

'Enter and View' Report

Northwick Park Hospital – Dickens Ward

Watford Road, Harrow, Middlesex
HA1 3UJ



Healthwatch Ealing

25th January 2019

Service visited:	Dickens Ward, Northwick Park Hospital
Address:	Watford Road, Harrow, Middlesex HA1 3UJ
Ward Manager (WM):	Medhavi Dabee
Date and time of visit:	25 th January 2019, 10 – 12pm
Status of visit:	Announced
Healthwatch Ealing 'Enter and View' Authorised Representatives:	Francis Ogbe, Matt Van Mol-Jones, Eunice Park and India Hotopf
Lead Authorised Representatives:	India Hotopf
Healthwatch Ealing contact details:	Healthwatch Ealing, 45 St Mary's Road, Ealing W5 5RG Tel: 020 3886 0830 Email: info@healthwatchealing.org.uk
CQC Rating:	Requires improvement
Date of CQC Report:	31 st August 2018

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 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 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. Our reason for visiting this ward was to observe how the hospital manages dementia patients on non-dementia wards.

Acknowledgements

Thanks to our 'Enter and View' Authorised Representatives: Francis Ogbe, Matt Van Mol-Jones and Eunice Park

Thanks to the staff, patients and visitors of the Dickens Ward for taking the time to speak with us. Authorised Representatives would like to give a special thank you to Karen Keogh (Matron) and Medhavi Dabee (Ward Manager) for making us feel so welcome.

Background

The Dickens ward is an Old People's Short Stay Unit (OPSSU) which aims to stabilise elderly patients before discharging them. Consequently, the ward receives a high volume of dementia patients.

The Dickens has 34 beds spread across 5 gender-specific bays and 6 singular side rooms, which are used for infection control and end of life care. On the day of our visit, there were 34 patients residing in the ward, of which, 8 had dementia and 19 were on the 'Confusion Care Pathway'.

One of the main focuses of our visit, was to specifically look at how dementia patients are managed in non-dementia wards, and whether the ward was 'dementia friendly', both in terms of the care provided and the physical environment. In order to assess this, we consulted the King's Fund's EHE Environmental Assessment Tool prior to our visit.¹

The EHE Environmental Assessment Tool outlines a set of indicators used to assess whether an environment is appropriate for a dementia patient. For the purpose of the visit, we selected several areas to focus on. These areas of focus and Authorised Representative observations are outlined in a separate section on page 5.

¹ The King's Fund. 2014. Is your ward dementia friendly? EHE Environmental Assessment Tool. [Online]. [Accessed: 17/12/2018]. Available from: <https://www.kingsfund.org.uk/sites/default/files/EHE-dementia-assessment-tool.pdf>

Observations about Dickens Ward

Upon entering, Authorised Representatives were met by the Matron who gave us a tour before we spoke with the Ward Manager. Both were friendly, approachable and accommodating, taking the time to answer our questions fully.

Ward area

The ward was a pleasant, well-maintained environment. It had a keypad at the entrance and hand sanitisers were available throughout. There was infection control equipment (waterproof gowns, gloves and masks) outside of the side rooms which had infectious patients residing.

There were no hazards witnessed and the hallways were spacious enough to allow passage of wheelchairs and beds.

Information displayed

All information displayed was well organised and graphics and colours were used to make it accessible.



Fig 1. Quality board displaying audit results

There was an 'OPSSU Dicken's Ward' board, which explained the function of the ward and provided contacts and general information for patients.

Also on display was a 'Link Nurses' noticeboard, which listed staff members who have received specialised training in certain areas, such as dementia and end of life care. The WM explained that staff members who have received additional training relay their training to the rest of the staff on team days.

There was a Quality Board detailing the results of audits, as well as the results of a monthly patient experience survey and the number of days since the last pressure ulcer incident. All results were 'good' and 'excellent'.

The ward also displayed information on the safeguarding guidelines, as well as a risk assessment tool for staff.

