

‘Enter and View’ Report

Ealing Hospital – Ward 7S

Uxbridge Road, Southall Middlesex UB1 3HW



Healthwatch Ealing

12th July 2018

Service visited:	Ealing Hospital – Ward 7S
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 Burridge, Sandra Ifield, Imojen Jean and Saha Allar.
Lead Representative:	Mystica Burridge
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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 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 7S, 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 7S at Ealing Hospital has 34 beds and covers all orthopaedic.

Observations about Ward 7S

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 34 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 displayed details of the Ward Matron's walkabout. The board had information about visiting times and John's Campaign. There was also information about the Carer's Passport which allows carers to come and see patients 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 resident

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. Ward Matron (WM) stated that this worked well and 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 answer all our questions as fully as possible. She manages both wards 7S and 7N.

Ward Manager Role

WM advised 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 said that it was difficult to give an average length of a patient's stay on this ward due to the huge variance in cases. She explained that a patient may stay for 24 days for a fractured neck or femur or it may be 2 days for a fractured ankle. WM stated that it was very condition-specific and therefore hard to give an average estimate.

Patient referral, discharge notes and handover process

Patient referral is through various methods, from trauma patients attending A&E to those who have had scheduled surgery. A full handover with discharge summary is completed for all patients and a full handover is passed on if the patient goes into a residential home upon discharge.

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. The matron also holds open surgeries from her office on a Friday afternoon for patients to be able to share their views or concerns with her.

Views collected

WM stated that they collect views through the Family and Friends Test (FFT) and most of the feedback is positive. She stated that they have not managed to complete that many in the last few months, but that staff would be focusing again on increasing the numbers. Patients are encouraged to share their views with staff and the WM offers a drop-in surgery on a Friday afternoon to encourage patients to voice any concerns or issues that may arise during their stay.

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 concerns raised. Formal complaints are passed on to PALS if the patient is happy for this to happen. Patients are offered resolution meetings where appropriate to have their voice heard and to address their issues in detail.

Activities for patients

There is no day room available for patients and staff highlighted this as a concern.

Patient involvement and discharge planning

WM said 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. Discharge can sometimes be difficult due to mobility issues that patients experience and the need for an increase in support at home before discharge can take place. Patients are often medically fit but unable to go home due to a lack of appropriate support or the necessary equipment. Patients 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, this 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. WM informed that there were staff vacancies and that they currently had 5 vacant band 5 positions, but 3 people had been appointed and they were waiting for start dates. WM stated that they use locum staff regularly and that they are treated as all other members of staff and are included in all meetings. The ratio for staff to patients on the ward is 1:6.8 for trained staff and 1:8.5 for untrained staff. At night the ratio is 1:8.5 for trained members of staff and 1:10 for untrained.

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 are able to interpret then there is a system in place to source interpreters.

Nurse	Staff member stated that she enjoyed being part of the team and being able to support new staff. She stated that the management were great and that there were daily staff briefings. She informed that she felt her induction was poor and although she was initially supervised she felt that very quickly she was 'thrown in at the deep end'. The nurse stated that the days where staffing was inadequate were very difficult. Also there was a lack of activities for the patients and they had no day room to access.
Student Nurse	Student nurse stated that the team was very good but that it was very busy during the induction period, so she felt it was not as thorough as she would have liked.
Patient	Patient arrived at the hospital via ambulance and informed us that the A&E staff were very good. Advised that ward staff were good, and patient felt treated with respect. Patient informed that she was taken for walks every day to maintain and improve her mobility. Patients also advised the food was good and it was restful at night with little noise on the ward.

Recommendation

- Encouraging more patients and relatives to feedback on their Family & Friends Test or to signpost them to Healthwatch to leave feedback.

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. The ward was clean and well maintained and there was positive feedback from patients.

Service response:

Thank you for these helpful and informative visits. We were pleased to hear the positive and constructive feedback. The Head of Nursing is meeting monthly with Ward managers to discuss all their KPIs with an emphasis on FFT. We appreciate how vital it is to collect as much live feedback as possible and to use it to help improve care and services. Responsibility for engaging with patients to ensure that feedback is collected via the FFT is now the role of the discharge co-ordinator Mon to Friday and nurse in charge at the weekend.

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 7S. The observations made in this report only relate to the visit carried out on the 12th of July 2018.