

'Enter and View' Report

Ealing Hospital – Ward 7N

Uxbridge Road, Southall Middlesex UB1 3HW



Healthwatch Ealing

12th July 2018

Service visited:	Ealing Hospital – Ward 7N
Address:	Uxbridge Road Southall Middlesex UB1 3HW
Ward Manager:	Lesley (WM)
Date and time of visit:	12 th July 2018, 10am – 2pm.
Status of visit:	Announced
Healthwatch Ealing ‘Enter and View’ Authorised Representatives:	Mystica Burrige, Sandra Ifield, Imojen Jean and Saha Allar.
Lead Representative:	Mystica Burrige
Healthwatch Ealing contact details:	Healthwatch Ealing 45 St Mary’s Road Ealing W5 5RG Tel: 020 8886 0839 Email: info@healthwatchealing.org.uk

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 HWE ‘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 HWE 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 7N, the visit was part of HWE's remit.

Acknowledgements

Thanks to our 'Enter and View' Authorised Representatives – Sandra Ifield, Imojen Jean, Saha Allar and Mystica Burridge.

Thanks to staff, patients and visitors.

Background

Ward 7N at Ealing Hospital is a surgical ward with 30 beds.

Observations about Ward 7N

Ward area

The ward was clean and well-lit with the entrance and corridor accessible and free from obstructions. There were hand sanitisers available at the entrance of the ward and at each bay. Gloves and aprons were available at the front side of the bays. The ward consists of 30 beds with separate bays for male and female patients. Entry to the ward was controlled by automatic doors.

Information displayed

There was a large staffing board clearly visible at the entrance to the ward with photographs of staff and their job titles. There was also a large board providing details of audit results which were displayed in a very easy to understand format with colour coding. The board also had information about visiting times and John's Campaign. There was also information about the Carer's Passport which allows carers to come outside of visiting hours.

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 on the ward 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. There was some disruption in the corridor outside of the ward entrance where essential maintenance works were being completed.

Accessibility to toilet

Patient toilets were available at the front of each bay and there were clear signs for them. The toilets were clean and well maintained.

Dignity and Appearance of residents

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

Signage

Signage on the ward was clear with toilets and the reception area being clearly labelled.

Visiting times

Visiting times to the wards were on display by the reception area. Visiting times are from 11am – 9pm. Information about John's Campaign was also on display at the entrance to the ward stating that family members or carers with a John's Campaign card can visit any time outside of visiting hours. There is a one hour protected meal time for patients where none of the patients are disturbed during this hour. Lesley who is the Ward Manager (WM) stated that this had been introduced across both wards 7N and 7S and that it worked well. WM stated that it was important to ensure nutritional needs were prioritised.

Interview with Ward Manager (WM)

The WM was friendly and approachable. She was very happy to engage with us and answered all our questions as fully as possible. She manages both wards 7N and 7S.

Ward Manager Role

WM said that the positive aspects of her role were the interactions with the patients and being able to support her staff team across both wards. WM stated that she felt able to initiate change in her role and this was valuable. WM informed us that she felt well supported by her immediate management. Her senior line manager is based at a different site (Northwick Park Hospital) but WM advised that the divisional head nurse is contactable at any time.

Average stay

WM advised that it is generally between 2 – 4 days for patients although it could be longer if a case proved to be more complex.

Patient referral, discharge notes and handover process

Patient referral is mainly through scheduled surgery but they do also have emergency admissions. A full handover with discharge summary is completed for all patients. Patients are involved in the procedure and aware of their plans for discharge. Discharge planning begins once patients are admitted to the ward as there is a quick turnaround.

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 the WM who completes a walkabout. WM advised that the Weekly Perfect Ward app is used. This has been in use for over a year and works well. Ward staff use spreadsheets to record their findings and audit results are clearly displayed on noticeboards and available for patients and visitors to see. Regular ward meetings highlight any concerns and these take place monthly. There is a meeting that takes place on the ward every morning to ensure smooth handover from night to day staff.

