

# Enter & View Report

## Arrowe Park Hospital: Ward 17

Arrowe Park Road, Upton, Birkenhead, CH49 5PE  
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### Authorised Representatives

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## What is Enter & View?

Part of the Healthwatch Wirral work programme is to carry out Enter and View visits. Local Healthwatch Representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act 2012 allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who use the service first hand.

We are also working in partnership with Local Elected Members. In order for Elected Members to see a Care Home “in action” we will be conducting a

series of short visits. These visits will comprise of a Healthwatch Wirral Staff Member or volunteer and an Elected Member and will be called ‘Green’ visits. The Elected Member will not be from the Constituency that they represent at Local Government

If there are any issues/concerns which arise during this visit then this could result in a follow up visit by Healthwatch Wirral Authorised Representatives.

## Acknowledgements

Healthwatch Wirral would like to thank staff, patients and visitors on Ward 17 at Wirral University Teaching Hospital NHS Foundation Trust for talking to Healthwatch Wirral Authorised Representatives.

Please note that this report relates to findings observed on the specific date and time of the visit. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

# Type of Visit Undertaken

## General Profile

Ward 17 is a general surgical ward which specialises in treating and caring for patients who have colorectal disease, post-operative bowel surgery, intestinal failure and those who have challenging nutritional needs and need specialist ongoing support.

Ward 17 also holds a clinic twice weekly to support patients. The clinic can be accessed by patients dropping in or by appointment and the aim of the clinic is not only to support patients but also to prevent readmissions.

## Type of Enter & View Visit Undertaken

Announced Visit

## Methodology

The visit is not designed to be an inspection, audit or an investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a

visit Healthwatch Wirral identifies any aspects of a service that it has serious concerns about, then these concerns are to be referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation.

The rectification of less serious issues will be directed to the service provider.

The Enter & View visits are a snapshot view of the service and findings are reported based at the time of the visit.

Enter and View visits are conducted in a way that works in accordance with Knowsley, Liverpool, Sefton and Wirral (KLSW) Safeguarding

Adults Partnership Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.

No Safeguarding issues were identified at the time of our visit.

# Discussions, Findings and Observations

## Discussion with Manager

Healthwatch Authorised Representatives were greeted by the Matron and taken to the Ward Sister's office for a discussion about the ward.

The Ward Sister outlined the process for patients being admitted to the ward.

The ward has 30 beds situated in 5 bays and 4 side rooms.

There are both male and female patients in the enhanced recovery post-operative unit. However, there are separate male and female toilet facilities for these patients.

We were informed that visitors are welcome between the hours of 2-7pm.

## Staffing Levels

During the day - 6 nurses (including the ward sister) plus 4 care support workers (CSW).

Late - 5 nurses plus 3 CSW  
At night - 3 nurses plus 3 CSW

Ward 17 also has a ward clerk, a volunteer and domestic staff to support staff and patients.

The Ward Sister agreed that these staffing levels are adequate most of the time but sometimes it can be a struggle to cover caring for the patients' needs.

The ward covers staff absences by using their own staff and bank staff because of their expertise. They rarely use agency staff.

All staff have Induction when they start working for the Trust and receive in-house mandatory training including enhanced recovery module, cannulation, gastric tubes procedures and compliance is monitored closely.

Staff performance and development is formerly monitored.

Staff have annual appraisals and although there is no formal supervision of staff, management offer an ongoing policy of supervision and encourage staff to

seek support when appropriate.

Junior staff and students are closely monitored and given “on the job” instruction and support. Staff handovers are conducted daily along with staff huddles.

Ward 17 is supported by a specialist nutrition team who are situated at the end of the ward.

This team provide a service from Monday to Friday from 9am to 5pm. They carry out most of the cannula procedures, check magnesium and potassium levels and adjust feeds appropriately.

### **Procedures and Policies**

All procedures and policies appeared to be in place.

### **Complaints**

These are dealt with by the Ward Manager on an informal basis first and escalated to formal if it is not possible to resolve at a local level. They have few complaints but the Trust has a detailed procedure in place.

### **Clinical Incidents**

These are logged on the computer and the Ward

Manager, Matron and Lead Nurse are automatically notified.

### **Falls Risk Assessment**

Healthwatch were informed that these are carried out and documented, where appropriate.

### **Pressure Areas**

If these occur the patient will be referred to the Tissue Viability Nurse. However, Healthwatch were informed that skin condition is closely monitored following good practice guidelines and patients are encouraged to sit out in a chair.

