

**Ward visited:** St Helens

**Date of observation 1:** 2nd December 2013

**Start time:** 13.45 **Finish:** 15.45

**Date of observation 2:** 5th December 2013

**Start time:** 16.50 **Finish:** 20.30

**Names of Enter & View panel members involved in the visits:**

Denise Parker, Joanna Smith, Philippa Daley, Pamela Cranefield

### **About the Healthwatch Isle of Wight Enter & View function**

Healthwatch is the independent consumer champion created to gather and represent the views of the public on health and social care. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

‘Enter and View’ as laid down in the Healthwatch regulations of 2012, allows Authorised Representatives:

- \* To go into health and social care premises to see and hear for themselves how services are provided.
- \* To collect the views of service users (patients and residents) at the point of service delivery.
- \* To collect the views of carers and relatives of service users.
- \* To observe the nature and quality of services - observation involving all the senses.
- \* To collate evidence-based findings.
- \* To report findings and associated recommendations - good and bad - to providers, CQC, Local Authority and NHS commissioners and quality assurers, Healthwatch England and any other relevant partners.
- \* To develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

### **Methodology**

Healthwatch Isle of Wight are looking at inpatient experience at St Marys Hospital as one of their priority workplan areas. Visits to Colwell, MAAU and St Helens wards took place during the week of 2nd December 2013 through 8th December 2014 to find, highlight and share examples of good practice alongside providing

evidence to contribute to the ongoing programme of development at IW NHS Trust. The visits were also designed to allow patients and their families voices to be heard.

St Marys was written to in advance explaining the project in full. The hospital was informed which week the visits would be taking place in, but not specific dates and times. Posters explaining about the visits were given to the hospital to put up to let staff, patient and visitors know what was happening and how to get in touch with us.

<b>Number of Patients on ward at each visit</b>	15 (am) 11 (pm)	<b>Were all beds full?</b>	No			
<b>Total numbers spoken to:-</b>	<b>Patients</b>	10	<b>Staff</b>	6	<b>Visitors</b>	7

### **Summary of staffing structure on the ward at the time of visits and whether it appeared to be adequate**

At the time of the first visit, there was an F2 on the ward all day until 16.00, a Deputy ward sister, two trained staff and two health care assistants. There was also a ward clerk on duty until 14.30 and a cleaner on duty until 14.30. (There is usually a housekeeper in addition to this who would be on duty until 14.00, but she was on leave at the time of our visit). Modern matron is shared with another ward.

At the time of our second visit, there were two registered nurses on duty, two health care assistants and a trainee nurse. This appeared sufficient for the number of patients on the ward at the time.

Staffing structure at night: doctor on call, two trained nurses and one healthcare assistant.

Staffing structure at weekends: doctor on call, two trained nurses and two healthcare assistants.

### **Patient/Visitor feedback**

#### **Summary of comments/observations re: Communications**

Feedback from patients/visitors was all positive with regards to communication. One patient commented that their relative was able to make an appointment to speak to the Consultant. Patients were happy with the manner in which they have been addressed by staff. Another patient said “they couldn't be more helpful, kind and caring”. All patients spoken to felt that medical staff are respectful to them and keep them clearly informed of treatment/progress. One visitor confirmed that they had been well looked after by staff during the day and kept informed of progress.

#### Summary of feedback re: Care

Patients spoken with confirmed that they were offered regular pain relief and they could call for assistance with the use of the call bell. All patients and visitors we spoke to stated that call bells are answered promptly and staff apologise if they take a few minutes to respond.

A patient commented that they were very impressed with their admission to St Mary`s. The patient had used the 111 service prior to admission and The hub then arranged for respite care for their partner, before being admitted to hospital. The patient was very pleased with the care they both received as a result.

#### Summary of feedback re practical assistance/aids

One patient confirmed that they had been shown how to alter the position of his bed.

There was a variety of drinking vessels and adapted cutlery in the ward kitchen. Soup was served in insulated mugs.

