healthwatch East Sussex

January 2017

Observations Of Care

Folkington ward, Eastbourne District General Hospital and MacDonald ward, Conquest Hospital provided by East Sussex Healthcare NHS Trust (ESHT)

Date of visits: Monday 14th November – Friday 25th November 2016

"It takes a minute to feedback, but the difference could last a lifetime"

Contents

Executive summary

During a two week period during November 2016, Healthwatch East Sussex's Authorised Representatives (ARs) visited two wards in the Trust to observe the care frail elderly patients receive. The visits were unplanned and were designed to capture the interactions between staff and patients as a visitor or relative might experience.

- Overall, Authorised Representative's observations and comments were largely very positive about the aspects of care they observed, with most describing their findings as 'very good in lots of ways', however there was a strong sense reflected in observations that patients received little stimulation and would benefit from some level of activity.
- We also believe there would be benefit to patients from the development of consistent approaches to delivering good dementia care across both wards.

The key recommendations from this work include:

- Staff leadership and sharing good practice, staff at all levels of experience on both wards to share good practice and learning.
- A meaningful programme of stimulating activities to be devised for patients that is achievable for staff to deliver.
- To review staff training with a focus on what good dementia care looks like. This should include not only personal care, dignity and respect but also atmosphere, approach and attitude, together with how staff talk to patients; and
- The Enter and View activity should be repeated in May 2017.

The full recommendations can be seen on page 12.

Background

From September 2015 through to April 2016, East Sussex Community Voice through its Healthwatch East Sussex functions, delivered a programme of support to East Sussex Healthcare NHS Trust (ESHT) with the twin objectives of contributing to the Trust's Quality Improvement Plan and the strengthening of patient and public involvement with the Trust.

The support programme included Enter and View visits to wards and departments to engage with patients, carers and families/relatives. The activity described here is a follow on project, part of the support programme to inform the Trust's continuing Quality Improvement Plan.

The Director of Nursing at East Sussex Healthcare NHS Trust (ESHT) approached Healthwatch East Sussex (HWES) to request a series of unannounced Enter and View visits to observe care on two wards;

- MacDonald ward at the Conquest Hospital (complex elderly); and
- Folkington ward at Eastbourne District General Hospital (EDGH) (medical).

The visits were to take place over a two week period, vary in times of the day for each visit i.e. morning care, over lunchtime and afternoon / evening visiting and be conducted without prior notice.

Objectives

The purpose of the visits was to:

- provide the Trust with an base line picture of the level of care delivered to elderly patients
- identify examples of good care; and
- highlight any areas where care could be improved

Methodology

The approach taken to collecting information for this work was:

- capturing interactions between nursing and other staff with patients, carers, families using mostly observation; and
- capturing experience of care through conversations with a small number of patients carers/relatives and staff.

Healthwatch East Sussex Authorised Representatives noted their observations on a recording sheet under three specific headings and they also noted general/other observations:

- general care
- patient and visitor engagement
- patient safety; and
- other comments

(Please see Appendix 1 for an explanation of Healthwatch Enter and View powers)

The recording sheets were designed to capture the demonstration by staff of care and compassion for any person receiving care, regardless of their diagnosis. The work was not about monitoring technical skills of the staff but about observing how something is done. The purpose is to record what Authorised Representative's observed, as if they were a patient or a visitor.

A total of **14 sessions** were observed during the two week period; seven in Folkington ward at Eastbourne District General Hospital and seven in MacDonald ward at the Conquest Hospital, Hastings. The time slots for the observations covered morning, lunchtime and afternoon/evening sessions and included a weekend session.

A session was arranged with the Director of Nursing at ESHT for the Authorised Representative's to feedback verbally to the Trust. Those who could not attend submitted their responses and overall conclusions.

The Authorised Representatives (ARs) taking part were: Rosemary Boucherat, Paula Cohen, John Curry, Angie Davis, Robert Depper, Ivy Elsey, Kevin Katner, Gwladys Mabb, Christine Marks, Tony Moore and Suzan Vernon.

Ethical considerations

Whilst the programme of visits was unannounced; the purpose of the observations were explained to staff and the anonymity of patients/carers/relatives was preserved at all times.

Authorised Representatives visit services as a lay person, and therefore are not considered to have the expertise to know whether a patient has the capacity to give informed consent to having their views presented. Therefore all patients spoken to for this activity were identified in consultation with staff to determine if there were any residents that should not be approached, or have their views formally recorded due to lack of capacity.

Observations and findings

MacDonald Ward, Conquest Hospital, Hastings

General Care

Prompts: Patient centeredness, appearance of patient, rest and sleep, food and fluids, supporting patients who may be disorientated, managing pain and distress, supporting the small extras a patient may need.