### **Infection Control**

Healthwatch were informed that procedures were closely adhered to and incidences treated appropriately.

### **Medication**

This is administered by a Registered Nurse wearing an identifiable tabard. Medication is dispensed from a designated pharmacy room on the ward. However, patients are allowed to self-medicate as they would at home as it is recognized that this will enable them to maintain their own routine.

## Nutrition and Hydration

Healthwatch were informed that:

- The ward uses the MUST Tool (Malnutrition Universal Screening Tool)
- **'MUST'** is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers
- Fluid and balance charts are completed
- The Nutrition board is completed and a meal time co-ordinator is appointed daily
- Patients are prepared and supported during meal times
- Red trays, beakers and adapted cutlery are used when required for people who require assistance at meal times
- Diabetic plans are completed if necessary
- Patients are offered a choice of meals
- Protected mealtimes as appropriate but not in the evening because of open visiting
- Patients are offered a choice of meals and have hot drinks and bottled water available during the day. There is also a large 'snack fridge' available for patients 24 hours a day
- It was reported that most of the time the patients get the meal of their choice

## Quality and Performance Monitoring

The ward measure performance against:

- Reduction in complaints and concerns
- Patient feedback through Friends and Family test (FFT)
- Harm free care i.e. reduction in pressure ulcers and falls etc.

- Matron audits
- Infection control audit
- Clinical incident reporting

The Ward Manager invited Healthwatch Authorised Representatives to view the facilities.

Healthwatch Authorised Representatives visited at lunch time and were told that the current policy is to only provide soup and a sandwich, but that patients can request a hot meal when appropriate as some patients have very specific nutritional needs. There was a reasonable choice of food available on the daily menu.

The meals were observed to be generous portion with rather a large amount of potato - possibly to compensate for the fact that these patients cannot have certain vegetables. A patient commented that it was over facing. When this was relayed to the Ward Manager, she immediately said that she would discuss with the patient and the staff giving out meals and reduce the portion.

Patients were given a good choice of sandwich filling on white bread but the Ward Manager explained that this is the preferred choice for their patients as brown has too much roughage.

Instant soup was available from the drinks trolley and there were plenty of light snacks and drinks in the snack fridge.

Bottled water was readily available at the bedside. Staff were observed treating patients with dignity and respect whilst assisting during the meal service.

A relative of a patient was observed assisting them at the meal service and we were informed that relatives are always welcome to do this if they wish.

## Environment

### Main Corridor

This area was relatively free from obstruction and tidy, but in some areas on the ward there did not appear to be enough storage which resulted in a cluttered appearance.

There were several hand cleansing points and explanatory notices/ posters reminding visitors to use

them.

Handrails were positioned along the wall to support patients to move around safely.

There was an information rack on the wall with plenty of appropriate and relevant leaflets.

On a notice board the End of life Charter was displayed along with information about the ward being Dementia Friendly.

Also displayed was information about performance achievement: 97% in the Friends and Family Test, 97% of staff hours filled.

We were informed that the ward clerk is responsible for patient feedback questionnaires and that Matron carries out regular audits.

### **Ward Bays**

These were as free from hazards as could be reasonably expected. Equipment was stored in the clinic room, when not in use, to reduce potential for tripping.

Although somewhat constrained by the amount of necessary equipment and available space, each

patient had a curtained off defined space with storage and a chair nearby.

Each bed had a television/ radio and some patients acknowledged that these are unpopular because they are expensive. However, the ward has installed a TV in the communal room for patients who do not want to pay for the bedside facility.

Call bells were within easy reach for patients. Water bottles, rather than jugs of water, were placed for patients at their bedsides.

### **Single Rooms**

These were a good size with en suite facilities or had an accessible WC nearby.

### **Kitchen (Staff only)**

Small, tidy and well fitted, with microwave and hot water available.

### **Communal Room**

There was a small communal lounge with a large television and a “snack “fridge. The room was comfortably furnished and well decorated and had recently been upgraded using donations from the public.

We were informed that some people, who have made donations to Ward 17, have been unhappy that their donation may have gone into a 'Central Fund'

The room is also used as a waiting area for the clinics.

The snack fridge was large and well stocked with suitable foods to enable patients to obtain something to eat as soon as they feel hungry. Patients are allowed to store their own food as long as it is clearly dated and named.

