

‘Enter and View’ Report

Ealing Hospital – Ward 5S

Uxbridge Road, Southall
Middlesex UB1 3HW



Healthwatch Ealing
12 July 2018

Service visited:	Ealing Hospital – Ward 5S
Address:	Uxbridge Road, Southall, Middlesex UB1 3HW
Ward Manager:	(WM)
Date and time of visit:	July 12 th 2018
Status of visit:	Announced
Healthwatch Ealing 'Enter and View' Authorised Representatives:	Mystica Burrridge, Sandra Ifield, Imojen Jean, Saha Allar
Lead Authorised Representatives:	Mystica Burrridge
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Healthwatch Ealing (HWE) has the power to 'Enter and View' services in the borough of Ealing. 'Enter and View' visits are conducted by teams of trained 'Enter and View' Authorised Representatives.

Purpose of the visit

The Health and Social Care Act allows Healthwatch Ealing 'Enter and View' Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. The visit can happen if people tell us there are concerns, but equally, the visits can take place when services have a good reputation. We can therefore learn from shared examples of what they are doing well from the perspective of the people who experience the service first hand.

'Enter and View' visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with the HWH Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform their lead. The lead Authorised Representative will then end the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) and Ealing Council's Safeguarding Team.

On this occasion, four 'Enter and View' Authorised Representatives (one HWE volunteer and three HWE staff members) attended the visit. The Authorised Representatives spoke with patients, staff and visitors. Recommendations have been made on how to improve the service and good practice

has been highlighted. HWE had liaised with the CQC, Clinical Commissioning Group (CCG) and the Local Authorities (LA) to create an 'Enter and View' Programme. A number of health and social care providers were selected to be visited. There wasn't a particular reason for visiting Ward 5S, the visit was part of HWE's remit.

Acknowledgements

'Enter and View' Authorised Representatives: Mystica Burrige, Sandra Ifield, Imojen Jean, Saha Allar

Thanks to staff, patients and visitors.

Background

Ward 5S at Ealing Hospital is a medical ward specialising in care of the elderly. The ward consists of 30 beds and there are separate bays for male and female patients with 4 side rooms.

Observations about Ward 5S

Ward area

The ward was clean and well-lit. There were hand sanitisers available at the entrance of the ward, near each side room entrance and also at each bay. Gloves and aprons were also available at the front side of the bays. The ward consists of 30 beds with separate bays for male and female patients.

Information displayed

There was a Quality NHS Board providing details of audit results and a suggestions box for patients and visitors to pass comment or make suggestions for changes or improvements. There were also various relevant information leaflets available for patients and visitors.

Fire safety

All fire exits were clearly marked with fire extinguishers placed in an accessible place at the entrance to the ward. Fire safety manuals were also on display.

Odour and Environment

There were no unpleasant odours present and it was a pleasant and well-maintained environment. Although it was a hot day the ward felt comfortable and well ventilated. There was easy access to all areas.

Accessibility to toilets

Toilets were easily accessible for patients and they were clean and well-maintained.

Dignity and Appearance of resident

There were separate bays for male and female patients. All patients appeared well maintained and appropriately dressed.

Signage

There was clear signage with the reception area and the toilets clearly marked.

Visiting times

Visiting times on the ward are from 11.00am – 9.00pm daily.

Interview with Ward Manager (WM) and Modern Matron (MM)

Both the WM and MM were friendly and approachable. They were very happy to engage with us and answer our questions as fully as possible.

Average stay

WM said that the average length of a patient's stay is 35 days. WM said discharges have become more complex over the years and felt that this was due to a lack of family support. WM stated that many patients live alone and are socially isolated so are reluctant to return home even when medically fit to do so.

Patient referral, handover process and discharge

Patients are initially assessed at triage by a consultant or they come through the clinics. If a patient is there for more than 21 days, then a long stay meeting is arranged. A best interests meeting takes place as well when deciding if a patient should go to a nursing home. WM emphasised the importance of a timely discharge and involving the patient in discharge planning. There is a discharge co-ordinator assigned to the ward to facilitate the discharge process for all patients.

Audits and checks

Audits and checks are carried out regularly including key performance indicators i.e. hygiene control, monitoring of medication storage and administration of medication records. Weekly checks of the ward are carried out by WM and these results are on display. Regular ward meetings are used to feedback to staff and highlight any concerns.

Views collected

Views are collected by the Family & Friends test. The WM said they do not get that many as most of the patients are long stay. The WM stated that this is something they are working on improving as they understand the importance of patient feedback.

Complaints procedure

All complaints are recorded and then either dealt with verbally or in writing. If a complaint cannot be resolved on the ward, then it is referred to PALS, where a formal complaints process will be completed. All complaints are taken seriously and recorded and investigated accordingly.