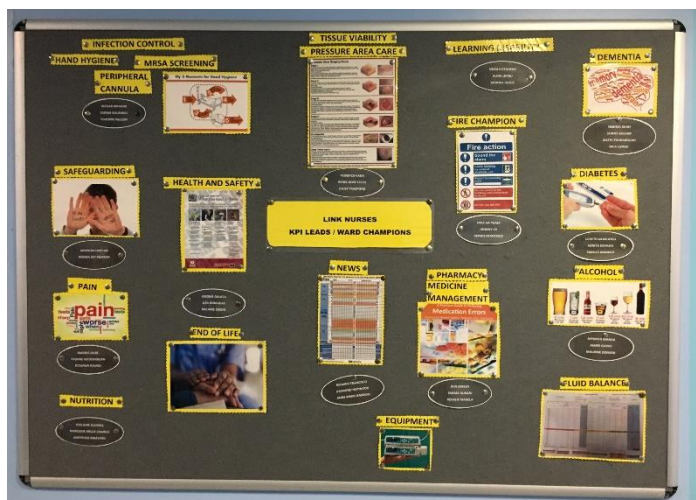


Fig 2. Link Nurses noticeboard

Fire safety

There was one fire exit on the ward. Fire safety manuals were on display, as was a fire action escape plan. Authorised Representatives witnessed a fire alarm test taking place during the visit.

Odour and Environment

There were no unpleasant odours detected and Authorised Representatives found it to be a pleasant, welcoming environment.

Each bay was painted in a distinctive primary colour, in order to make the environment dementia friendly. The Matron informed us that the ward had been re-decorated in December 2018.

Accessibility to toilets

Toilets were easily accessible, and all facilities viewed were clean and well-maintained. Each bay and side room had a bathroom, totalling 11 bathrooms across the ward. Both bathrooms viewed were equipped with a wet room and shower chairs.

Dignity and Appearance of resident

There were separate bays for males and females and all patients appeared well maintained and appropriately dressed, either in a hospital gown or their own clothes.

The matron informed us that the ward has launched a new campaign to 'end pyjama paralysis', which involves encouraging patients to wear their own clothes, which are brought in by relatives.

Authorised Representatives were informed that the ward ensures that there is always one healthcare assistant present in each bay and that part of their role is to engage in conversation with residents. She also informed us that they have requested a small table and chairs for each bay to encourage socialising between residents.

All patients interviewed stated that they felt that they were respected, and that their privacy was catered for.

Visiting times

The ward's visiting times are from 11am – 9pm and this was clearly displayed on a noticeboard. The WM informed us that if a patient is in a critical state or on the palliative pathway, visitors can stay the night at their bedside. The WM noted that visitors of end of life patients are encouraged to take regular breaks or swap with other family members to reduce their own stress.

Observations about Dickens Ward – Dementia focus

Ward area

The ward was large and uncluttered and was decorated in a 'dementia friendly' way, with each bay painted in a distinctive primary colour, helping dementia patients to navigate the ward with relative ease.

Strong patterns were avoided throughout, and the ward was not decorated using too many colours, helping to reduce misinterpretation and additional confusion for dementia patients.

Large clock faces were not visible from all bedsides, and whilst Authorised Representatives did witness a large clock above the desk in the main corridor, no clocks were witnessed in the bays viewed. Being unable to see a clock face may be disconcerting to dementia patients and cause additional disorientation. The matron highlighted this as an issue and explained that the ward is in the process of trying to get large, dementia friendly clocks for each bay.

Signage

There was clear signage indicating the name of the hospital and ward, both outside the entrance and within the ward.

The toilets were clearly labelled with large pictorial signs, which were yellow and contrasted from the red door, making it easy for dementia patients to locate the toilet. Aside from this, there was no other signage to assist dementia patients in finding their way around the ward.

Toilets

The toilet doors were painted in a distinct red colour which contrasted clearly from the blue walls, making it easier for dementia patients to use the door.

There was no clear contrast between the toilet seats, flush handles and rails with the toilet wall and floor in the toilets viewed, as they were all painted either grey or white. This may make it more difficult for dementia patients to use the bathroom, increasing anxiety.

