

Enter & View Report

Arrowe Park Hospital: Ward 27

Arrowe Park Road, Upton, Birkenhead, CH49 5PE

Service Provider: Wirral University Teaching Hospital Foundation Trust

Authorised Representatives

Elaine Evans, Piara Miah, Mary Rutter

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What is Enter & View?

Part of the Healthwatch Wirral's 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 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.

Acknowledgements

Healthwatch Wirral would like to thank staff, patients and visitors on Ward 27 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 27 is a female ward providing acute medical services for the elderly.

Type and Purpose of Enter & View Visit

Undertaken

Announced visit

Familiarisation - and as part of a series of thematic visits to Health and Social Care service providers to observe catering and nutrition provision

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 Merseyside 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

Healthwatch Authorised Representatives were greeted by the Matron and taken to the office to have discussions about the ward with the Ward Sister.

We were informed that ward 27 has 29 beds situated in 5 bays and 3 side rooms.

Visitors and relatives are welcome from 2-7pm and are encouraged to help at mealtimes if they wish to do so. They are also allowed to bring in food and staff are trained to prepare and store this food safely.

Staffing Levels

The home employs 30 care staff. Staff turnover is low with many employees having been in post for a long time.

The Manager agreed that staffing levels are more than adequate to provide safe care to residents but staff may be increased depending on residents needs, for example, if a resident requires end of life care.

During the day

Ward Sister, 6 Registered Nurses and 4 Care Support

Workers

Late

4 Registered Nurses and 4 Care Support Workers

Night

3 Registered Nurses and 3 Care support Workers

The ward sister informed Healthwatch that at busy times they would benefit from having more staff on duty.

The ward covers staff absences by using their own staff to cover or by using bank staff.

It was reported that staff turnover can be high due to career progression.

All staff have Induction when they start working for the Trust and receive in-house mandatory training. Other training is offered which includes the Care Certificate, Dementia, Falls Prevention, cannulation and venepuncture. We were informed that some staff are unable to complete all training offered due to staff shortages.

Staff performance and development is formally monitored.

Staff have annual appraisals and there is an ongoing policy of supervision. Staff are encouraged to seek support when appropriate.

Staff handovers are conducted daily along with staff huddles.

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. The main reason for complaints have been around communication.

The Trust has a detailed complaints procedure in place.

The ward also holds a regular 'Sisters Surgery' where patients and their relatives have the opportunity to discuss any issues or concerns. The Ward Sister reported that complaints have reduced over the last 12 months and the Friends and Family test returns have increased to 100%

Clinical Incidents

These are logged on the computer and senior staff are automatically notified. We were informed that staff are aware of incident reporting mechanisms and processes.

Incidents are recorded on the computer system and in RCA (root cause analysis) and Safety Bites folders. Learning is shared at Safety Huddles, in the monthly newsletter and across the organization.

Falls Risk Assessment

Patients are assessed on admission and any falls are documented on the computerised system on incident forms. We were informed that there has been a significant reduction in the occurrence of falls (177 days without a fall resulting in harm) in the last 15 months.

Pressure Areas

Skin condition is closely monitored following good practice guidelines and patients are encouraged to sit out in a chair.

This ward has introduced the 'Eat, Drink, Move' initiative which can help prevent pressure ulcers. The Ward Sister was proud to tell us that they had achieved 222 days free of hospital acquired pressure

ulcers.

Infection Control

Procedures are closely adhered to and incidences are notified and treated appropriately. Ward 27 has achieved a Gold Standard in recent infection control audits.

Medication

This is administered by a Registered Nurse wearing an identifiable tabard. All medicines administered are documented electronically and supplies are stored securely on the ward.

Nutrition and Hydration

This ward has introduced the 'Eat, Drink, Move' initiative where patients and their families can take part in therapy sessions to enable the patient to be well nourished, hydrated and active This can also prevent the occurrence of pressure ulcers as well as giving patients confidence which can aid their mobility when discharged from hospital

We 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 (under-

nutrition), 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 details are input on the electronic system.

A meal time co-ordinator is appointed daily. The co-ordinator can be identified by wearing a blue tabard.

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, a sandwich and soup at lunchtime and a hot meal in the evening.

Relatives and visitors are encouraged to help at mealtimes They are also allowed to bring in food and

drinks.

Staff are trained to prepare and store this food safely. Patients are offered a choice of hot drinks and bottled water during the day.

Patients dietary intake is monitored and recorded on a diet chart if they are poorly.

The Trust has recently run a pilot scheme on the wards for the elderly. This was to introduce 'finger foods' to be made available during the day and also to change the hot meal availability to lunch time rather than in the evening. The benefits of providing finger foods are that they offer a nutritional alternative to plated food. They can be particularly useful for people who forget to eat or find co-ordination difficult such as people with dementia or following a stroke.

The evaluation of the pilot has been very positive and the logistics of the scheme are currently being discussed.

Quality and Performance Monitoring

The ward measure performance against:

- Reduction in complaints and concerns

- Patient feedback through Friends and Family test (FFT)
- Patient feedback from 'Sisters Surgery' which is held weekly to give patients and their families an opportunity to discuss any issues or concerns
- Harm free care i.e. reduction in pressure ulcers and falls etc.
- Matron audits
- Infection control audit
- Clinical incident reporting

The Ward Sister and Matron informed Healthwatch that as well as the Eat, Drink, Move' initiative they will be introducing the 'End PJ paralysis' campaign in April.