Overall the observations of general care appeared to be good as described by the ARs involved i.e. very supportive, kind and caring.

One AR commented:
"A good deal of attention was provided to most patients with obvious care and sensitivity"

However there appeared to be very little evidence of patient-centred care. Even though "This is Me" information was available for each patient, it was unclear in what circumstance it would be used.

All the patients appeared well cared for, most were in hospital gowns which were clean, their hair was combed and appeared to be clean, but the frequency of bathing was unknown.

From observations, there appeared to be only limited examples of staff supporting patients with any 'little extras' i.e. staff members check everything is OK but don't ask if there is anything else that can be done or ask but don't sound convincing. ARs did not hear any staff actively enquiring.

Most patients observed during visits outside of meal times, looked to be bored and not engaged, apart from those who were talking to visitors. There was no evidence of patients talking to neighbours (this is common in wards which are populated by younger age-groups).

On the occasion where a mealtime was observed, good portions of food which looked appetising were observed and the staff were available to support patients as required. The other key observation noted was that mealtimes seemed to be functional rather than being used as an opportunity to make them a social experience.

The quality of the food was well received, with portions that looked appetising. However elderly patients in particular, take some time to consume their meal, whether they are assisted or not. Patients were assisted in a sensitive manner but there appeared to be little encouragement to eat "just a little more". Modified food and specialised diets were clearly identified on a board outside the meal preparation area. There was one example noted which involved a visiting specialist staff member (trainee dietician) and a patient who was being encouraged:

"…you've not been eating much have you…please would you try a little bit of your lunch"

To potentially improve the experience for patients, one AR noted a facility to reheat hot food could be explored, as "hot meals are more appetising and tasty".

There was some evidence of disorientation with some patients saying that they "wanted to go home" but not in specific fashion. This was not disturbing other patients during any of our observation periods. There was no evidence of any pain or discomfort.

Patient and Visitor engagement

Prompts: Demonstrating dignity, communication, anticipating care needs, patient empowerment, supporting patients experiencing anxiety and distress, responding to the small things and patient participation.

Overall all patients were dressed in a dignified way and when examination or personal care was delivered, the curtains were closed round the bed and no voices were heard.

All patients were addressed in a respectful manner but sometimes the tone of staff member's voices lacked warmth. There was no underlying sound of any informal conversation other than between patients and their visitors.

No ARs observed patients being asked whether they were "O.K." or whether they needed anything.

Some evidence by staff to empower patients was observed, but this was limited to comments such as "Have you finished yet?"

There were some observations of a patient displaying levels of distress which was quickly managed by a Healthcare Assistant

There was one example given whereby a patient was very distressed and anxious, but as above was dealt with and the patient was calmed and reassured.
No indications of patient participation were observed.

Patient safety

Prompts: patient hand hygiene, use of clinical waste bins and managing spillages, laundry, gloves and protected clothing, clinical equipment and the patient's personal space, bed rails, manual handling and continence equipment.

At mealtimes, every tray had a hand wipe and a number were seen to be used or there was evidence that they had been used.

One AR reported no occasion on which it may have been necessary to use waste bins or deal with a spillage. There was one instance in which a visitor asked for a patient to be toileted and both members of staff wore gloves and protective clothing.

Clinical equipment was only close to bed when it was being used. There were no observations of any circumstances warranting patient transfer. No instance of the use of continence equipment was observed and; there seemed to be no evidence of any continence management.

Other observations included:

One shower was being used as a store room, the sign on the door indicated it was a shower and this could be confusing for patients another one was available but seemed to be unused.

Due to low staffing levels, bank staff regularly work on MacDonald ward and are called upon frequently, but they are generally the same people who are deployed. However there were some observations which indicated that not all bank staff are as familiar with the patients' individual needs and that communication was not always patient focussed i.e. staff members talking across patients. Staffing levels overall were identified as a concern.

On one visit it was noted that loud music was being played and patients were trying to sleep. Also linked to the environment, ARs noted that some colour coding was in place i.e. around door frames and in the toilet/bathroom area, but it was unclear how patients were supported to identify and benefit from the colour coding.

A discussion with a house doctor during one visit estimated that 75% of patients were there because they were waiting for their next placement to become available.

Whilst ARs are not qualified to comment on the nursing aspects of the care delivered some did deduce that with this patient cohort in an environment where many are medically fit for discharge or approaching this, there could be a greater emphasis on planned moves to social care and offered some suggestions:

There was reference to the psyche of an elderly patient lying in bed. i.e. "I am in hospital lying in bed in a hospital gown, so I must be unwell" At home, they would be thinking "I am at home, I don't feel 100% but I need to soldier on". There were insufficient signals giving patients a positive message that they will soon be going home. These signals should include such things as reading a book or a magazine, watching television, listening to a radio, chatting to others, sitting at a table to have a meal, having a bath or hair wash and going for a short walk. Patients might also benefit from being encouraged to change into their day clothes to support a more familiar routine.

