

Re-Visit Enter & View

Amber 'A' & 'B' Wards

Queens Hospital

Romford, Essex.

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Introduction

Healthwatch Barking and Dagenham is the local independent consumer champion for health and social care. We aim to give our citizens and communities a stronger voice to influence and challenge how health and social care services are provided for people in the borough.

Enter & View is carried out under Section 186 of the Health & Social Care Act 2012. It imposes duties on certain health and social care providers to allow authorised representatives of local Healthwatch organisations to enter premises and carry out observations for the purposes of Healthwatch activity.

Authorised representatives observe and gather information through the experiences of service users, their relatives/friends and staff to collect evidence of the quality and standard of the services being provided.

To do this we:

- Enable people to share their views and experiences and to understand that their contribution will help build a picture of where services are doing well and where they can be improved.
- Give authoritative, evidenced based feedback to organisations responsible for delivering and commissioning services.
- Are able to alert Healthwatch England or the Care Quality Commission, where appropriate, to concerns about specific service providers of health or social care.

Healthwatch Barking and Dagenham would like to thank Matron Sandra Mahoney and her team for their time, assistance and co-operation during our visit.

Summary - Evidence of Action Taken

From the recommendations put forward by Healthwatch Barking and Dagenham for the previous visit to Amber 'A' & 'B' Wards; representatives observed and had access to evidence that demonstrated the wards had taken action and put in place changes in relation to the issues raised in action plan.

Although Healthwatch is satisfied that action has been taken on all 4 recommendations to change and/or improve the service for patients since the first visit, there are 2 further points that have emerged as recommendations from follow up visit.

Details of the Visit

Premises Visited

Amber 'A' & 'B' Wards
Queens Hospital, Romford
Essex.

Reason For The Visit

This was an unannounced visit to follow up the outcomes of a previous visit carried out in Amber 'A & B' Wards in March 2015. Healthwatch Barking and Dagenham made a number of recommendations for changes to be implemented which the Trust responded to with an action plan (**Appendix1**).

Purpose and Aims of The Visit

The purpose of the visit was to identify and confirm evidence that the Trust had put the changes in place, in accordance with their action plan. Healthwatch would engage with patients and staff to find out if the key points on the action plan are being acted upon.

The Organisation of the Wards

Amber 'A & B' wards are located on the second floor of the Orange Zone at the Queens Hospital and are situated adjacent to each other. Each ward is independent of the other and has a managing Ward Sister and Staff. Amber 'A' provides services for Orthopaedic and Trauma patients. Amber 'B' provides services for patients who have had surgery.

Each ward has 6 bays, with capacity for 4 patients in each - in addition, there are 6 rooms used for accommodating individual patients.

Healthwatch Representatives

Richard Vann (Healthwatch Lead)
Val Shaw (Volunteer)
Kim Christy (Support Worker)

The Nurses and Health Care Assistants work in 12 hour shift patterns; days and nights. On each ward there are:

During the mornings - 5 qualified Nurses and 4 Health Care Assistants

During the afternoons - 4 qualified Nurses and 3 Health Care Assistants

Overnight - 3 qualified Nurses and 2 Health Care Assistants

In addition, Healthwatch representatives were informed that where necessary - to cover absences and vacancies - trust employees, registered on the in-house bank staff system, can be called upon to work a shift. The use of agency staff is also an available resource option.

Information and Observations

During the visit, the focus for Healthwatch Representatives was on the key issues highlighted in the action plan - they are:

1) Food and drink service to be more personalised

Concerns were to be escalated to Sodexo immediately to review the meal service and the way the needs of individuals are considered during this time.

Action taken: the Nurse in charge for each shift is now responsible for monitoring the service provided by Sodexo and where there is cause for concern, to ensure it is escalated immediately.

The wards have also implemented a 'protected meal' policy. This frees up the attention of all nursing staff during meal times, enabling them to support individual patients who need assistance to eat and drink. The Ward Sisters also have direct contact telephone numbers for senior Sodexo staff who, we were informed, respond quickly to any concerns.

During the visit, Healthwatch representatives were present when the lunch-time meal was being served. It was observed that a patient that needed assistance at the time had a staff member supporting them.

Some comments from patients about meal times:

'I get plenty enough food while I am here - when I missed a meal which I have done on occasion - the staff remember to bring me a replacement'

'I don't have much of an appetite at the moment but I get plenty of drinks - water, tea and coffee'

'For me the food has been perfect'

'The food has got better and I get help with drinks - don't need help at meal times'

2) Bathroom cleanliness at weekends was not as good as during the week

Action taken: Healthwatch were informed that the Ward Sister escalates concerns immediately to Sodexo and routinely review the cleanliness of bathrooms in the ward units at weekends. Sodexo Supervisors are now regularly monitoring cleanliness at weekends and compliance is in place to carry out 'safe to fly' audits. Any concerns that do emerge are escalated to the Ward Matron.

Healthwatch representatives observed, on entering the wards, that there is a 'Cleaning Matters' notice board displayed by Sodexo. This is a new initiative, introduced since the first visit by Healthwatch Barking and Dagenham.

