

‘Enter and View’ Report

Northwick Park Hospital – Evelyn Ward

Watford Road, Harrow, Middlesex HA1 3UJ



Healthwatch Ealing

25th January 2019

Service visited:	Evelyn Ward, Northwick Park Hospital
Address:	Watford Road, Harrow, Middlesex HA1 3UJ
Ward Sister (WS):	Sheena Patel
Date and time of visit:	25 th January 2019, 12-2pm
Status of visit:	Announced
Healthwatch Ealing 'Enter and View' Authorised Representatives:	Matt Van-Mol Jones, Eunice Park, Francis Ogbe and India Hotopf
Lead Authorised Representatives:	India Hotopf
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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: Matt Van-Mol Jones, Eunice Park and Francis Ogbe.

Thanks to the staff, patients and visitors of the Evelyn ward for taking the time to speak with us. A special thank you to Sister Sheena Patel, who was standing in for the Ward Manager on the day of our visit.

Background

Evelyn is an Orthopaedic ward, which receives a high volume of elderly patients, some of which have dementia.

The ward has a capacity of 33 beds, spread across five bays and five single side rooms, which are used for infection control and end of life care. The bays are not split by gender.

On the day of the visit, there were 28 patients residing on the ward, of which, 5 had dementia.

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 Evelyn Ward

Upon entering, Authorised Representatives were met by the Ward Sister, who was standing in for the Ward Manager that day. She was friendly, approachable and accommodating, taking the time to sit down with us and 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 were no hazards witnessed and the hallways were spacious enough to allow passage of wheelchairs and beds.

Information displayed

There was a large noticeboard detailing general information about the ward, such as the visiting times, meal times and information about how to give feedback and launch a complaint via the Patient Advice & Liaison Services (PALS).



Fig 1. Quality board displaying audit results

Also displayed, was information on Health & Safety and treating patients with learning disabilities, including an explanation of the Mental Capacity Act (MCA).

There was also a quality board, displaying the ward's audit results. Authorised representatives noted that several indicators were rated as 'requires improvement'.

The ward also displayed general information on nutrition and pressure sores, with graphics and advice for patients and staff.

One Authorised Representatives observed that some of the noticeboards were quite cluttered and used relatively small text, which might make the information less accessible to elderly patients.



Fig 2. General information board

Fire safety

There was one fire exit on the ward. Fire safety manuals were on display, as was a fire action escape plan.

Odour and Environment

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

Each bay was painted in a distinctive primary colour, in order to make the environment dementia friendly.

Accessibility to toilets

Toilets were easily accessible, and all facilities viewed were clean and well-maintained. Each bay and side room were equipped with a bathroom, totalling 10 bathrooms across the ward. Both bathrooms viewed were equipped with a wet room and shower chair.

Dignity and Appearance of resident

Whilst the bays were not gender specific, the WS informed Authorised Representatives that they had not received any complaints about this and none of the patients interviewed raised this as an issue.

All patients appeared well maintained and appropriately dressed. Some were dressed in their hospital gowns, whilst others were wearing their own clothes.

The WS informed us that they encourage patient's relatives to bring them their personal belongings, such as their toothbrush and clothes, to make them feel more at home. All patients interviewed stated that they were happy with the privacy.

During the visit, Authorised Representatives witnessed a healthcare assistant attentively assisting a patient to cover up whilst in their bed. All patients interviewed informed Authorised Representatives 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 information was clearly displayed on a noticeboard. The WS informed Authorised Representatives that if a patient is in a critical state or on the palliative pathway, visitors can stay the night at their bedside.

Observations about Evelyn 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.

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 of contrasting colour to the 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 colour which contrasted from the 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 toilet viewed. 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.

Additional information and feedback

Average stay

The WS stated that the average stay is 2-3 weeks. She added that this is entirely dependent on the physical progression of the patient, noting that some have stayed on the ward for as long as four months.

Patient referral, handover process and discharge

Authorised Representatives were informed that the Evelyn ward receives patients from the A&E or trauma unit at Northwick Park Hospital, and on referral from the neighbouring St. Marks Hospital. The WS stated that there are generally sufficient beds, noting that the capacity fluctuates depending on the demand in A&E and the trauma unit.

A member of staff stated that there is an oral handover at each shift change, where information on patients is passed directly from the nurse finishing their shift to the one taking over. She noted that patients' medical records are updated throughout the shift, as and when changes occur.