The taps were clearly marked hot and cold and were of a traditional design, alleviating anxiety and enabling Dementia patients to use them with relative ease.

Dementia friendly practice

Throughout the visit, Authorised Representatives witnessed several examples of dementia friendly practice. There was an activity trolley with materials aimed specifically at dementia patients, and the matron stated that they are trying to get a radio and table and chairs for each bay, further improving the activities on offer to patients.

Authorised Representatives were informed that there is always a HCA present in each bay, and that a large part of their role is to interact with dementia patients. One member of staff highlighted this, stating that she enjoys removing the “strangeness” from dementia patients stay.

Additional information and feedback

Average stay

The WM informed Authorised Representatives that the Dickens ward has an average stay of 48 - 72 hours, after which they are either discharged or transferred to a different ward. She stated that the ward usually keeps to this, though some “outliers” stay longer due to factors outside of their control. The WM seemed happy with the average length of stay and contributed it to the efficient discharge process.

Patient referral, handover process and discharge

The WM informed us that patients are usually referred from A&E and trauma units, either from within Northwick Park Hospital, or from the neighbouring St Mark’s Hospital.

The ward matron stated that the ward uses an Admissions & Assessment form system. She explained that the A&E team complete the form to best of their ability initially, so that the Dickens ward can easily access patient information upon admission. From there, the Dickens medical team continue to fill out the form. She noted that each section must be signed off, meaning that the team “do not miss anything”.

The booklet covers information on the patient’s initial assessment, diagnosis & treatment plan, personal history and nutritional information. Also included is information regarding the Confusion Care Pathway and the Falls Assessment Pathway, which informs the Dickens staff whether a patient has dementia/confusion and whether they are at risk of falls. She went on to explain that patients who are at “high risk” of falling or wandering, will receive one to one attention from a healthcare assistant (HCA). The matron informed Authorised Representatives that there is also a Mental Capacity Act assessment upon admission.

Authorised Representatives were informed that the shift handover involves a daily safety staff meeting at 8:40am, as well as an oral handover between the staff ending their shift and those taking over. The staff in charge of the shift will also review the Safety Book at the start of each shift, which provides information on pressure sores, dementia patient numbers and feeding.

The WM informed Authorised Representatives that the ward discharges 8-10 patients daily and discharge planning begins upon admission. She explained that the process is led by the discharge coordinator (DC), who liaises with the rest of the multidisciplinary team (MDT), as well as social services and community services where appropriate. The DC stated that the discharge usually runs smoothly, attributing this to the strong teamwork and the fact that social services has an office in house. In complex cases, the DC will reach out to a DC from another ward, or the complex discharge team.

The DC told us that during discharge planning, care home staff will visit the patient in the hospital to conduct an assessment. She explained that in complex cases, patients may be moved to

Central Middlesex Hospital or Gladstone, for rehabilitation or a long stay. Alternatively, the Home First Agency partner (Occupational Therapists and Physiotherapists), Early Supported Discharge Team or social services will assess the patient's home.

Staff highlighted the importance of updating the patient and relatives on their treatment and discharge plans, and this was reflected in the feedback from patients and visitors who commended the staff on their communication.

The DC explained that the early Supported Discharge Team is involved in cases where patients require further short-term medical attention but are otherwise medically fit e.g. if they required injections for a few days post discharge. All patients due to be discharged are discussed at the 12:30pm MDT meeting that day.

The WM informed Authorised Representatives that the discharge assessments consider whether the patient has adequate family support, noting that the ward has begun using a new British Red Cross initiative, where volunteers visit the patients house and ensure that they have "basics", such as bread and milk. When patients are discharged, they are given a copy of their discharge summary and an electronic copy is shared with their GP.

Staffing & Recruitment

Authorised Representatives were informed that there are five HCAs and six registered nurses (RNs) during the day shift. She noted that the ward has recently hired an additional two HCAs in exchange for one RN, meaning that there is always one HCA present in each bay. She stated that this change has had noticeable results, including a decrease in falls and dehydration, and an increase in patients' activity. The WM stated that there are five RNs and five HCAs during the night shift.