Some comments from patients and relatives about cleanliness:

'I have found the toilets and bathing area to be kept really clean - it has been ok at weekends'

(This patient was in one of the shared ward units)

'The toilet has not been cleaned properly and when I use urine bottles they get taken away and not replaced. At weekends nothing happens'

(This patient had been in a shared ward unit but said that service deteriorated when he was moved to a single room unit with its own toilet and washing facilities)

3) Both wards were high risk for patients to develop pressure damage

Actions Taken: The Ward Sisters are responsible for ensuring that an ongoing 2 hourly repositioning/comfort round is carried out. Healthwatch was informed that this was being carried out to reduce and where possible, eliminate pressure damage.

Patients are nursed on the most appropriate mattress and heel protectors used for all patients that are assessed as at risk and daily skin integrity checks are undertaken.

Healthwatch was provided with evidence during the visit, of the work being undertaken to address the problem of pressure sores and ulcers occurring on these wards to patients. The wards have introduced a 'Quality Care' board that is on display for the public to view. On one of the boards, it was noticed that there were 3 pressure sore concerns identified out of 31 patients.

Each pressure sore/ulcer is graded from 1 (Low Risk) to 4 (Very High Risk). Of those identified, two were assessed as Grade 2 and had undergone a rapid review that deemed them

unavoidable. The other was deemed superficial with Redness in the affected area.

Healthwatch was advised by the Matron that the wards had recently taken part in a research pilot, using a piece of equipment that is designed to make pressure ulcer prevention possible. It also helps to identify and measure the number of patients already affected by wound damage when they present on the wards.

Healthwatch saw evidence of a wound data collection protocol that detailed the pathway for the action that is taken on the wards to prevent pressure ulcers. A rapid review document was also seen by a representative - it provided evidence of the action being undertaken by nursing staff on the wards, when treating grade 2 pressure ulcers. Representatives were informed that a Tissue Viability Nurse was on long term absence. It was not clear at the time if there was another nurse undertaking those duties - it has since been clarified they are part of a team. On one of the boards, the information was solely about tissue viability, falls, infection control and anticoagulation.

Some comments from patients about pressure sores:

'I have a small sore on my bottom that I will be going home with - I haven't always been checked while I have been in here'

'No pressure sores on me and was told that I won't be allowed home until I am fully checked over anyway'

'Checked for pressure sores every other morning'

'The nurse checks me every couple of days for pressure sores'

'Every day someone comes to look to see if I have any sores'

4) Relatives with a Power of Attorney and Clinicians sharing Information with them

To ensure vulnerable and 'at risk' patients are protected, the Senior Sisters on both wards have an ongoing responsibility to provide up-to-date MCA 2005/DoLS (Mental Capacity Act 2005/Deprivation of Liberty Safeguards) training for all staff and to contact the Safeguarding office when any concerns or alerts arise. Should something occur during 'Out of Hours', a representative was informed that the site manager is contacted. Healthwatch were also advised that compliance with the training is now embedded as part of all staffs appraisals.

A key issue that emerged from the previous visit was concern about clinical staff sharing information and inclusive decision making with relatives who were acting on behalf of the patients. This did not work well in one example that was raised; when the person acting on behalf of the patient was ignored and not being communicated with, by clinicians.

During this second visit, information was provided to demonstrate that 100% of staff was trained to understand and know about patients' relatives or representatives' Power of Attorney.

An anonymised example was provided by the Ward Sister during the visit, of a very recent circumstance where a presenting patient had a needs assessment carried out, detailing the questions and information that was used to assess whether they had capacity under the Mental Capacity Act 2005 (MCA 2005).

Additional Comments from the second visit

- Representatives noticed that briefly; the patients' file trolley that was being used by Doctors doing their rounds; was left open and exposed for anyone to access them. A nurse, upon noticing it too, took the appropriate action to secure it.
- There were more information boards on display than the previous visit. Information was available to read about various health related subjects and also the recent performance of the wards was displayed too. It was also apparent that boards were being used as a way of leaving information as a prompt for other clinical staff to view when they came onto the ward.
- Representatives were told that on this ward the JAD (Joint Assessment and Discharge) pathway was working well. A change in approach had brought about an overall difference where the nursing and social care staffs have developed a better communication on a daily basis and that actions were being followed up in a timely way. A representative received verbal evidence of this when a patient confided that they had been informed that support would be in place for them for when they went home.
- A patient's relatives commented how good their morale and confidence was about being able to leave their mum in the hands of the hospital staff.
- When in hospital previously, a patient remarked that they had preferred King George Hospital, but had been treated well on this ward and that the staff had been 'brilliant'.
- At the time of the visit Amber A ward was down 1 health care assistant according to their staffing board.

