Enter and View Report | Single Provider

healthwatch Rutland

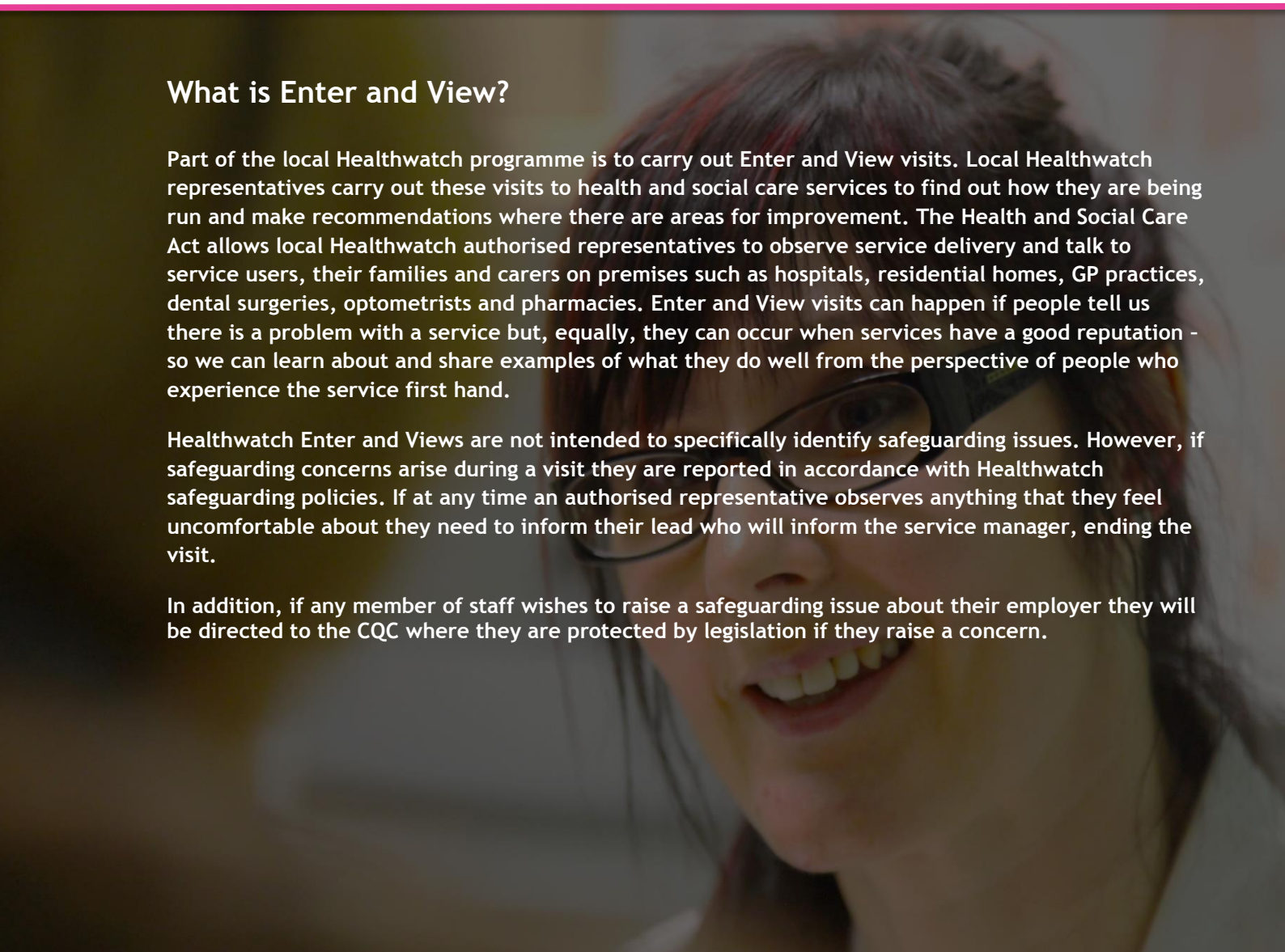
Details of visit	
Service address:	Rutland Memorial Hospital Cold Overton Road Oakham LE15 6NT
Service Provider:	Leicestershire Partnership NHS Trust
Date and Time:	27th February 2015 11:00-12:30
Authorised Representatives:	Bart Taylor-Harris, Ali Burrow-Smith, Christine Stanesby, Barry Henson
Contact details:	01572 720381

Acknowledgements

Healthwatch Rutland would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

We visited to find out how patients were informed and involved in their treatment, to be aware of staff attitudes and how the privacy and dignity of patients was respected.