The WS explained that there is a Patient Status Assessment at Glance upon admission, which consists of completing an Assessment booklet partially completed by the A&E/trauma staff. This details information regarding the patient's treatment and discharge plan, as well as other general information about the patient. She added that patients will have already been referred to an occupational therapist (OT) or physiotherapist (PT) before being admitted to the ward. There is also a Confusion Care Pathway assessment conducted upon admission.

The WS informed us that discharge planning begins upon admission and this includes gathering information about the patient's home environment. She explained that discharge planning is led by the discharge coordinator, who will reach out to the Complex Discharge Team in complicated cases. The discharge process involves communicating with social services and the patient's relatives/carers to make home arrangements, as well as using the Continuing Care Checklist to identify patients who require funding when they are discharged. She also communicates with the OT and PT who assess the patients prior to discharge.

Authorised Representatives were told that patients due to be discharged are discussed in the 10:30am discharge meeting that day. She explained that patients are sent home with a copy of their discharge summary and their TTA (To Take Away Medication). An electronic copy of the discharge summary is also shared with their GP.

The WS was aware of the new British Red Cross initiative which involves volunteers visiting patients' homes to ensure that they have basics such as bread and milk, although the ward is yet to use the service.

She gave organising medication and arranging patient's package of care, as the two main factors which slow down the discharge process.

All patients interviewed informed Authorised Representatives that they were satisfied with the level of communication and are updated regularly on their treatment plan and discharge status.

Staffing & Recruitment

The WS informed Authorised Representatives that there are five RNs (Registered Nurses) and four HCAs (Healthcare Assistants) during the day shift from 7:30am – 8pm. There are four RNs and four HCAs during the night shift, which is from 7:30pm-8am.

She stated that the ward has been short staffed recently, due to sickness, and that there is currently one staff vacancy. The WS informed us that the ward uses an average of four agency

staff per week, noting that they are trying to reduce the number as there have been several occasions where they “haven’t turned up”. She added that the ward tries to use the same agency staff, to ensure continuity of care. A member of staff stated that the ward “usually” has sufficient staff.

Authorised Representatives were informed by the WS that the ward currently has a high volume of new staff who are currently completing their induction period, and she believes the situation will settle down once they have begun working independently.

The WS believes that she has a good relationship with her staff, which she attributes to the fact that she worked on the ward as a nurse before being promoted and is therefore familiar with the team. She also noted that the team arranges “get togethers” outside of work, to boost morale. The WS commended her staff, describing them as “approachable and easy to talk to”.

Regarding the recruitment process, she informed us that positions are advertised on the NHS Jobs website and the application window usually lasts one month, after which, potential candidates are assessed via interviews and DBS (Disclosure and Barring Service) checks are performed.

Most patients and visitors spoke highly of the staff and treatment, with one visitor stating that the treatment is “top class” and describing the staff as “amazing”. One visitor stated that whilst he found the staff to be approachable, he felt that they could be more understanding of pain and improve their response time.

Training

Authorised Representatives were informed by the WS that the induction period takes place at both Northwick Park Hospital and St Mark’s. She explained that all new staff receive mandatory training on 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, followed by a review. The WS stated that new staff can extend the shadowing period if need be.

One staff member seemed unhappy with the induction process, informing Authorised Representatives that he skipped much of his training at St Mark’s Hospital, as he previously worked there as a trauma nurse. He went on to state that he did not find the Blood Transfusion training useful, as there was “no theory” involved.

Another staff member spoke highly of the training and induction. She explained that she had studied to be a nurse in India and was currently working as an Advanced HCA, whilst preparing for her adaption exam. Overall, she said that she was happy with the training, noting that she has received training in the UK health system, as well as learning about the specific policies of the trust.

The WS stated that all staff are encouraged to undertake extra training courses, either online or in person. She noted that all junior staff are informed of training opportunities, and that management tries to group several sessions in one day, in order to reduce the staff shortages.

She stated that approximately 50% of the staff on the ward have received dementia training and that staff can always reach out to the Dementia Matron or the Psychiatric Nurse if they require assistance caring for dementia patients.

Supervision and Appraisal

The WS informed Authorised Representatives that appraisals occur on an annual basis, and the Evelyn ward is currently up to date.

One staff member stated that they had worked at the ward for 6 months and was yet to receive an appraisal. She noted that she generally finds management to be “supportive and approachable”, particularly when she has any doubts. Another staff member informed us that she has received an appraisal and that they mostly used it to set clinical objectives and a timeline.

Neither staff or management mentioned any more regular formal supervision procedure on the ward.