It was recognised that a hospital ward is nothing like a home environment; however a greater effort could be made to create a more homely environment without compromising clinical standards. There were some good practices witnessed which promote good social care such as the Lunch Club held twice weekly in MacDonald

ward, no restrictions on visiting hours and the regular visits of animals through Pet Therapy.

Folkington Ward, Eastbourne District General Hospital

General Care

Prompts: Patient centeredness, appearance of patient, rest and sleep, food and fluids, supporting the patients who may be disorientated, managing pain and distress, supporting the small extras a patient may need.

Overall the observations of general care were very positive with the following observations highlighted:

Patients looked respectable and comfortable in their surroundings; one AR noted the appearance of patients as excellent, clean with neat hair.

All noted water/fluids were within reach, although no patients were observed drinking or being assisted to drink.

There were several observations noted whereby staff were supporting disorientated patients sensitively, respectfully and in a hushed tone. There was also evidence indicating that staff knew the likes and dislikes of patients and for example made a folder of papers available for one patient to shuffle. One observation session covered a mealtime and it was noted that there was a very peaceful and calm atmosphere in the ward during and after lunch. A member of staff was present most of the time. There was a patient that was being supported with their meal by a Health Care Assistant (HCA) in a side ward and it was observed the HCA was sitting at the same level as the patient and gently offering support without appearing rushed.

Less positive observations included the lack of stimulation for patients. This could improve when the day room refurbishment is completed.

Patient and Visitor engagement

Prompts: Demonstrating dignity, communication, anticipating care needs, patient empowerment, supporting anxiety and distress, responding to the small things and patient participation.

In Folkington ward a patient was allowed to wander without being disruptive. This ward also had a stock of “fiddle mitts” (also sometimes referred to as Twiddle Muffs/Comforts Mitts, which are designed to keep the hands busy and relieve stress. See link for example), however, there seemed to be no current need. At the time of the visits no patients were observed trying to get out of bedside chairs in an anxious fashion and there were no non-verbal signs of anxiety.

One AR noted that all of the prompts in this section were carried out to what they perceived as an outstanding standard by very caring staff responding to patients care needs. Particular examples included, curtains being drawn around patients requiring patient care, staff heard speaking in hushed tones to a patient who was a little agitated about a toileting matter.

It was noted that one patient had been in the ward since July 2016. This was due to the extended timescales involved in arranging appropriate care as the patient had very complex needs.

Additional observations

The ward matron was observed to be very attentive and helpful, ARs felt this was reflected throughout the ward, and it was noted that staff are going the 'extra mile' to redecorate the day room in their own time.

There was an issue identified with the connecting door fire door to Jevington ward which was locked. This was being dealt with by the Trust and Healthwatch East Sussex was satisfied that East Sussex Fire and Rescue Service undertake regular inspections and are aware of the security procedures in place. In the event of a fire, the doors unlock automatically.

Safety

Prompts; patient hand hygiene, use of clinical waste bins and managing spillages, laundry, gloves and protected clothing, clinical equipment and the patient's personal space, bed rails, manual handling and continence equipment.

In Folkington ward, ARs specifically enquired about the use of bed rails for restraint and was told they are not used but if there is any risk of a patient falling out of bed, a low profile bed surrounded by crashmats was used to minimise potential injury, however rails were observed in use during the daytime visits.

Hand wash was evident at the end of patient's beds and at ward sinks and at all times the staff were observed using appropriate aprons and protective gloves. One patient commented that staff were always busy chasing after the 'wanderers'.

Reflections, Conversations and Observations - Staff members

Healthwatch East Sussex Enter and view activity has added value in that it ensures local Healthwatch has a visibility in health and care services enabling it to make observations and have conversations with clients, carers, relatives, supporters and staff about their experiences.

One conversation took place between ARs and staff members over staff shortages and how best to inform the Trust management of these, this has been shared with the Director of Nursing to follow up.

Overall ARs observations and comments were very positive about the aspects of care they observed, with most describing their findings as ‘very good in lots of ways’; however there was a strong sense throughout the activity that patients received little stimulation and would benefit from some level of activity.

The level of staff training in dementia awareness was also noted by ARs as being varied, with some staff having considerable knowledge and experience and others minimal.