#### Summary of feedback re: mealtimes

One patient said that they were being discharged later that day, but was pleased that they had been offered a hot meal, prior to going home. The patient then confirmed that meals were good and portion sizes were good. Staff supported a patient to cut up their food and supported another two patients into a more comfortable position, prior to eating.

#### Summary of feedback re: hydration

General consensus was that hot drinks were available regularly throughout the day and cold drinks were provided for each patient. Fruit juice was available if ordered from the menu.

#### Summary of feedback re: discharge from hospital

One patient stated that they were given a time for discharge which was convenient for them.

### Observations / questions for staff

#### Summary of communication

Staff confirmed that there is a learning disability liaison nurse to support patients with a learning disability and staff can call in interpreters when required. A dementia link nurse is available to support those patients with dementia/alzheimers.

Staff ask patients how they like to be addressed and request permission before writing this on the board.

Pre-assessments are completed and will specify individual needs such as communication needs, learning disability, personal hygiene needs etc. Family/close friends are able to speak to doctors/medical staff in the office if necessary.

#### Summary of personal hygiene support

Support needs are documented in the patients care plan. Healthcare assistants provide support with personal care needs, such as bed baths and washing hair. Trained staff provide support (eg for patients with diabetes etc) Staff are expected to answer call bells immediately, however if there is an emergency, then the patient calling for assistance will be checked and reassured that help will arrive as soon as it is available.

#### Summary of support with practical assistance/aids

We were told that a physiotherapist will assess patients. All aids are available, such as sensor mats, pressure relieving mattresses, cushions.

#### Summary of support at mealtimes/with drinking

Food/fluid charts are completed if there is a clinical need and documented in the patient's notes. St Helen's ward implements the 'protected mealtimes' regime which is where the healthcare assistants are not permitted to be disturbed during mealtimes - they can then be available to support patients as required.

### Summary of physical environment

#### Reception area

Reception area was clean, uncluttered and tidy. Staff were welcoming and helpful.

#### Staff identification

There was no wall display with a photo of key staff and no display to help patients/visitors to distinguish different grades of staff, however staff confirmed that this is in the process of being developed. All staff wore yellow ID badges with the names in black writing and this is seen as more accessible for those patients with dementia.

#### Ward facilities

All areas seen were well lit, clean and well maintained. Fire exits were clear and there were no obstructions. Bathrooms and toilets were very clean, with plenty of hand towels, liquid soap and gloves available.

### Summary of additional comments

During our observations of the ward, staff regularly checked on patients, particularly during meal times. Staff communication appeared professional, courteous and respectful and call bells were answered promptly. Meal times appeared relaxed and patients were not rushed. Meals arrived on time and were served individually. Those patients who had undergone surgery that day, were given a choice of food on the ward. Food was served hot and was well presented and patients were generally pleased with the variety of food and portion sizes. Not all staff were aware of the Dignity Network and Dignity Champions.

### Conclusion

All patients spoken to only had praise for their treatment and there were no complaints. One patient confirmed that staff are “absolutely wonderful: they can’t do enough for me”. The ward was very clean and uncluttered and staff appeared to know the needs of the patients well. Mealtimes were relaxed and unhurried and staff gave appropriate support when required. The ‘Protected mealtimes’ regime was used to good effect and ensured that appropriate support was available for all patients when required during mealtimes.

### Recommendations

1. We recommend that all staff receive Dignity training and that there is a registered Dignity Champion on each shift.

#### Response:

*The organisation expects all staff to recognise Dignity as part of their role with the Ward Sister/Charge Nurse taking responsibility for implementation of standards.*

*Whilst we recognise the value of Dignity Champions we would expect the ward sister/charge nurse to fulfil that role.*

*We will review this with the Ward Sisters/Charge Nurses to consider whether there are gaps in this approach and we would welcome input from Health watch.*

2. We recommend that all wards in the hospital follow the good practice demonstrated by St Helen’s ward and implement ‘Protected mealtimes’.

#### Response:

*We reviewed this approach following a patient and public survey on Dignity Day in 2012 and decided to implement this approach on a ward by ward basis.*

*We are currently reviewing our nutrition practice and will include a review of our approach to protected mealtimes in this.*