Staff meetings

The WS stated that there is a daily staff meeting at 8:15am, during the oral handover, where they discuss patients due to be discharged as well as any other urgent issues. She explained that this meeting is followed by a smaller bay/team meeting, to discuss the patients under their direct care in more detail.

Authorised Representatives were informed that there is also a 10:30am Check & Challenge meeting where staff provide updates on patient’s status and check that discharges are still on course.

Audits and checks

The results of the ward’s monthly audits were clearly displayed on the ward.

The WS informed us that the Evelyn ward conducts monthly in-house KPI (Key Performance Indicator) checks to evaluate things such as infection control and hygiene practice.

She stated that the ward also performs weekly checks of fluid balance charts and on the weight of patients. The WS explained that these checks are part of the weekly KPI checks, and that the results feed into the monthly KPIs.

Authorised Representatives were informed that there are also annual audits.

The WS stated that there were no recent concerns or improvements that she could think of that had come about from audits or checks.

Safeguarding

The WS stated that if a safeguarding concern is witnessed, staff must complete a form which is handed over to the external safeguarding team to process. She explained that the team also liaises with the Community Safeguarding team once the patient has been discharged.

She recalled one instance with a patient whose daughter was mixing extra Parkinson's disease medicine into her food when she visited, without telling the patient or staff, and was also being aggressive towards her. The WS stated that she quickly reported this, noting that the procedure ran smoothly and that there has been a subsequent follow up since the patient was moved to Central Middlesex Hospital.

Whilst all staff interviewed were aware of the safeguarding procedure, none of them had had recourse to report a concern.

Views collected

The WS informed us that views are collected via the Friends and Family Test (FFT). She explained that the results are discussed among staff and results are displayed on the ward.

She stated that staff often forget to give patients and relatives the feedback forms when they discharge them, and that this is a potential area of improvement.

She could think of no examples where views collected have led to changes on the ward.

Complaints procedure

Authorised Representatives were informed that complaints are either received informally, or via Patient Advice and Liaison Service (PALS). The WS stated that all complaints are recorded and investigated. She added that there have been no complaints about night time noise on the ward.

The WS could think of no examples where changes have been made in response to complaints.

Activities for patients

The WS stated that there are no scheduled activities on the ward and there is no day room. She explained that whilst the ward tries to provide patients with newspapers and books, this is not always possible and so patients are largely dependent on their visitors to bring them materials.

Authorised Representatives were informed that whilst there are no activities for dementia patients, there is a psychiatric nurse who visits and does activities with cognitively impaired patients. She added that the nurse also carries out group activity sessions.

The WS stated that patients can leave the ward and go to the shops, either independently or with a relative – depending on their risk assessment result.

Meals

The WS stated that the ward has a weekly plan and food is provided by Medirest, who have a kitchen on the ward. She explained that upon admission, staff ask patients/relatives about specific dietary requirements, as well as their likes and dislikes.

Authorised Representatives were informed that the kitchen caters to all dietary needs, as well as any religious or cultural requirements. The WS stated that the Evelyn ward uses the Red Tray System to ensure that patients receive assistance eating if required.

She stated that fluid charts are regularly checked, as are the bedside charts, which indicate if patients require special care and attention when eating or drinking. The WS also informed us patients are offered hot drinks a couple of times per day, and that HCAs ensure that all patients have a jug of juice or water at their bedside.

Patients interviewed seemed satisfied with the meals, describing the food as “decent” and “fair”. One patient informed us that he can request snacks between meals, and that the ward allows his family to bring him home cooked meals.

Winter Pressure

The WS informed us that the Evelyn ward has experienced winter pressure this year. She explained that in addition to receiving more patients, the ward has also been short staffed due to winter sickness.

Authorised Representatives were informed that there have been “+1 or +2” scenario in the past, whereby the beds of the patients closest to being discharged are placed in the corridor, in order to free up space in the bays.

The WS stated that despite this, she is confident that the discharge time has not been affected.

BSL/Interpretation services

The WS stated that the ward has access to a learning disability nurse, and that they cater to blind and deaf patients by using brail for example. Regarding language barriers, she informed Authorised Representatives that the ward rarely brings in professional translators and that they usually rely on relatives and staff members to translate.