The WM recognised staff shortages as a trust wide issue, stating that there are currently 15 vacancies on the ward. She explained that in instances where there are no staff available, agency staff will be used. In these cases, she told us that she tries to use the same agency staff members to ensure continuity of care for the patients.

The WM informed us that there was a high turnover of staff in the past, but that it has decreased in recent years. She attributed this to "building up trust" between her and the staff, as well as improving team morale through socials and team days. The WM stated that, because she has a positive relationship with her staff, they are often able to work out scheduling issues among their permanent team and avoid using agency staff.

A member of staff commended the WM for her efforts, explaining that she consistently selects agency staff with appropriate training and experience, and she has been known to work on the bays when they are very short staffed. Another staff member stated that the WM works hard on staffing and is supportive to all.

Authorised Representatives were informed by the WM that the ward uses a Track System for recruiting new staff members. She explained that they try and shortlist candidates within two days, after which, they conduct interviews and DBS (Disclosure and Barring Service checks). She stated that they also recruit nurses through the Capital Nursing Programme, in which nurses undergo

three sixth month long placements at separate facilities, after which they can choose where they work permanently.

Patients and visitors spoke highly of the staff, with one visitor stating that they are “on top of their game” and one patient saying that they make her feel “supported and listened to”. Another patient informed us that they don’t think the “usual issues” of staff shortages and long hours apply to the Dickens ward. Patients and visitors also spoke highly of the treatment provided, describing it as “amazing” and “always good”.

Training

Authorised Representatives were informed that all new staff receive mandatory training in topics such as Basic Life Support, Infection Prevention, Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs). The induction process also includes a two-week shadowing period, after which there is a review. The WM noted the shadowing period can be extended for new staff who do not feel adequately confident. The WM also informed us that each new member of staff is appointed a mentor. One member of staff spoke highly of the induction process, noting that they found the team to be “very supportive”.

The WM stated that approximately 80% of training is done online, and the remaining 20% is completed face-to-face. She informed us that the ward has introduced ‘team days’ in response to the CQCs concerns regarding a lack of mandatory training. These involve group training sessions, which are taught by the ‘champion’ of a specific topic. Most recently, this consisted of a manual handling session run by a specialist. One member highlighted the wide range of training available, as one of the positive aspects of her role.

Whilst dementia training is not mandatory, the WM stated that 70-80% of staff have received some form of dementia training, noting that she encourages staff to undertake training on the topic. She also stated that there is an annual DoLs and MCA training session for all members of staff. The WM seemed confident in her team’s ability to care for dementia patients and noted that staff can always reach out to the Enhanced Team or the Head of Nursing for assistance.

Supervision and Appraisal

The WM informed us that there is an annual face-to-face appraisal for all staff, which they are 90% up to date with. One member of staff interviewed seemed happy with the process, explaining that the function is two-fold, as it includes an overall annual review including training and job satisfaction, as well as offering an opportunity to feedback about practices on the ward and set professional objectives. One member of staff described the appraisals as “good”.

One staff member described the supervisions from the WM as a “light touch”, noting that she herself is heavily involved in supervising the student nurses, in terms of their practice and note keeping. The DC stated that she has not had any supervisions since switching to the role of DC, but that she had had them in the past and they usually occur every 6 months.

Staff meetings

The ward matron informed Authorised Representatives that the following meetings occur daily: safety brief at 8:15am, medical meeting at 9am, Check & Challenge meeting at 10am where they

establish which treatments/assessments patients require, Patients Plan/MDT meeting at 12:30pm and the Update Review at 3:30pm, which establishes who has been discharged and who is awaiting admission.

The WM told us that she was “very happy” with the level communication within her team and with other departments, stating that it facilitates an efficient and effective discharge process. The DC also commended the teamwork and communication within the team.

Authorised Representatives were informed by the WM that there is also a monthly staff meeting, where issues or complaints can be raised. She said she would like them to occur more regularly, but that as it stands, the daily safety brief covers most of the same subject areas as the staff meeting.

