

## **Enter and View Report**

Place visited: Ward B4, Ward B7, Amethyst Ward and Admission Unit, Diana Princess of Wales Hospital, Grimsby

### Registration Details:

Diana, Princess of Wales Hospital (DPOW) provides medical, surgical, critical care, maternity, children's and young people's services for people across North East Lincolnshire. The hospital also provides accident and emergency (A&E) and outpatients' services.

Date: 3 June 2015

Visited by: April Baker, Jenny Smith, Enda Wicks and Paul Glazebrook

### Acknowledgement:

Healthwatch North East Lincolnshire would like to thank the patients, visitors and staff for their contribution to the Enter and View programme.

### Disclaimer:

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed during the visits.

### What is Enter and View?

Part of the local Healthwatch 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 experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

### Purpose of the visit

This visit is provided in support of an agreed approach with Northern Lincolnshire and Goole Foundation Trust to explore how the individual's dignity is respected in this care setting and to identify good practice.

### Strategic drivers

This visit upholds the strategic aim of Healthwatch North East Lincolnshire to:

- listen to the voice of local people.
- ensure that such views influence the improvement and quality of local health and social care provision.

### Methodology

The four Enter and View representatives divided into pairs and each pair visited two wards/units. The appended questionnaire was used in interviewing patients and in making observations.

Before speaking to patients, a check was made to ensure that any patient that was too ill or who had severe dementia and who may have struggled to answer questions accurately was not interviewed. An explanation of the aims and purpose of our visit was made both to ward staff and to patients prior to interview. Enter and view cards were made available to patients on request. An overview conversation was held with the Patient Experience Practitioner at the end of the visits.

### Summary of findings

- Generally, patients were happy with their care and treatment and felt that their dignity was respected.
- Staff responses to call bells was generally good but two patients on Amethyst ward highlighted respective waits of 10 and 15 minutes.
- Nutritional needs appeared to be mainly met although this was not yet addressed with some newly admitted patients
- Medical equipment left in corridor on B7 appears to present a safety hazard.

## **Results of Visit:**

A total of 27 patients were interviewed across the four wards/units.

### **Patient Understanding**

26 out of 27 patients felt that staff had explained why they were in hospital and their treatment (one on B4 could not remember). 25 felt able to ask further questions but one on the Admission Unit did not while one on B7 felt they were not able all the time to ask further questions. Most patients felt that staff introduced themselves to them but four (one in each ward/unit) did not and two others in the Admission Unit felt 'some do and some don't'.

While most patients felt that discussions about treatment by doctors/nurses were not overheard, some felt that it may have been. However, this was not seen as a problem and did not cause embarrassment. One patient admitted that her treatment would be overheard because she was deaf and staff had to shout. Virtually all patients claimed not to have overheard discussions about other patient's treatment or that they had tried not to listen and felt that staff had tried to be discrete.

### **Meeting patient needs**

Most patients felt that they had had a chance to discuss how they wanted their practical needs to be met with just four saying that they had not e.g. because they had only just been admitted. One patient on Amethyst Ward did state that they had an uncomfortable mattress which had yet to be changed. Similarly, most patients felt they had had a chance to say how they wanted their personal needs to be met. Another patient on Amethyst went to a member of staff to discuss their needs. A patient on B4 claimed to still be wearing the same socks they had been issued by the hospital one week later while another on Amethyst felt that people skills were lacking.

### **Raising concerns**

Most patients had no major concerns and felt that they could talk to someone if they had to. However a patient on B4 and another on Amethyst spoke about staff being too busy to listen. All patients felt that family or friends are able to comment to staff on their care and that they would be listened to. Generally, they felt that care was given in a respectful, timely way. The main issues raised were:

- Length of time to respond to call bells on Amethyst with waits of 10 and 15 minutes cited.
- A patient on B7 feeling that staff were abrupt.

### **Meeting nutritional needs**

Most patients felt that they had been asked about their nutritional needs or that a diet sheet had been left for their completion. However, the situation was different on the

Admission Unit with two saying they had not been asked and three more saying not asked yet (out of seven). In contrast, one of the two who had been asked also spoke glowingly of having food brought to them late at night. 21 out of the 27 said that staff had checked whether they had enough to eat and drink but one on B7 was nil by mouth, and one on the Admission Unit felt staff were too busy to check. Two others on Amethysts said that staff had not checked while another on the Admission Unit had been on the ward for less than an hour and water had not yet been supplied.

### Satisfaction

17 rated their care as excellent, 8 as good and two as satisfactory with none as poor or very poor. Comments made included that staff were good, encouraging, helpful or 'fantastic' with no complaints or problems at all. One patient commented that since being admitted to the ward (B4) medication delivery had been more prompt. One patient felt they had not been in long enough to determine satisfaction. Another commented that they felt in limbo because their main treatment was in London.

### General observations

The décor and hygiene/cleanliness on the wards/unit visited appeared good. Patients' needs appeared to be well cared for and all staff were wearing ID badges. The visit did not take place over a meal time so support to vulnerable patients needing feeding assistance could not be observed. Most patients had water at their bedside but some, especially in the Admission Unit and one in B7 had not; this appeared to be related to having only just been admitted that morning on to the wards.

In terms of hazards and safety there were no concerns except in relation to B7 where there was medical equipment left in the corridor. This could have been awaiting imminent use by a patient but we did wonder whether there was a storage issue and would ask that this be investigated.

### Safeguarding

No safeguarding issues emerged on any of the four units visited except over one patient who had continuing problems over pain management. This was reported to the Quality Matron who immediately attended to check this out with the patient.