Views collected

WM stated that they get a very good response to the Family and Friends Test (FFT) as there is a lot of throughput of patients on the ward. The response is mainly a positive one, only a minimal

amount would not recommend. Patient feedback is encouraged by staff and WM holds surgeries on a Friday afternoon for patients to further encourage this engagement.

Complaints procedure

All complaints are recorded and responded to. With verbal complaints the first response is to try and resolve the issue locally with staff on the ward working to address the issues raised. Formal complaints are passed on to PALS if the patient is happy for this to happen. Patients are offered resolution meetings to have their voice heard and to address their issues in detail.

Activities for patients

There is no day room available for patients.

Patient involvement and discharge planning

WM stated that there is a discharge co-ordinator for both 7S and 7N wards and that there is a complex discharge team for the hospital for cases that are more difficult. Patients and family members are fully involved in discharge plans.

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. Throughout the day patients are offered hot drinks from the trolley or given squash or cold water. Jugs of water are left for patients at their bedside within reach which has been particularly important due to the recent hot weather. A record of a patient's fluid intake is kept on fluid charts next to the bed.

Staff Recruitment and Training

There is computerised in-house training, covering essential topics, for all ward staff and this is mandatory. There is also an induction to the Trust for all staff. Ward inductions generally last for 2 weeks but this can be extended if necessary. Staff to patient ratio on the ward is 1:6 trained staff and 1:7.5 untrained staff during the day shift and 1:10 trained staff and 1:10 untrained staff during the night shift. Locum staff are used regularly, and WM stated that it is harder to recruit to this ward. They are currently recruiting for a Practice Development Nurse post.

Winter Pressure

WM stated that winter pressure affects the whole Trust, more bed spaces are opened overall in the hospital and there is increased pressure regarding a patient's length of stay.

BSL/Interpretation services

WM stated that recording a patient's needs in relation to language/sign language is part of all patient's initial assessment and that if there are no staff members who can interpret then there is a system in place to source interpreters.

Clinical Sister	Staff member stated that the staff team was good and that staff worked together to support each other. She stated that support from management was also good. She advised that there were sometimes staffing shortages but the team worked together to cope with them. She informed that team meetings were now less frequent but that a briefing took place on the ward every morning for a handover. She stated that she felt activities were needed for
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	patients as there were no televisions and no day room.
Housekeeper	Member of staff stated that there was one person per ward in the role of housekeeper which made it a demanding and busy position. She stated that the staff team was very good but the ward was very busy.
Patient	Patient stated that their stay had been a good experience and that they had been made to feel comfortable. Patient stated that they felt confident with the staff and that they were treated with respect. Patient was admitted via A&E and was seen straight away then transferred to the ward. They stated that the food was average but that they were offered drinks, both hot and cold, throughout the day. They stated that it was a little noisy at night but this was generally due to the machines and equipment that was being used.

Recommendation

- Providing some activities for patients due to lack of availability of televisions and no communal area for patients to spend time in.

Conclusion

During our visit we observed that patients were treated with dignity and respect and staff were friendly and compassionate in their approach to patients. Ward areas were clean and well maintained with appropriate signage and information on display.

Service response

Thank you for these helpful and informative visits. We were pleased to hear the positive and constructive feedback.

Unfortunately 7N does not have a day room and it has not been possible to create one. The ward usually caters for patients having routine surgery who have short stays (2-4 days). However staff are happy to newspapers etc for patients if they request them. A library trolley visits once a week. Patients are able to bring in their own electronic devices to watch TV.

Disclaimer

This report is a representative sample of the views of the patient and staff members that Healthwatch Ealing spoke to within the time frame. This does not represent the views of all the patients, relatives and staff members at Ward 7N. The observations made in this report only relate to the visit carried out on the 12th of July 2018.