- It was observed that the ward had 3 thank you cards and 2 letters of compliments from patients. The friends and family outcomes board indicated that 93% of people were positive about the service.
- A patient occupying one of the single bed units confided that during their stay, their experience of using the buzzer system for assistance was a poor one. They said they were ignored at various times during the day, but it was worse at night. The lead Healthwatch representative addressed this issue during the visit, with the Matron. The Matron said she would speak with the patient about it.
- Representatives observed various items of moving and handling equipment available for immediate use and were advised that when needed, up to 5 air mattresses can be procured immediately.
- When speaking with one of the Senior Ward Sisters who had worked on the ward for 8 years - she described an initiative she had put in place for patients and relatives using Amber B ward. A high number of people go through the wards that have had amputation surgery. Many individuals have complications attributed to Diabetes and wounds as a consequence of homelessness. She liaised with the Limb Amputation Association based at Queens Hospital to display their advice and information on a board directly outside the ward, where it is readily available for the people most likely to benefit from being able to access it.

Conclusions

From the action plan agreed by BHRUT, in the main, a number of improvements were evident from the visit and some measures had been put in place to inform and educate patients, visitors and staff about the performance of the services on the wards.

Where individual patients require a personalised form of support during meal times, it was evident on observation that this was being put into practice.

Measures have been put into place directing people to contact the Ward Matron if there were any issues relating to cleanliness and bathing/toilet areas on the wards.

It was evident - based on information provided by the Senior Ward Sister and in discussion with the Ward Matron - where a proactive approach was in place to try to prevent pressure sores. Healthwatch was given access to the paper based tool used to record a detailed assessment and the action undertaken to identify pressure sores and ulcers.

Healthwatch spoke with 11 patients and relatives during the visit. Overall, comments and feedback was positive about their experiences of the care and treatment on these wards.

There were some negative comments that were of concern, relating to a patient who occupied one of the single bed units. Consistently poor response times to buzzers for toileting bottles and that washing/toilet facility in the room were not kept clean. They also said they hadn't always been checked for pressure sores. This patient did comment on how much better the shared unit was in relation to these points.

Representatives were satisfied that further action had been taken to ensure that all nursing staff that worked on the wards were being given awareness training about the rights of patients relatives to be involved where it is clearly identified they have a Power of Attorney to represent the interests of a patient who has been assessed under the Mental Capacity Act. What was not clear from the visit was whether doctors that make decisions about patients on the ward were following the same guidelines in practice.

Recommendations

- Closer scrutiny and attention to cleaning services should be applied for the single bed units in the same way as the shared units on the wards to ensure that standards do not slip.
- That doctors working on the wards are subject to the same awareness training as other clinicians - and have the ability to be able to communicate and deal with relatives who have a Power of Attorney to represent a patient's interests.

Healthwatch received a response to this report from BHRUT. Initially, the Senior Sister Michaela Henkel wanted to clarify some points of factual information that were incorporated into this report:

“I have reviewed the report and on the whole it is factually correct apart from a few points

- 1) It states that there are 4 rooms used specifically for accommodating individual patients this is incorrect as we have 6 side rooms.***
- 2) For the afternoon staffing we have 4 qualified nurses on duty not 5.***
- 3) It was noted that we use a Quality of care board there were 3 pressure ulcer concerns identified out of 21 patients this is incorrect as our wards are 31 bedded units and pressure ulcers are Grade 1-4 not 5 as mentioned in the report. It was explained that one was a Grade 2 community acquired PU and the 2 hospital acquired Grade 2 PU’s had undergone a rapid review and had been deemed unavoidable, no lapses in care was identified.***
- 4) We took part in a research pilot and that had currently finished we were analysing the findings but unfortunately the data is with a member of staff who is currently off. Health watch did not ask at the time was anyone covering her otherwise we would have explained that she is part of a team.”***

For the recommendations relating to the re-visit, the Trust has responded with the following points:

“Please note with regards to recommendation 2 - it is evident that the medical team are using the full MCA document when consenting patients lack capacity. Generally there is a widespread awareness of capacity/consent and Power of Attorney within the trauma unit and the safeguarding team are also available for reference if required. Sandra Mahoney, Matron for the clinical areas is happy to discuss should you require any further information.”

For recommendation 1, BHRUT provided an action plan attached.

ACTION PLAN - AMBER A & AMBER B- HEALTHWATCH REVISIT

Introduction

Following a recent Enter & View revisit by Heathwatch, Barking & Dagenham to Amber A and B wards at Queen’s Hospital, the following action plan has been produced to address the recommendations identified in their written report.

Action Plan

KEY ISSUES	ACTIONS	LEAD	TIMESCALE	OUTCOME	UPDATE
Bathroom cleanliness at weekends for single patient rooms	Escalate concerns to Sodexo.	Michaela Henkel, Senior Sister Band 6 Sisters/Charge Nurses to monitor weekends	Immediate	Sodexo to review cleanliness of bathrooms at weekends in single side rooms Nursing staff to review as per safe to fly checks audits.	Outcome of the revisit report escalated immediately to Sodexo Supervisors. Concerns to be escalated to the Matron.

Conclusion

The report from the Enter & View re-visit has been shared with all members of staff. Please note that the medical staff do have knowledge of the MCA, and undertake MCA assessments when completing consent forms when a patient does not have the capacity to consent. This can be evidenced in the medical notes.

Monitoring of the plan will be undertaken by the Senior Sisters for Amber A & B and their Matron on a quarterly basis.

Michaela Henkel

Sandra Mahoney

Senior Sister, Amber A

Matron

6th November 2015