### Additional findings

None.

### Recommendations

We were generally impressed with the standards of care on the units visited and the levels of patient satisfaction and would want to commend the staff for the efforts they make. However we would recommend that you:

- Review practice on Amethyst ward on response to call bells and see whether preliminary checks on urgency are made (when other patients may have priority).
- Investigate whether medical equipment in B7 corridor can be relocated to safe storage area.

### Service Provider response

We would firstly like to thank Healthwatch North East Lincolnshire for the support in providing an independent review of the areas visited on the 3<sup>rd</sup> June 2015.

We value this external view and feedback that this visit offered us and would like to offer the following response based on the report presented to us.

We are pleased to hear that overall the visit appears to have gone extremely well and that of the 27 patients spoken to, none report any poor care and the majority rated the care as excellent.

It offers us immense reassurance that of all those patients asked they felt friends and family would be able to comment to staff and be listened to and that in turn care was delivered in a respectful manner.

Patients also felt they had practical involvement in the planning of their needs, which is essential in providing person-centred care.

Whilst the visit did not take place over any meal time service it is clear that identifying patient food choice was underway at the time. Nutrition and hydration remain at the forefront of Trust priorities.

We would like to offer some assurance on the two points raised in the report:-

1. Review of call bell prioritisation on Amethyst.

The ward sister is addressing this with her team to ensure practice is consistent. This message is supported by the Heads of Nursing and is being shared across the Trust for wider learning.

2. Medical equipment in corridor on B7

Although this issue was not raised at the time it appears that it may have been some machines for recording blood pressures that were in the corridor. Although this is not normal practice staff have been reminded to store these in the patient bays.

We look forward to our further work together to improve patient care across North East Lincolnshire.



### Enter & View- Dignity & Respect

Purpose of Visit	To explore how the individuals dignity is respected in this care setting and to identify good practice
Aim of Visit	
<p>Our aims were:</p> <ul style="list-style-type: none"> <li>a) To observe the environment and routine of the ward with a particular focus on how well they supported the dignity of the patients</li> <li>b) To speak to as many patients as possible about their experience on the ward, focusing specifically on the personal interactions with ward staff and others providing their care and treatment</li> <li>c) To speak to family members visiting the patients about their perspective on the care provided</li> <li>d) To speak to members of the ward staff about running the ward</li> </ul>	

### Enter & Review Representative

#### Introduction

I am an Enter & View representative for Healthwatch North Lincolnshire which is an independent watchdog that keeps an eye on health and social care services. We take views from local people to find out what works well and what doesn't and we use this to improve services.

We are visiting today to find out if our local hospital respects and maintains the privacy and dignity of its patients. Once the interviews are completed we will compile a report that will be published. All the comments we receive will be kept anonymous, but we would look to include them in the report. We don't use people's names in our reports or when we discuss the findings. This will not affect your care in any way

Can we ask a few questions? If you want to stop the discussion at any point, just let me know.

### Respecting and involving People who use the service

Patient Understanding	
1(a) Did staff explain why you are in hospital and your treatment to you clearly?	Yes                      No
1(b) Did you feel able to ask further questions about your treatment?	Yes                      No
2 Do the nurses and doctors introduce themselves to you?	Yes                      No
3(a) When doctors/nurses are with you discussing the treatment you need, is this done in a way where other people can overhear?	Yes                      No
3(b) How did you feel?	
4(a) Have you overheard information about another patient? (for example, on the phone, at nurses station etc)	Yes                      No
4(b) If answer is Yes, what type of information? Briefly explain:	
Meeting Your Needs	
5(a) Have you had a chance to say how you want <b>your practical needs</b> to be met e.g. extra towels or pillows, cultural needs, contacting relatives?.	Yes                      No
5(b) If no, give examples:	

6(a) Have you had a chance to say how you want **your personal care** needs to be met e.g. help with toileting, washing, changing, combing your hair?

Yes                  No

6(b) If no, give examples:

### **Raising Concerns**

7 Have you had any concerns? If so were you able to talk to someone about them? (explore if appropriately/sensitively)

8 Do you feel that family/friends are able to comment to staff on your care and that they will be listened to?

Yes                  No

9. Is your care given in a respectful, timely way e.g. help with personal care, ringing bell more than once, waiting a long time for things, does it happen often?

### **Meeting nutritional needs**

10 (a) Have you been asked about your diet i.e. the food and drink that you prefer?

Yes                  No

10(b) Were you listened to?

Yes                  No

11 Do the staff check/ask if you had enough to eat and drink?

Yes                  No



**Satisfaction**

12(a) How would you rate the care you have received?

Excellent      Good      Satisfactory      Poor      Very poor

12(b) Please give a reason for your answer:

13 Is there anything else you would like to tell us about your stay in this hospital?

Any other Comments including from staff members/relatives (Please identify who provided these comments ie staff /care family member/friend

Empty box for additional comments.

## Observations Checklist

**What do you see?** please remember to comment on the following:-

- Décor of ward (welcoming?) and layout of communal areas (does it encourage interaction?)
- Do you see any trip hazards or other areas where safety might be at risk?
- Appearance of service users and staff.
- Do staff take people to somewhere private when providing personal care?
- Do staff wear ID badges?
- Are there any activities taking place or evidence that there is a daily programme?
- Hygiene/Cleanliness of the ward area
- Do you see Vulnerable Patients being assisted with meals

### Safeguarding

Were there any safeguarding concerns identified during the enter and view visit?

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