Recommendations

- Staff leadership and sharing good practice, staff at all levels of experience on both wards to share good practice and learning.
- That the day room redecorating initiative on the Folkington Ward be submitted for a Trust commendation.
- Clarity is required on the protocol for the use of bed rails on Folkington ward.
- To explore the possibility of reheating/warming hot meals for patients who require more encouragement and/or lengthily mealtimes.
- A meaningful programme of stimulating activities to be devised for patients that is achievable for staff to deliver.
- Patient Led Assessments of the Care Environment (PLACE) inspections 2017 should include both wards to look in more detail at how the environment can support dementia friendly care.
- To review staff training with a focus on what good dementia care looks like. This should include not only personal care, dignity and respect but also atmosphere, approach and attitude, together with how staff talk to patients.
- The Enter and View activity should be repeated in May 2017.

Actions for Healthwatch East Sussex

- To repeat the Enter and View activity in six months' time following the implementation of the recommendations set out above.
- To follow up the implementation of recommendations from this work with the Trust through regular liaison meetings.
- To share its findings with the Trust board, staff from both wards, our wider partners involved in planning, commissioning, regulating and assuring quality.

Comments invited from:

- East Sussex Healthcare NHS Trust
- Adult Social Care, Quality Monitoring Team
- East Sussex Better Together Programme Board

Conclusions

Overall ARs observations and comments were largely very positive about the aspects of care they observed, with most describing their findings as ‘very good in lots of ways’; however there was a strong sense that patients received little stimulation and would benefit from some level of activity. There is also benefit to be gained from developing consistent approaches to delivering good dementia care across both wards.

Director’s comment

The unique role of Healthwatch East Sussex’s Authorised Representatives is to provide an independent lay perspective through talking to patients and by observing how care is delivered.

This activity has provided the Trust with a base line assessment of how frail elderly patients receive care across two wards; whilst we are pleased to report the overall observations are largely positive, we would be keen to see action on the recommendations to address some of the inconsistencies identified across the wards and also for patients to have access to some meaningful activity during their time on the wards.

Julie Fitzgerald – Director

With thanks to East Sussex Healthcare NHS Trust

With special thanks to the patients, relatives and staff members who provided such valuable insights.

Appendices

Appendix 1- The powers of Healthwatch

The powers of Healthwatch East Sussex
To Enter and View Premises
An information pack for Service Providers

Background information

1.1 Healthwatch is the independent consumer champion for Health and Social Care in England. We give children, young people and adult's powerful voice – making sure their views and experiences are heard by those who run, plan and regulate health and social care services.

1.2 Healthwatch England was introduced by Government in April 2013 as part of the NHS Reform that has two parts: the nationally-focused Healthwatch England and 152 community-focused local Healthwatch e.g. Healthwatch East Sussex. Together we form the Healthwatch network, working closely to ensure consumers' views are represented nationally as well as locally.

1.3 There are two specific duties of relevance to providers of health and care services funded by taxpayers. Firstly a requirement to allow designated Healthwatch east Sussex Authorised Representatives to enter and view services that provide state funded care to individuals. Secondly, a requirement to give information about state funded services to Healthwatch when they request it.

2. What will Enter and View mean to Service Providers?

2.1 Although there will be times when it is right for a Healthwatch authorised enter and view representative to see how a service is run, this does not mean that just anyone from the Healthwatch will be able to enter a service when they want to. Healthwatch members requesting enter and view must be nominated by the Healthwatch East Sussex organisation to undertake Enter and View visits. Each authorised representative of Healthwatch East Sussex will be provided with written evidence of their right to visit. All visits will be conducted in a spirit of openness and partnership between the Healthwatch, the provider of the service and the individuals receiving the service. Healthwatch eats Sussex must have a clear rationale for the visit with evidence base. Visits will be in line with the Healthwatch East Sussex existing work plan and will be used to highlight good practice as well as areas of concern.

Appendix 2

Healthwatch East Sussex Observations of Care Folkington and MacDonald Wards 14th – 25th November 2016

Name: **Ward:** **Date:**

1. General care

Please record your observations regarding the following prompts:

- Patient centeredness, Appearance of patient, Rest and Sleep, Food and Fluids, Supporting the Patient who may be disorientated, Managing pain and distress, Supporting the small extras a patient may need

2. Patient and Visitor engagement

Please record your observations regarding the following prompts:

- Demonstrating dignity, Communication, Anticipating care needs, Patient empowerment, Supporting anxiety and distress, Responding to the small things, Patient participation

3. Patient safety

Please record your observations regarding the following prompts:

- Patient hand hygiene, Use of clinical waste bins and managing spillages, Laundry, Gloves and protective clothing, Clinical equipment and the patients personal space, Bed rails, Manual handing, Continence equipment

Please use this space for any other additional observations:

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Disclaimer

This report relates to findings observed on the specific dates set out in the report. 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.

We will be making this report available to the Trust board and staff across both wards in January 2017. The report will also be circulated to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

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