Audits and checks

Authorised Representatives were informed that the ward conducts monthly KPI audits on areas like hand washing, fluid charts and medicine management. The results of the audits are discussed in the staff meetings and displayed on a noticeboard. During the visit, Authorised Representatives noted that all audit results displayed were either ‘excellent’ or ‘good’.

The WM informed us that the ward has introduced Omnicell medication trollies in response to the CQC’s medicine management concerns. This new system tracks medication expiry dates and requires a fingerprint to access the medicines.

The CQC also raised issues regarding the ward’s maintenance of fluid charts. When this was brought up with the WM, she informed us that they are actively working to address the concern. She explained that the biggest issue was that patients were being put on fluid balance (intake and outtake balance) unnecessarily, and this has been brought up with staff.

Authorised Representatives were told that all patients’ records are kept at their bedside.

Safeguarding

Authorised Representatives were informed that all staff receive mandatory safeguarding training and the guidelines are made readily available.

The matron explained that all new admissions are assessed for the ‘Confusion Care Pathway’ and if necessary, the staff can also conduct assessments related to falls and wandering. One member of staff stated that the ward records all falls and other incidents on the staff intranet, so that staff, managers and executives can all access the information.

The DC explained that if a staff member spots a safeguarding issue, they bring it to the attention of the safeguarding coordinator. None of the staff interviewed had ever had recourse to report a safeguarding concern.

Views collected

The WM informed us that views are collected via the Friends and Family Test (FFT). The results and themes are then shared in staff meetings and displayed on a noticeboard. She explained that the ward aims to obtain at least five feedback forms per day.

Actions taken to address complaints include requesting radios, tables and chairs, and large “dementia friendly” clocks for each bay.

Complaints procedure

Complaints are either received informally, or via Patient Advice and Liaison Service (PALS). The WM stated that all complaints are recorded and investigated.

The WM informed Authorised Representatives that she rarely receives formal complaints from her staff. She attributed this to her “open door” policy and good relationship with her staff. One member of staff confirmed this, stating that - whilst they are aware of how to make a formal complaint - she has never done so, as issues are usually “ironed out informally”.

The WM informed us that a common complaint raised, is night time noise, which she attributed to night time admissions. She stated that the issue has been raised with staff and the situation has since improved.

Activities for patients

The matron informed Authorised Representatives that staff engage with patients and relatives to identify the sorts of activities patients enjoy, as well as whether there are any personal belongings which could be brought in to make the patients stay more comfortable.

During the visit, the matron showed Authorised Representatives the ward’s activities trolley. The material is mostly aimed at dementia patients and focuses on sensory stimulation. It includes colouring books, fuzzy felt puzzles, handbags and “Twizzle Muffs”, which are made and donated to the ward for patients with dementia. The matron stated that the ward also provides patients with magazines and newspapers, and that they are in the process of trying to get some radios, as well as tables and chairs for each bay.

Authorised Representatives were informed that patients with dementia or mental health issues can also be referred to the Enhanced Observation ward for extra-sensory stimulation. Alternatively, someone from the team can visit the Dickens ward to provide activities.

The WM stated that patients can leave the ward and go to the shops, either independently or with a relative – depending on their risk assessment result. She also informed Authorised Representatives that there is no day room on the ward.

Meals

There is a kitchen in the ward, from which Medirest provide catering services. The WM informed us that the caterers have a weekly meal plan, and that meals are adjusted for patients with special dietary or religious requirements. She stated that residents receive at least one hot meal per day.

The WM went on to explain that there is “quite a lot” of variety in menu choices and that residents can request extra soups, sandwiches or jacket potatoes.

One patient spoke highly of the food, stating that she “enjoys the meals” and likes being given a choice. Another stated that the staff have been “fantastic” at monitoring her strict diet.

The WM informed us that there are tea and coffee rounds a couple of times a day and that HCAs provide patients with cold drinks every 2-3 hours. She explained that special attention is paid to those on fluid balance and one patient highlighted this.

Authorised Representatives were informed that at any one point, the ward will have 8-10 patients who require feeding assistance. The WM stated that the Dickens ward uses the Red Tray and encourages families to visit during meal times, so that they can assist patients in eating.