Interview Feedback

<p>Ward Sister</p>	<p>On the day of the visit, she was stepping in for the Ward Manager, who was absent. She has worked on the ward for 8 years and was internally promoted to Sister from RN. She was very welcoming and tried her best to accommodate our questions despite not being the Ward Manager. She spoke very highly of her staff, her relationship with her staff, and of the friendly environment which has been created as a result.</p>
<p>Registered Nurse</p>	<p>She has worked at the ward for 6 months, and that she likes it because she gets to care for patients from different cultures, especially elderly patients. She finds that the management is supportive and good with annual and sick leave.</p>
<p>Trauma Nurse</p>	<p>The job title is a misnomer as he doesn't just deal with trauma but with general Orthopaedic cases, admin, etc, and it's more hospital wide than Evelyn Ward based. He is involved in the interdisciplinary daily formal meeting to refer patients to other hospitals – St Mark's, Stoke Mandeville – or appropriate wards in Northwick Park. Training had involved 4 days at St Mark's with a further one at Northwick Park on procedures but there had been no specific Dementia training.</p>
<p>Healthcare Assistant</p>	<p>When I interviewed this Care Assistant she was covering two bays as it was lunchtime and the nurses were preparing for the medication round. She had been doing the job for two years and liked the variety: dressing, feeding, toilet duty, helping nurses with the medication. She hadn't had Dementia training but had learned a lot from the Staff Nurse. She followed patients so that they didn't get lost or manage to leave the ward but all she was able to offer them were newspapers and magazines. Before each shift the two nursing staff coming off duty gave her the bedside folder detailing the needs of each of the beds she looked after and told of any changes there had been in the patients' condition. She had had the statutory training but both her training and appraisals had been interrupted with 18</p>

	months' absence through illness.
Patient 1	She was admitted having been through A&E and this is her second day here. She found the experience at the A&E was good, but she had to wait 30 minutes even though she was in a lot of pain, after that she was given morphine, then she got a scan. She said that it has been fine here so far, she feels comfortable and relaxed. The staff look after her well, she is treated with respect and they explain what is going on with her care. She thinks that she has privacy on the ward, and it was quiet on her first night.
Patient 2	He has been at the hospital for a week and he was brought to the A&E by ambulance. He described the A&E as a disaster, not because of the staff but due to the pressure having too many patients coming here because all the hospitals in the area are now closed down. He has spent 3 days on the ward, he feels comfortable and the staff are friendly and treat him with respect, he has no complaints about the care. He told said that the doctors keep him up to date with the treatment but most times they just tell him when his next test or scan will be. He mentioned that there was noise on the ward at night because a patient was screaming all night, but he added that the staff did not neglect the patient.
Visitor 1	This pair of visitors were visiting their relative. They thought the treatment was good, though they feel their relative should be allowed more independence and that the staff are trying to do too much. They thought improvements could be made in terms of the speed of response and that they felt staff could be more understanding of patient's pain. However, they said that overall the staff were approachable. They reached the hospital via public transport and found it to be convenient.
Visitor 2	He described his partner's treatment as being 'top class' in diagnosis and care and had sympathy for the staff, whom he thought were doing an amazing job while obviously being overstretched. His only criticism was the cost of carparking at £5.10 for two hours and having difficulty in finding space.

Conclusion

During our visit, we saw that staff were friendly and attentive towards patients, treating them with dignity and respect and taking extra steps to ensure that their stays are as comfortable as possible. We also witnessed a positive relationship between staff members and management. Overall, we found the ward to be a clean, well maintained environment where a good level of care is 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. Whilst the ward used the 'Confusion Care Pathway' and staff were aware of the high number of dementia patients, only 50% of them had received dementia training.

Please see below for examples of good practice and recommendations for areas of improvement. The provider response is 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.
- 2) We found that patients on the Evelyn ward were treated with dignity and respect. Authorised Representatives witnessed patients being cared for attentively and this was highlighted by patients. We were also informed that staff encourage patients' relatives to bring in their personal possessions, to make their stay more comfortable.
- 3) The WS stated that one of the way management maintains their positive relationship with staff, is through organising "get togethers" outside of work, which boosts team morale.

Recommendations

- 1) Whilst the ward was generally a 'dementia friendly' environment, Authorised Representatives noted that the toilet equipment did not contrast in colour, there were no large clocks in the bays and, aside from the toilet signs, there was no other signage for helping dementia patients to navigate the ward.
Recommendation: management to introduce dementia friendly clocks in bays additional signage and bathroom equipment of contrasting colours.

Provider response: The ward underwent some refurbishment in 2018. We will look in to introducing dementia friendly clocks on the walls.

- 2) During the visit, one of the Authorised Representatives noted that some of the noticeboards were slightly cluttered and used a small font size, which might make information less accessible for elderly patients.

Recommendation: management to amend the ward's noticeboards.

