



## **Contents**

## **Page**

Introduction	3
Summary	4
Details of the Visit	5
The Wards' Services	6
Information and Observations	7
Patient Experiences	8
Recommendations	11
Additional Information	12

## 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 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.

## Summary

On the day of the visit, from a possible 48 beds across the two wards, 10 patients (21%) were from Barking and Dagenham - the majority of others were from Havering and Brentwood areas.

Overall, patients were satisfied with the way they were treated - one patient spoke about 'the lovely Nurses'.

Patients indicated they did not always get enough time from nursing staff - 'they always seem so busy'.

Patient visitors said their relative was 'well looked after but staff were rushed off their feet'.

Healthwatch representatives found that patient areas and facilities were clean and tidy.

Calls for assistance from patients using their call buttons were 'not always answered quickly enough'.

The wards operate a policy of addressing patient/relative complaints immediately, rather than allowing them to escalate.

Patients felt overall that the quality of the food was ok, although some patients commented 'the choice was limited', 'food is tasteless', 'I would like bigger portions', 'sandwiches are dry'.

Generally, patients were happy with the personal care support they received; some patients would prefer 'a choice of male or female staff', 'I would like to have a shower sometimes instead of a bed bath'.

Communicating with and understanding softly spoken staff or those with strong accents presented a challenge for some patients.

A patient said they were admitted 'without their hearing aid and false teeth', causing them 'difficulty eating and understanding staff'.

## Details of the Visit:

### Premises Visited:

Sunrise 'A' & 'B' Wards,  
Queens Hospital  
Romford

### Date and Time:

20<sup>th</sup> August 2013 - 4pm to 6.30pm

### Enter & View Authorised Representatives:

Richard Vann - Lead Officer  
Val Shaw - Volunteer  
Frances Carroll - Volunteer  
Jenny Furneaux - Support Worker to Richard Vann

### Specific Areas Identified for Observation:

- Nutrition
- Personal Hygiene
- Interaction between Staff and Patients

### Reasons for the Visit:

To visit wards that provide in-patient hospital services for older people - to gather the views and experiences of **patients from Barking and Dagenham** about the services being provided to them. This Enter & View visit is part of a wider programme being undertaken by Healthwatch Barking and Dagenham around issues concerning health and social care services for older people and is as a consequence of findings from the Francis Report.

### Purpose of the Visit:

To ascertain patients' views on the choice and quality of the food and drink they receive; to ask patients and their visitors about the staff interaction with them and to get views and comments about the quality of personal hygiene support that patients receive.

## The Wards' Services:

Sunrise 'A' and 'B' are in-patient wards specifically for older people. Each ward is run by a Ward Sister with a Matron having overall responsibility for both of them. The wards are split into 6 bays, each one with 4 patient beds and set up as single sex units.

The flow of patients on to the wards is controlled by a triage system in the Accident & Emergency Department and by referrals from the Medical Assessment Unit. Representatives were informed that on average, patients stay on the wards for between 7-10 days.

Visiting times start at 10.30am and are spread across the day to enable relatives to visit during daylight hours. The Matron advised that much of the service relies on finding out a patient's routine and gaining the trust of family members.

### **Staffing arrangements:**

**AM:** 5 Qualified Nurses and 4 Health Care Assistants

**PM:** 4 Qualified Nurses and 4 Health Care Assistants

**Evening:** 3 Qualified Nurses and 3 Health Care Assistants

Representatives were advised that there is an option to 'buy in' extra nursing care when it is required. Additional staff are drawn from a bank of Nurses employed by the Trust. Agency staff are employed as an alternative option; it was emphasised however, that there are times when Trust staff work extra shifts to support staffing needs.

During the visit, the staff from both wards were very helpful and assisted by providing all information that was requested. Representatives agreed that staff have a strong team ethic and sense of pride for the job they do. Representatives spoke with a qualified Nurse who had undergone part of their training on the Ward and once qualified, requested to return there on a permanent basis.

It was evident from the visit that the Matron and Ward Sisters want to create a positive working culture. The Matron told representatives that when looking to recruit staff to the Ward, they are selective about those they bring on board, to ensure that they choose the right staff to work with older people.

Healthwatch Barking and Dagenham would like to thank Matron Juliet Kumar and all her staff for their assistance and co-operation during our visit.

## Information and Observation:

On entering the wards, each one has a sink near the entrance to encourage visitors to wash their hands as well as use the alcohol hand rubs.