Winter Pressure

The WM stated that there is always increased pressure on beds during the winter months. She explained that there have been cases in the past where a “+1 or +2” scenario has arisen, whereby the beds of the patients closest to being discharged are placed in the corridor, in order to free up space in the bays. She stated that even in these cases, her staff are able to manage and provide an adequate level of attention to patients.

BSL/Interpretation services

If a patient has any specific needs eg. Language barrier, blind or deaf, these are identified and recorded during the admissions process. The WM informed us that for language barriers, the ward can request a professional translator, but generally the patient’s relatives or a member of staff who speaks the same language will translate.

The WM informed us that the ward uses the ‘Treat Me Right Passport’ system to ensure that patients with learning disabilities receive appropriate care and attention. Similarly, dementia patients are given an ‘Information About Me’ booklet, which is filled in with the help of relatives or carers.

Interview Feedback

<p>Ward Manager</p>	<p>She has worked as a WM for one and a half years and came across as highly satisfied and proud of her ward. She was very enthusiastic about her staff, explaining that she has a good relationship with them and is happy with the communication and teamwork within the team. She came across as very proactive, providing many examples of where the ward is doing well, in addition to highlighting areas of improvement. Throughout the interview, she gave extensive explanations of the wards procedures and came across as a very capable manager.</p>
<p>Discharge Coordinator</p>	<p>She has been in this role since August last year and prior to this she was an HCA for nearly 2 years on a different ward. She is enjoying her role and particularly likes the set-up on the ward. She explained that having a team working towards the same aim has been great and supportive to her role, making discharges easier and safer.</p>
<p>Registered Nurse</p>	<p>She told us that she found the job varied and satisfying and liked the 'being kept permanently busy' aspect as patients are being prepared for discharge as soon as they arrive on the ward. She enjoyed interacting with patients, as well as treating them, and taking away the 'strangeness' of the hospital, particularly for confused or Dementia patients, by finding out their likes, dislikes, preferred name, etc from their relatives. She highlighted the importance of involving family/carers in helping patients as it would prepare them to see the care and support that would be required at home. She found Management supportive, particularly in trying to maintain staffing levels, and enjoyed many aspects of the job: working as a team, getting positive feedback from patients and visitors, and the ease of online study for courses, mandatory or otherwise.</p>
<p>Patient 1</p>	<p>She was admitted on the ward 3 days before our visit, she was in a single bed bay and was due to be discharged later or the next day. Since she has been on the ward there was no noise at night. Her overall sentiment was that</p>

	<p>the usual hospital challenges like understaffing and working long hours haven't been her experience during her stay on the ward. She observed that the staff are stretched but they do their best and treatment has been "amazing". She explained that she is informed about her care and they have explained the results of tests and scans she has done while on the ward.</p>
Patient 2	<p>The female patient, who had been on the ward for 4 days, after being admitted from A&E after a fall, couldn't speak highly enough of the nursing and care staff. She felt supported and listened to, felt her privacy was respected and was happy with the way her son and daughter in law in were being involved in her discharge arrangements. She said that visiting families all appeared to be caring and felt that the staff attitude had rubbed off on them. She said she had no complaints but if she needed something or had a problem she just called out 'Sister' and it was resolved. She liked being given a choice of meals and enjoyed the food.</p>
Patient 3	<p>She was admitted into a single bed bay on the ward the night before our visit, she wasn't pleased that she had to move so late at night (it was at 10pm) because they disturbed her sleep. But she has settled in and feels comfortable and relaxed here, she feels respected and there is some privacy, adding that she was pleased to have a proper shower that morning and there was no noise at night time except for patients using the staff call buttons. She commented that the food has been good and she is regularly updated about the treatment and when she will be discharged.</p>
Visitor 1	<p>He was there to visit his wife who was in a side room. In his experience the service on the ward has been good. He was especially impressed by the decor of the ward but wasn't as pleased with the car parking arrangements. He thought that there aren't enough car park spaces and the pricing is too expensive. He stated that the care his wife has received has been great and the staff are "on top of their Game".</p>

