzers being within reach/sight and every patient being kept informed about their current situation and possibilities for the immediate future.

It was unfortunate that two fire exits had been deemed unusable, especially as one of them is quite a long way from any other exit. The fact that one of the remaining fire exits had a bin in front of it was also worrying.

Comments from The Trust:

We have now had a tidy up of the notice boards. This will be done more frequently to make sure we have the most up to date information. The notice boards are currently being replaced with much bigger boards. We will also be introducing electronic screens for information.

Regarding the movement of patients around the ward: 'This is regrettable. Clinical decisions always guide the reasons for moving patients. It is very difficult when the gender of patients coming to the hospital cannot always be determined.'

Recommendations

1. All staff should be encouraged to talk to patients in more detail. We feel this would lead to patients' choices being better known and respected, as far as possible. Patients would perhaps hear about their future in terms of treatment, ward movements or discharge earlier and also feel more comfortable to talk and ask questions.

The Trust said: 'We fully support this recommendation'.

2. Staff to be encouraged to take check regularly with regard to placement of drinks and alarms.

The Trust said: 'We fully support this recommendation'.

3. Fire exits should be checked regularly to ensure they are not blocked or exit routes impeded.

The Trust said: 'At the time the outside courtyard was temporarily closed due to works and opened 48 hours later. Estates have been contacted to ensure they cover/remove fire exit signs when appropriate'.

4. Ward re-configuration should take into account patient's opinions. A consultation with patients should be held as part of the planning process.

The Trust said: 'We will always aim to do this where possible'.

5. The ward should explore other options such as screens and temporary divides on the ward when trying to retain a single sex environment, rather than the disruption of constantly moving patients around.

The Trust said: 'We refer you to previous comments, please take this as a 'you said, we did'.'