Strategic drivers

This was a planned visit. Some three weeks before the Enter and View visit the Enter and View team leader and one team member met with the matron responsible for the Rutland Ward. At that meeting agreement was reached about both the timing and scope of the Enter and View visit.

At Healthwatch Rutland we strive to:

- **listen** to the views and concerns of people in Rutland who use health and social care services;
- **influence** and challenge the way that health and social care services are provided locally;
- **enable** Rutland people to find out about the services available to meet their needs.

Methodology

It was agreed that the Enter and View team would concentrate their visit on the following areas:

1. How staff involve patients and how patients feel they are involved,
2. What information patients receive about their care and what patients understand they receive?
3. The attitude of staff towards patients,
4. How the privacy and dignity of patients is respected and how they perceive this,
5. The overall "feel" of the ward.

Before the visit took place leaflets and posters were sent to the ward to inform staff, patients and carers. During the visit senior staff at Rutland Ward briefed the Healthwatch Rutland Authorised Representatives, who then worked in two teams, observing the environment and activities, and talking to both staff and patients. The team met with the ward manager afterwards to thank her and to share initial thoughts about the visit.

Summary of findings

- Most patients we talked to were very positive about their relationships with staff.
- The apparent difficulties with the patient transport service can make discharge upsetting for some patients.
- Patients told us that staff listened to them and most patients understood and appreciated the steps being taken to return them to the community.
- Wall mounted TV sets could be noisy and disturbed some patients.
- We heard many compliments from patients about the quality of their care.

Results of Visit

Rutland Memorial Hospital has one 22 bed ward on which is provided general rehabilitation and palliative and end of life care.

The ward is accessed through the main hospital corridor or via a side door. The side door is monitored by CCTV with signage requesting visitors report to the nursing station. The main hospital route brings you onto the ward via an uncluttered corridor with wall mounted notice boards on either side.
The ward is split into small 4 bed wards with some single occupancy rooms. We were informed that there was a frequent need to move bed areas about to manage patient need and fluctuation in gender numbers. The sprawling geography of the ward was highlighted by staff as a concern, but they felt it to be a manageable one that didn't impact negatively on appropriate care delivery.
A sluice was available at either end of the ward. The one by the side entrance was observed to have the door left open on at least two occasions despite a clear sign advising it to be kept closed at all times.

It appeared to be a busy ward that was cluttered in places with no obvious storage facility for larger equipment e.g. O2 cylinder, stacks of chairs.

Staffing

The ward manager is new in post, at least 1 deputy is also new to post but knows the ward well.

NHS Staff:	Ward Manager X1
	Deputy X2
	Nurses – actual establishment unknown, but WTE vacancies X3
	Healthcare assistants – number not referenced but visible presence
	Housekeeper X1
	Ward Clerk X1
Interserve:	Numbers unknown but visible presence relating to cleaning and meal delivery

How staff involve patients and how patients feel they are involved

There is significant quantity of printed information on the walls of the corridor leading into the ward and near the nurses' station. There is also a newly erected ward "performance' board near the nurses' station. During the visit the team did not observe these notices being read by anyone.

Staff were seen talking to patients on many occasions and patients told us that staff chat to them and explain things well. Most patients talked with were very positive about their relationship with the nursing staff. However one patient described being admitted the night before and saw two "girls on reception" who "didn't give a monkeys" and when he asked for the toilet spent a long time asking him questions about bowel and bladder function.

A staff member described the difficulty of fully involving patients with dementia and the importance of knowing such patients well. Having to use bank staff makes smooth running more difficult; partly because quality varies but mainly because they are unfamiliar with the patients, the layout and the way of doing things.

The provision of food is outsourced to Interserve. We were told that "regenerated" frozen food was used. Some patients said that the food was bland but generally there were few complaints.

We observed the food being served and it looked attractive. Patients are given menu choice, but have to make the decision about what they want to eat in advance, usually the day before. We visited on Friday and patients were expected to make menu decisions right through to the following Monday.

What information patients receive about their care and what patients understand they receive?