Visitor 2	He was visiting his mum in one of the bays, he mentioned that she has been admitted on the ward a few times and the treatment has always been good. He feels confident in the staff and finds them approachable if he needs help. He thinks that car parking is too expensive so much so he parks on a back road away from the hospital, which isn't convenient.
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Conclusion

All Authorised Representatives were impressed by the Dickens Ward as a whole. One of the features that really stood out was the strong sense of teamwork and morale, which was highlighted by both staff and patients, who spoke highly of the staff and ward as a whole. During the visit, we saw that staff were friendly and attentive towards patients, treating them with dignity and respect and catering well to their needs, particularly those with dementia. Overall, we found the ward to be a pleasant, well maintained environment where a high level of care was provided.

Regarding the treatment of dementia patients, we found the ward to be a 'dementia friendly' environment, with its bays painted in distinctive colours and clear signage indicating the name of the ward and the bathrooms. Further improvements could be made, by introducing bathroom equipment of contrasting colours, as well as additional signage to help dementia patients navigate the ward. The ward used the 'Confusion Care Pathway' and 80% of the staff were dementia trained, thanks to the 'Link Nurses' initiative. Authorised Representatives were particularly impressed by the range of available activities, some of which were specifically aimed at dementia patients.

Please see below for examples of good practice and recommendations for areas of improvement. Provider responses are written in bold.

Good practice:

- 1) During the visit, Authorised Representatives found that the ward has taken clear steps to make the environment 'dementia friendly'. This includes the ward being painted in distinctive primary colours and the clear, pictorial bathroom signs. Both factors assist dementia patients to navigate the ward, helping to reduce anxiety. The matron was also quick to highlight the lack of 'dementia friendly' clocks as an issue which they are actively addressing.
- 2) Recent staffing changes have meant that each bay now has an HCA present at all time, and that this has led to positive results, including a decrease in falls and dehydration, and an increase in patient activity.
- 3) Authorised Representatives witnessed strong communication, both between staff members and with patients. This was highlighted by both staff and patients, who commended the team on keeping them up to date with their treatment and discharge plans.

- 4) Authorised Representatives were very impressed with the variety of activities available on the ward. This included an 'activities trolley' with materials aimed specifically at dementia patients, as well as magazines and books. The Matron explained that staff seek feedback from patients on the types of activities that they enjoy. In addition to this, we were informed that the ward is in the process of getting tables and chairs and radios, for each bay.
- 5) Our interview with the WM demonstrated that the ward is taking clear steps to address concerns raised by the CQC. This includes the introduction of Omnicell medication trollies in response to the medication management concerns.
- 6) The ward uses a 'Link Nurses' approach to training, where staff who have had specialist training teach the rest of the team on training days. Consequently, 80% of ward staff have received dementia training.
- 7) Interviews with staff and patients highlighted how efficient the ward's discharge process is. Management and staff attributed this to strong communication and teamwork, as well as the fact that the social services has an in-house office, making communication easier. The ward has also begun using a new British Red Cross initiative, which involves volunteers visiting patients at their home to ensure that they have basics, such as bread and milk.

Recommendations:

- 1) Whilst the ward was generally a 'dementia friendly' environment, Authorised Representatives noted that the toilet equipment did not contrast in colour, and that aside from the toilet signs, there was no other signage for helping dementia patients to navigate the ward.

Recommendation:

1.1 Introduce additional signage and bathroom equipment of contrasting colour.

1.2 Continue pushing for 'dementia friendly' clocks, and chairs and tables for each bay.

Provider response: Dickens ward has displayed additional bathroom signage. At present, the ward is only able to order black toilet seats but is liaising with the dementia matron and estates team to see if other colours can be provided.

The staff on Dickens Ward are committed to providing the best possible care and environment for all their patients. They recently held a cake sale and managed to raise £400 which will be used to order dementia friendly clocks for display in each bay and room.

- 2) During the visit, Authorised Representatives found that there are no regular formal supervisions for staff. Whilst all staff stated that they felt supported by management, it is important to have supervisions in place should an issue arise.
Recommendation: management to review the supervision procedure to ensure that all staff receive some form of regular formal supervision.