Lists of patients on the wards at the time of the visit were clearly displayed. When asked to identify patients from Barking and Dagenham, the Ward Sisters provided details of which bays and beds they occupied.

Information boards were observed on the wards' reception areas and behind patients' beds in the bays.

A system of red trays and water jugs with red lids was observed being used to identify patients that required help with feeding and drinking.

Representatives were told that patients are weighed on admission to the wards and are monitored weekly to check for any weight loss. Where appropriate, patients are referred to a Dietician. Finger foods are provided to patients who are reluctant to eat meals. This is to try to increase their food intake. Family members are encouraged to bring in any favourite foods for their relatives.

The Ward Sister on Sunrise 'A' advised that when patients require a softer diet, their food is pureed. This is served up as individual items on the plate and not mixed together. An example of a plated pureed meal was shown to the representatives.

A policy of 'protected mealtimes' is used on the wards. At this time, no medication rounds are carried out by staff so that they can focus on assisting patients that need help with eating and drinking.

Representatives observed that moving and handling equipment was available on both wards.

There were toilet and shower facilities in each of the bays. On observation of 2 of these areas, representatives found them to be clean and tidy.

## Patients' Experiences:

### Nutrition:

Healthwatch representatives were not looking at nutrition on the wards from a Dietician's perspective, but from the point of view of the patients. The questions asked centred on the help patients get to eat and drink, whether they can choose the food they eat and whether it is of good quality.

Generally, patients found the quality of food to be satisfactory. Representatives were present when hot food was being served and it was established that jugs of water were available for patients throughout the day. Patients' opinions varied on the choices of food and the size of the portions.

Two patients said that they were not given a menu the previous day to choose the food given to them on the day of our visit. They did not like the sandwiches they were given for their tea and described them as tasteless and dry to eat.

A representative observed that one patient was struggling to eat their sandwich. The patient said it was brown bread and that it was hard for them to digest - a member of the Nursing staff overheard this and offered to replace it with a white bread option.

One patient said that they liked fruit and wanted to be given the option to have more.

Another patient said the food portions were small and they felt hungry a lot of the time.

One patient a representative spoke with had specific foods they were able to eat listed on a board behind their bed. The patient commented that they felt like they had lost a lot of weight but that the amount of food given was enough for them; sometimes too much.

During the visit, soup was offered to patients as part of their evening meal. One patient said the soup was too thick to suck through the straw and was told by a member of staff to drink the soup without the straw and with the lid off the beaker.

## Personal Hygiene and Care:

Being looked after whilst unwell was a focus for Healthwatch representatives when recording information from this area of enquiry. Patients were asked for their views and experiences of the services, to determine how personal care support was meeting their needs and whether it was being carried out in a way to preserve their dignity.

Overall, patients were fairly satisfied with the way they were being cared for and said that they were treated with dignity and respect. All patients that were asked said that their beds were changed every day and they were given clean sleepwear as necessary.

Some patients said they could choose to have a shower while other patients said they were not given a choice and were being washed whilst in bed.

One patient said they needed to be hoisted if they wanted a shower and that it was a 'difficult and undignified' experience for them.

Some patients said that they were checked regularly for pressure sores, although one patient said that they had developed pressure sores whilst on the ward and that they were not being moved every 2 hours to relieve their discomfort (see details in additional information on page 12).

A female patient said that when they get a bed bath they were embarrassed when being washed by a male member of staff. They did say that on a previous in-patient stay on another ward, that they were offered the choice of a male or female member of staff.

One patient said they were washed in bed every day; however felt that it could be done better as they did not feel thoroughly washed and cleaned.

One patient said that they were treated with dignity most of the time, but there was one incident which they were not happy about, but did not wish to discuss it with the representative.

Patients commented that when using the 'call button', staff were not always very quick to answer - one patient said that when this happened to them it often resulted in them soiling themselves and that they 'felt degraded and embarrassed'.

It was observed during the visit that three patients' call buttons were hanging behind their beds and out of their reach.

Oral hygiene was highlighted by two patients that said they had gone days without help to clean their teeth. Another patient said that they were not always given a beaker of water when cleaning their teeth.

## Patients' Experiences of and Interaction with Staff:

Healthwatch representatives wanted to explore the experiences that patients and relatives had when interacting with hospital staff. By speaking with patients, we wanted their views to find out if they had been treated with respect and dignity during their stay; that the staff responded to requests for assistance in a timely way and whether patients understood why they were in hospital and the treatments they were being given.