Patient and Carer information is visible and accessible, including the names of the staff responsible. A number of patients did not seem to understand that the ward was nurse led and there were a number of comments by patients about them not seeing a doctor.
Patients were aware that the colour of the wristbands they wore varied but the patient we asked did not know why.

We observed staff and patient discussions. Most patients that we talked with seemed to understand the steps being taken to return them to their homes or community care and appreciated the difficulties that could be associated with this.

The nurse practitioner described to us how she receives information from the patient's GP about current prescriptions and how this together with information from any hospital attended immediately before transfer to the Rutland Ward helps inform prescribing. One very articulate patient told us though that the pain relief currently being given for her arthritis was significantly less than that provided by her GP. The patient told us that this was because they had to start on a low dose and gradually increase it.

We noticed a number of patients waiting to be discharged. None of the patients knew if this would definitely happen. Staff told us that two discharges were cancelled the previous week because booked patient transport had failed to turn up. The staff told us that patients could be very upset when this happened. It was clear that the staff are concerned about getting discharge right and feel hindered by a service that they have no control over. We understand that the provision of transport is the responsibility of Arriva.

The attitude of staff towards patients

All staff, other than some non NHS support staff, seemed to have name badges and when staff addressed patients they did so by name, even when patients were not near their bed. We did not observe any patient being told what to do but did observe discussion and consultation. Patients also told us that staff listen to them. One patient described how she had arrived just after a mealtime but that a tray of food had been provided especially for her. We received two negative comments. One patient described being "treated like a child" and another complained of the attitude of non-professional staff.

How the privacy and dignity of patients is respected and how they perceive this.

Bathroom and toilet facilities were close to patient beds and there was gender separation.
We noted named denture containers and personal items such as mobile phones on patients' bedside tables. All patients were dressed if sitting out. One patient we had a conversation with was currently being nursed in bed so was in nightwear.
Each small ward has a single wall mounted TV. Many of these were on very loud. One patient told us that the noise was terrible and had to put up with it for days before being told she could sit in the quiet day room. Another complained that the TV is on all of the time and you can't change the channel. Staff told us that the single remote control for each TV can get lost.
We observed staff responding promptly when patients rang their bells. We were told by some patients though that they sometimes had to wait a long time when they needed to go to the toilet. One patient reported that she had been told to 'hang-on'.

The overall "feel" of the ward

Staff and patients were very friendly and relaxed. We were warmly greeted on arrival and there was good eye contact.
We heard many compliments from patients about the quality of their care.
The design of the ward with long corridors means that patients at the end of some corridors are a considerable distance from staff. Staff are to be observed grouped round the central core and absent from the periphery.
Individual rooms with their shared TVs could be noisy. There was a good feel about the hospital and there was enthusiasm from newly appointed staff for dealing with problems like better storage, more interesting displays and re-organisation of the day room.

Additional Findings

A hand santiser was observed close to the nurses' station. The Healthwatch team did not have this drawn to their attention and were not encouraged to sanitise or wash their hands.

A courtyard area has recently been transformed into a garden with seating and raised planting beds. It is planned that patients will use the garden during warm weather. Access to this area from the Rutland Ward is through a corridor fire door that is self-closing and locking. The team avoided being locked in the courtyard by a member placing a note book near the lock to stop the door closing.

Recommendations

We would like to suggest some thought be given to the following:-

1. A lot of printed information is displayed. We recommend that:
    - Staff consider whether the right balance between quantity and quality has been achieved.
2. The garden area has been revamped for the benefit of patients, visitors and staff. We recommend that:
    - Steps are taken to ensure it is not possible for staff and patients to lock themselves out in the new courtyard garden.
3. Televisions are available for patient use, but not all welcome this. We recommend that:
    - Ways to minimise disruption are explored
4. Gel dispensers for use by all are readily available. We recommend that:
    - Staff encourage their use
5. The ward is a busy one. We recommend that:
    - Name badges are worn by all staff
    - That the meaning of different uniform colour is clearly publicised

We have limited our suggestions to the areas that we feel come within the ward manager's remit to address. We would, however, also like to draw attention to the apparent difficulties with patient transport that staff highlighted and the need for patients to plan up to three days ahead when ordering food on a Friday or over the weekend, both of which may be more readily addressed strategically.

Service Provider Response