The campaign focuses on encouraging patients in hospitals, where possible, to stop wearing their pyjamas or hospital gown when they don't need to because wearing pyjamas for many patients reinforces the 'sick role' and can prevent a speedier

recovery.

The patient and their condition need to be taken into consideration and this idea cannot apply to every single in-patient. However for many, it's a matter of enabling them to get up, get dressed and get moving. Ensuring patients get into their own clothes not only helps them to recover more quickly and changes how they are viewed by staff and the patient's family, it also has benefits for staff on the front line. It can help to build system capacity by improving patient flow, enabling more timely discharges, reducing the patient's length of stay, and enable more timely admissions for other patients.

By getting patients into their own clothes and building their strength, as well as improving their mental outlook on the reason for their stay, it enhances the mental wellbeing of patients as they are encouraged to take greater responsibility for their own health and become active participants in their personal health journey.

Healthwatch Authorised Representatives asked whether there were any other initiatives or plans for the future and were informed that they would like to

renovate and refurbish the two unused rooms in the ward. One could be used as a TV/dining room and the other could be used as a 'John's Campaign' room for relatives to stay in.

These plans would be subject to finding funding to complete the work.

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 may be served a hot meal when appropriate if they have specific nutritional needs.

Healthwatch Authorised Representatives observed the mealtime service.

This ward had a dedicated meal coordinator who was identifiable by wearing a blue tabard. This member of staff was responsible for ensuring that patients were ready for lunch. Staff were observed asking patients which sandwiches they would prefer and helped several patients to open their sandwich packs. Red trays were available to identify patients who may

need assistance. The food was distributed quickly and in an orderly fashion. During the mealtime service staff were observed assisting patients with dignity and respect and encouraging them to eat and drink. They also returned to patients to check on their progress.

Water was readily available at each of the patient's bedside.

Environment

Entrance to Ward 27

This was clearly signed and the entrance door was secured by the usage of a keypad entry system.

A poster displayed information about staff on duty and the number of patients on the ward.

Main Corridor

This area was free from obstruction, clean, tidy and well lit.

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 up to date, appropriate and relevant leaflets.

'Welcome to Ward 17' was displayed on the notice board, along with further information about the ward including the Nutritional Status Board.

Also displayed was information about performance achievement.

A snack fridge was located in this area. It was clean and stocked with up to date items. We were informed by a member of staff that snack bags were made available to patients who may have missed a meal or were admitted late on in the evening.

Ward Bays

The bays were well lit, clean and tidy and there was plenty of room for patients and staff to manoeuvre around safely.

Call bells were within easy reach for patients and water jugs were placed for patients at their bedsides. The curtains in Bay 4 appeared to be damaged.

Kitchen (Staff only)

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

Toilets and Bathrooms

The rooms viewed appeared to be clean, tidy and dementia friendly.

They had clear signage on the doors but it was noted that the signs could not be seen from the ward bay entrances. Call bells were situated within easy reach, handrails were fitted and appropriate equipment, such as shower chairs etc. were available in the shower rooms and toilets.

Waste Management

The bins were used correctly and were not overflowing.

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.

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

Staff observed were bare below the elbow in line with infection control policies.

Healthwatch Authorised representatives spoke with several members of staff who reported that they enjoyed working on the ward but at times they would benefit from having more staff on duty.

Staff also said that they would like the patients to have a TV lounge as televisions are not available to patients on the wards.

Patients

All of the patients who spoke to Healthwatch Authorised Representatives reported that they were very happy with their treatment and with the staff.

They looked well cared for, clean, tidy and comfortable.

Patients told Healthwatch that they were happy with the food and drink provided.

Some of the patients reported that they thought that there were not enough staff on duty at busy times but it had not impacted on their care as staff worked very hard.

Patients also reported that they felt confident in asking about their care and treatment.

One patient reported that she was disturbed at night by other patients making noises. She said that she would be happy to move but understood that it cannot be helped.

One patient was concerned about falling when she was discharged home. She had fallen at home several times over the last year and wondered whether she could have an assessment and possibly some help at home. Healthwatch Authorised Representatives informed the Ward Sister who assured us that this would be dealt with before the patient was discharged.

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
- Patients looked well cared for and comfortable
- Patients reported that they were happy with the quality, choice and amount of food and drink made available to them

- The staff and management should be commended for their achievements

Recommendations & Considerations

- Ensure that patient rounding includes checking that patients have any concerns, i.e. noise on ward at night
- Continue with the initiatives, 'Eat, Drink Move', 'End PJ Paralysis Campaign and the introduction of finger foods
- Explore opportunities to raise funds to complete the renovations of the two unused rooms

Supplementary feedback from the provider post-visit

Thanks for your visit, in my opinion this is a true reflection of Ward 27 and a credit to the leadership on the ward.

Margaret Davies
Matron for Dementia

Healthwatch Wirral Follow-up Action

Contact ward in 12 months to enquire about progress of campaigns and planned renovations.

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
- » **John's Campaign** - johnscampaign.org.uk/ about
- » **MUST** - Malnutrition Universal Screening Tool
- » **Patient Rounding** - Patient rounding is a proactive, systematic, nurse-driven, evidence-based intervention that helps us anticipate and address patient needs.