Overall, patients were generally satisfied and happy with the way the staff on the wards treated them.

In discussion with a patient's visitors, a representative was told that they were happy with the way the staff treated their relative and that they were always treated well. They also felt that staff often appeared to be under pressure - there was not enough of them - and were not always able to give the time to help with the little things that can make the biggest differences.

Patients said that the staff were polite, pleasant (lovely Nurses), that they were treated with dignity and respect; staff introduce themselves and were very kind. Some patients said that they found it difficult to understand some Nurses as they spoke quietly and/or with strong accents.

Some patients said they are given an explanation about why they are in hospital and of procedures as they take place; others said they are not told what is going on.

One patient explained that they were told they needed rehabilitation for mobility but that the Doctor had not taken the time to fully explain the process and reasoning. They felt unsettled and wanted to discuss this with their partner before making a decision.

One patient told a representative that they had been taken off of their usual medication but were given no explanation why.

Another patient said that they had been in hospital for several weeks but that they had not been told why they were unwell. The Doctor had told them they would return and explain things to them but this had not happened.

One patient said they had received a visit from a priest to support them with their religious needs.

One patient said that they had been admitted to hospital without their hearing aid and false teeth. This was causing them some difficulties with eating and communicating with staff. They told the representative they had no relatives but did have a team of carers to support them at home.

## **Recommendations:**

At the time of the visit, there were 10 patients (21%) from Barking and Dagenham (3 male, 7 female). Healthwatch representatives were able to speak with 7 patients and 2 relatives who were visiting at the time.

1) A number of patients told us that they found their food lacked flavour. Condiments and sauces could be made more readily available to accommodate personal tastes.

2) Patients said that it was difficult to drink thick soup through the drinking straws provided. Wider straws with a larger hole could be made available so that it is easier for patients to drink soup in this way.

3) Some patients said they were not given a choice of brown or white bread sandwiches. Ward staff and the catering services should ensure all food choices requested by patients are made available to them.

4) Two patients said they had not had any help with cleaning their teeth. Staff should ensure all patients are asked if they need help to clean their teeth.

5) Patients should be asked and offered the choice to elect a male or female staff member, who can support them with the intimate aspects of their personal care, during their stay.

6) One patient who usually received a bed bath said that they did not always feel thoroughly clean afterwards and expressed a desire to have a shower on occasions. To ensure patients feel clean and comfortable during their stay, they should be asked if the help they get with washing meets their personal care needs.

7) It was observed that some patients could not reach their call buttons. Some commented that after calling for assistance, there were occasional delays in getting a timely response. To support the wellbeing and dignity of patients, staff should endeavour to respond to calls for assistance in a timely manner and ensure that call buttons are positioned within patients' reach.

8) Three patients said they were not given a proper explanation about decisions made for their treatment. Time should be taken by medical staff to explain about changes to their health and the treatment they will be given.

9) One patient was admitted without their hearing aid and false teeth. They said they had a team of carers to support them at home. This has highlighted a gap in services - where a person receives a Personal Budget for care support, hospital staff should be prepared to work with patients and their social care staff in an integrated way, to resolve these types of issues. Further consideration could be given to enabling patients with social care provision to have that support available to them whilst in hospital.

### **Additional Information:**

This was an announced visit - written notification was sent to Barking, Havering & Redbridge University Hospitals Trust, outlining the intentions for the visit. A representative from the Trust acknowledged our intention and provided the appropriate contact information for the Matron on Duty, Juliet Kumar, who has overall responsibility for both wards.

During the visit, it was brought to the attention of the Lead Officer that one patient had told a representative that they had been put in a chair about 12pm that day and had been left there without any help (5.30pm at the time). The patient said they had pressure sores on their bottom and that these were causing great discomfort.

The Lead Officer decided that this should be raised there and then as a concern with the Ward Sister. The Ward Sister spoke with the member of staff responsible for supporting the patient and asked them to give an explanation about the issues the Lead Officer had raised on behalf of the patient.

The staff member gave a verbal explanation and produced a timeline of written records of contact for the patient during the day. This included times when they were assisted with toileting, were visited by a Physiotherapist and that they were checked on every 2 hours.

From the information provided, the representatives were satisfied that the person had not been left unattended for longer than 2 hours. This highlighted a positive example of a policy that encouraged the staff on the ward - with the support of the Ward Sister - to work with patients and/or their representatives and address issues before they escalated further.