There were notices showing that the fridge is regularly checked and that items would be removed if it does not comply with the fridge policy on storage of food.

It was reported that this facility was installed at the request of patients. It appears to be well used and has proved beneficial for their complex nutritional needs.

### **Toilets and Bathrooms**

The rooms viewed appeared to be clean and tidy.

They had clear signage, call bells available, handrails fitted and appropriate equipment, such as shower chairs etc. available in the shower rooms and toilets.

It was noted that most of these rooms needed upgrading in terms of décor and this was also acknowledged by the Ward Manager.

### **Sluice**

This was clean, tidy and organised.

### **Waste Management**

The bins were used correctly and were not overflowing.

## **Observations**

### **Staff**

All of the staff were welcoming and helpful despite being very busy with their duties. They were interacting well with each other and clearly had good rapport with the patients.

One member of staff appeared to be wearing chipped nail polish.

It was obvious that there were good relationships between the Manager and staff and that they all worked well together.

### **Patients**

All of the patients who spoke to Healthwatch

Authorised Representatives reported that they were very happy with their treatment and with the staff.

Some stated that the surgeons and nurses go out of their way to explain what is happening with their treatment and that they are kept well informed at all stages.

One patient said that their discharge plan had been discussed and they were waiting to hear if they would be able to go home soon with a care plan.

Patients felt that the staffing levels were adequate most of the time.

One patient commented that the nurses could do with someone with them who could go for any equipment/dressings needed, as it slowed the nurses down having to break off during treatments.

Another patient commented that they felt that staffing levels were 'OK' but that sometimes qualified staff responded to requests by saying that they would pass it to 'the girls' (presumably the Care Support Workers) When Healthwatch asked why they thought this happened their reply was that staff thought 'the task

was not one for them'.

It was reported that, although staff respond very quickly to requests, they do not always come back when they say they will.

All of the patients who spoke to Healthwatch reported that they received enough food and drinks for their needs. Some stated that there are times when too much food is put on the plate and this can be off putting. They liked the snack fridge, the choice of food on the menu and the food in general was tasty.

One patient informed Healthwatch Representatives that they sometimes found the cap on the bottled water too difficult to open.

## Conclusions

- Staff appeared to care for patients in a kind and dignified manner. Although the ward was very busy, there was an air of calmness and serenity and it appeared to be managed efficiently
- The ward supported inpatients and also patients who required ongoing support by providing the clinic sessions

- The patients benefit from the close proximity of the Specialist Nutrition Team
- The introduction of the snack fridge has been a success as has the installation of a communal TV in the patients' lounge
- Comments from patients on care and food were favourable
- There seemed to be insufficient storage space and some areas appeared cluttered and would benefit from refurbishment

## Recommendations & Considerations

- Continue programme of refurbishment of bathrooms and bays to upgrade and visually improve the patients' surroundings
- Recruit a volunteer, if possible, to assist and support the qualified nurses in carrying out their duties by being available to go for any equipment or dressings
- Ensure that patient rounding includes checking

that patients can open their bottled water or staff opening the bottle for the patient

- Ensure that infection control standards are met by de-cluttering areas
- Ensure that staff are aware of hand hygiene standards with regards to Infection Control( ie. chipped nail polish)
- Ensure that portions of meals are always discussed with patients so that they are not over faced as this can have a detrimental effect on nutrition
- Donations - donors have indicated that they wish to give to ward 17 specifically because of the treatment they have received. In the past, this has funded the provision of equipment and facilities for the ward, but now donations appear to be centralised. This may have a negative impact as patients may well not wish to continue giving if it isn't going to benefit this specific ward

### Supplementary feedback from the provider post-visit

I would to thank you for visiting Ward 17 and I would just like to say I found the whole experience to be

very positive and useful. I have read your report and I am very pleased overall with the report and your findings. The report will be shared with all members of the Ward 17 team.

### **Healthwatch follow up action**

None

### **Distribution of Report**

Healthwatch Wirral will submit the report to the Provider, Commissioner and CQC.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest.

## **Glossary**

- » **CSW** - Care Support Worker
- » **KLSW** - Knowsley, Liverpool, Sefton, Wirral Safeguarding Board
- » **MUST** - Malnutrition Universal Screening Tool
- » **Patient Rounding** - A proactive, systematic, nurse-driven, evidence-based intervention that helps us anticipate and address patient needs
- » **Cannulation Intravenous (IV)** - A technique in which a cannula is placed inside a vein to provide venous access