Provider response: The display boards cover topics e.g. Nutrition. Falls awareness/safety have been individually created by the subject ward 'Champions'. The noticeboard is to be reviewed and we will aim to minimize the content and enlarge key points.

- 3) The Evelyn ward receives a particularly high number of dementia patients and whilst training is encouraged, it is not mandatory. During an interview, we were informed that approximately 50% of the ward's staff have received dementia training. Healthwatch Ealing feel that all staff could benefit from mandatory training, to ensure that each member of staff is comfortable providing care for patients with dementia.

Recommendation:

3.2 management to increase the proportion of staff with dementia training, perhaps through adopting the 'Link Nurse' approach used by the Dickens Ward, where they hold team days and staff share specialist training with each other.

3.1 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. The Evelyn 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.

90.3% of Evelyn Ward Staff have completed Dementia Awareness Training. All staff are encouraged to complete this training and we will continue to monitor this.

- 4) The WS informed us 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 arises 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.

- 5) The Evelyn ward is a long stay ward, with some patients staying for months at a time. During the visit, Authorised Representatives were informed that there are no scheduled activities on the ward and whilst staff try and provide patients with materials, it is not always possible.

Recommendation:

5.1 management to review the ward's activity situation and seek basic materials, such as books and magazines

5.2 management to consider introducing an 'activities trolley', as seen in the Dickens Ward

Provider response: Most of our patients stay on the ward for 5-7 days. There is a pathway for the fracture neck of femur patients to move to CMH to a dedicated ward for further Rehabilitation where this is indicated.

- 6) There is a new British Red Cross initiative which involves volunteers visiting patients homes to ensure that they have basics such as bread and milk. Whilst the WS was aware of the initiative, she informed us that the ward is yet to use it.

Recommendation: management to agree timeline for implementation of the British Red Cross initiative

Provider response: The ward used the British Red Cross to assist in the discharge of a patient who had no family. The service was very good and helped the patient go home earlier than had been planned.

- 7) 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 is always a senior team sister or senior member of staff is on duty. All staff are allocated to a team which is overseen by a Band 6 Sister. These Sisters are their line Managers. Team meetings also provide a forum to discuss challenging situations.

- 8) One of the staff members interviewed spoke negatively of his induction experience, stating that he had skipped some of his training at St. Mark's as he had worked there previously and received training already.

Recommendation: management to review the induction process for staff who have worked for the trust previously, perhaps by introducing some form of 'fast track' induction process, ensuring that staff are clear whether or not, and why, they are following a different training/induction path to other staff members.

Provider response: We do try to ensure that all staff follows the correct induction processes. Where this is not indicated or possible, we will communicate this clearly with the individuals involved. We have an induction pathway that we will ensure is adhered to.

- 9) During the visit, Authorised Representatives were informed that the ward rarely uses professional translators, and usually depend on relatives and staff members to translate. This risks miscommunication between parties.
Recommendation: ensure that all staff are aware of and have access to translation services and are using them appropriately.

Provider response: Translation services are used for all patients that require in-depth conversations. Relatives are only used for day to day issues and not when consent forms need signing or when doctors need to pass on medical information or more complex information.

- 10) During the interview, Authorised Representatives noted the lack of examples of changes made in response to feedback, given by the WS. We were also informed that the ward sometimes forgets to provide patients with feedback forms upon discharge.

Recommendation:

10.1 implement a ward target for collecting feedback forms.

Provider response: Discharge practitioner to give out and collect feedback forms.

10.2 improve staff and patient knowledge about changes in response to feedback, perhaps through introducing a 'you said, we did' noticeboard

Provider response: There is a 'you said, we did' noticeboard near the entrance of the ward.

10.3 share the published Enter & View report with the ward to make staff aware of recommendations and commend staff on their good practice

Provider response: The Enter & View report has been shared with staff and a copy of the report is available in the staff room for all staff to read.

Formal provider response

The assessors were able to assess how we as a ward work together as a team. They were interested in how our staffing levels were on the ward. We spoke about the specialty of the ward which is trauma and orthopedics and how we work alongside the multidisciplinary team.

We discussed how patient feedback was collected. We do this via feedback forms when patients are discharged, which enables the staff to understand our patient's experience of their stay with us. This allows us to understand how we can improve the care they receive.

The possibility of protected meal times was discussed. As we try to be open with our visiting hours from 11am to 9pm, we do not necessarily have protected meal times. However, the staff do try to ensure that patients are able to have their meals, and support where necessary.

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 Evelyn Ward. The observations made in this report only relate to the visit carried out on the 25th January 2019.