Activities for patients

The WM stated that they have a dementia specialist who visits the ward and that there is a day room where patients can watch the television. Patients do not have access to their own personal televisions on the ward.

Meals

WM informed that there is a daily menu for patients to choose from with a wide range of options to include vegetarian choices and options for diabetics. Patients are given squash or cold water throughout the day and a jug of water is left next to the bed, within the patient's reach, to ensure fluids are always available. This is very important due to the recent spell of hot weather. Fluid charts to monitor intake are next to the beds and are updated regularly.

Staffing & Recruitment

There are 48 staff in total on the ward and this includes 18 RGN's (Registered General Nurses). There are several vacant posts at present and agency staff are employed to fill the roles. WM stated that they use an agency for bank staff and try and keep to the same locum staff for continuity. WM said there is a shortage of staff, but they are managing it as positively as possible.

Training

WM stated that new members of staff shadow senior staff members for 2 weeks initially as part of the induction process. There is also various online mandatory training that has to be completed within this time. There is a corporate induction to the trust that also takes place for all new staff.

Winter Pressure

WM stated that during the winter period there is even more pressure to ensure a quick discharge process but that it can become more complex. WM stated that some patients do not have adequate heating in their homes and cannot be discharged home if it is not appropriate. There is also an increase in falls when they return home and patients can often be re-admitted. Many patients are socially isolated and live alone and are reluctant to return home, preferring to remain on the ward for the social contact.

BSL/Interpretation services

WM said that on admission they carry out an assessment to check the patient's needs and a note is recorded which says whether the patient requires signage, if they have a hearing impairment, and also notes those who require interpreters. There are specifically trained nurses within the hospital to support patients who have a learning disability and these staff are contacted upon admission of a patient that requires this support.

Patient Feedback

It was not possible to gather the views of the patients on the ward due to most of them having dementia. We did attempt to engage with several patients, but they became confused by our attempts to talk to them and we felt that this was not a positive experience so we did not continue with this approach. There were no family members or visitors to talk to at the time of our visit.

Staff Feedback

Occupational Therapist	Feedback from this member of staff was that the other members of the team were very supportive and everyone helped each other out. She praised her line manager but felt that support waned as you got to a more senior staffing level. This member of staff stated that she felt that the sickness policy was unfair and that people would often feel
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	<p>under pressure to come to work when they were unwell, for fear of being penalised. She felt this was a real area of concern and was a risk to the health of both staff and patients. She stated that there were big issues with staffing levels and it was difficult to attract staff to the posts available. She informed us that ward meetings were held every week and this gave staff an opportunity to discuss their concerns.</p>
Occupational Therapist Manager	<p>This staff member had resigned from her position and was working out her notice period. She was positive about the staff who worked daily on the ward with her and stated that 'The team pulls together and are good with dealing with any concerns and patient welfare.' She stated that there had been a recent management change, with an interim manager now in place, and this had been positive but that more changes needed to happen. This staff member stated that there was no stimulation or entertainment on the ward for patients and this was an issue. She also stated that it would be beneficial to have a named social worker for the ward to support with discharge as this would ensure better communication between departments and make the process smoother.</p>

Conclusion

During our visit we saw that staff were friendly in their approach to patients, and discreet in attending to their personal needs and that patients were treated with dignity and respect. Overall, the ward was clean, protocols were followed and information was displayed and available.

Recommendation

To encourage more patients and relatives to feedback on their Family & Friends Test or to signpost them to Healthwatch for feedback.

Service response:

We would like to thank you for this very encouraging report. We were sorry to hear the feedback from the Occupational Therapists regarding sickness management and staffing levels. We were aware that a small number of staff had raised concerns during their return to work meetings following a period of sickness. We have reiterated to staff that policies are in place to support them and that coming to work whilst sick can be a detriment to both themselves and the patients they care for. Staffing in therapies is an ongoing recruitment challenge that is not unique to LNWH.

Senior management are very supportive of ongoing recruitment campaigns. Periods of vacancy are often managed by our internal temporary staffing service and external locums.

To encourage more patients and relatives to feedback on their Friends and Family test or to signpost them to Health watch for feedback

Since October, our response rates to the Friends and Family test are consistently improving. We have put the following measures in places to ensure that patients are encouraged to complete the Friends and Family test:

- Nursing staff are reminded daily during the safety huddle to give out the FFT forms
- Nursing staff encourage relatives of patients with cognitive impairment to complete the FFT forms on their behalf
- We are very keen to involve you and your members in co-designing our patient engagement strategy.

Disclaimer

This report is a representative sample of the views of the staff members that Healthwatch Ealing spoke to within the time frame. This does not represent the views of all the relatives and staff members at Ward 5S. The observations made in this report only relate to the visit carried out on the 12th July 2018.