Provider response: There are quarterly team days, which include reflective practice sessions where complaints and challenging cases are discussed. All new staff and all student nurses have mentors.

Dickens Ward has a practice development nurse who provides on the floor training, role modelling and advice and is always available to support staff with any issues.

There is an open-door policy and staff are warmly encouraged to discuss any issues or concerns with senior staff.

This feedback has been very helpful as the matron is keen to develop this area further.

- 3) The WM informed Authorised Representatives that there have been cases where a “+1 or +2” situation has arisen, where the beds of patients closest to discharge are placed in the corridor, to free up space in the bay for new admissions.
Recommendation: management to ensure that there are accurate records kept when this situation occurs and review data to assess longer term plans.

Provider response: In very difficult circumstances, for example when the Trust is on black alert, there is a policy on admitting an additional patient to relieve pressure on A&E. Patients are carefully chosen so that very frail or sick patients would not be admitted. This is only done as a last resort, the staff work hard to ensure that appropriate patients can wait in the discharge lounge once they are ready to leave to create space for new admissions.

A datix is recorded for all additional patients.

- 4) Both visitors interviewed complained about the car parking at Northwick Park Hospital, stating that there are not enough spaces and it is too expensive.
Recommendation: the trust to review the car parking situation at Northwick Park Hospital.

Provider response: The Trust operates a concessionary ticket scheme for 5 and 7 days at a discounted rate; a new scratch card scheme has also been introduced for frequent use at a discounted rate. We are sorry that this information was not available to the visitors and will remind staff that these rates are available.

The estates team are committed to ensuring that parking spaces are used by patients and families rather than commuters and shoppers, and so regularly benchmark the parking tariff against other local parking facilities.

The car parking provision will be reviewed this year as part of the recent land sale and the redevelopment of the surrounding area. This feedback will be taken into consideration.

- 5) The Dickens ward receives a particularly high number of dementia patients and whilst training is actively encouraged, it is not mandatory. Whilst 80% of nurses has received some form of dementia training, Healthwatch Ealing feel that staff could all benefit from mandatory training, to ensure that each member of staff is comfortable providing care for patients with dementia.
Recommendation: the trust to consider introducing mandatory dementia training.

Provider response: There appears to have been a misunderstanding. Tier 1 dementia training is of course essential for all clinical staff with refresher training every 3 years. Dickens ward aims for 100% compliance, staff records are monitored and staff are given protected time to complete the training.

In addition, there is a PDN with a particular interest in dementia who provides on the floor training and modelling of good practice.

There is also a dementia board with information and key contact details for patients, families and staff.

- 6) The Dickens ward displayed many areas of good practice. These include the ward's use of the British Red Cross initiative, their activities trolley with materials aimed specifically at dementia patients, and their staffing schedule which ensures each bay has a HCA present at all times.

Recommendation:

6.1 showcase the ward across Northwick Park Hospital, and the other trust hospitals, particularly Ealing Hospital.

6.2 commend the staff on the ward for their good practice

Provider response: The Dickens management team was delighted with this report and has shared it with all staff with a message from the Consultants saying how proud and grateful they were. It has been discussed at handovers to make sure that everyone is aware.

These reports are shared at the patient experience committee which has cross site attendance and in the divisional clinical governance meetings. A copy has also been shared directly with the Ealing Hospital leads.

Formal provider response

Thank you for this very helpful report. It was a pleasure to welcome the Healthwatch team to Dickens ward. The staff and patients enjoyed the experience. We were delighted to receive such a positive report and such useful recommendations.

The ward team is working very hard on recruitment and retention and at time of writing have 7.6 vacancies.

They wish to point out that it would be highly unlikely that staff would be admitted from St Mark's hospital and to confirm that although only 8 patients had a confirmed diagnosis of dementia, the other 11 were exhibiting signs of confusion or delirium and so needed the same careful management.

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 Dickens Ward. The observations made in this report only relate to the visit carried out on the 25th January.