

# 'Enter and View' Report

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## West Middlesex University Hospital – Crane Ward

Twickenham Road, Isleworth, TW7 6AF



Healthwatch Hounslow  
8<sup>th</sup> November 2017

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| Service visited:  | West Middlesex University Hospital (WMUH) – Crane Ward (CW)  |
| Address:  | Twickenham Road, Isleworth, TW7 6AF  |
| Ward Manager:   | Mabel (WM)   |
| Date and time of visit:   | 8 <sup>th</sup> November 2017, 11am – 3pm  |
| Status of visit:  | Announced  |
| Healthwatch Hounslow ‘Enter and View’ Authorised Representatives: | Sangnuma Rai, Cynthia Roshi, Francis Ogbe and Mystica Burrige  |
| Lead Authorised Representatives:                                  | Mystica Burrige  |
| Healthwatch Hounslow contact details:                             | Healthwatch Hounslow, Access Hounslow, Civic Centre, Lampton Road, Hounslow TW3 4DN<br><br>Tel: 020 3603 2438<br><br>Email: <a href="mailto:info@healthwatchhounslow.co.uk">info@healthwatchhounslow.co.uk</a> |

Healthwatch Hounslow (HWH) has the power to ‘Enter and View’ services in the borough of Hounslow. ‘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 HWH ‘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 HWH 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 Hounslow Council’s Safeguarding Team.

On this occasion, four ‘Enter and View’ Authorised Representatives (two HWH volunteers and two HWH staff members) attended the visit. The Authorised Representatives spoke with patients, staff and visitors. Recommendations have been made on how to improve the service and good practice has been highlighted. HWH had liaised with the CQC, Clinical Commissioning Group (CCG) and the Local Authorities (LA) to create an ‘Enter and View’ Programme. A number of health and social care providers were selected to be visited. There wasn’t a particular reason for visiting CW, the visit was part of HWH’s remit.

## **Acknowledgements**

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'Enter and View' Authorised Representatives: Sangnuma Rai, Cynthia Roshi, Francis Ogbe and Mystica Burrige.

Thanks to Vanessa Sloane, staff, patients and visitors.

## **Background**

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The Crane Ward (CW) at West Middlesex University Hospital (WMUH) is a medical ward specialising in frailty and care of the elderly. As an Acute Frailty Unit they provide specialist care for frail patients over 65 years old.

The ward consists of 28 beds (12 male, 12 female and 4 side rooms). There are separate bays for male and female patients.

## **Observations about CW**

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### **Ward area**

Generally, the ward was clean, well-lit with hand sanitisers available at the entrance of the ward, near each side room entrance and also at each bay. Gloves were also available at the front side of the bays. The ward consists of 28 beds (12 male, 12 female and 4 side rooms). This is an acute care of the elderly and dementia patient ward. There are separate bays for male and female patients.

### **Information displayed**

There's a large notice board right after the entrance with staff positions and details of the staff working in the ward with their name and photograph. Details of the number of staff on duty for the morning, afternoon and evening shift were also written on the notice board. They've included audit results in the notice board as well; results of Friends and Family test. Results of hygiene audit for the month of October was displayed. Daily monitoring of patient safety was on display as well. They've also won the Chief Executive's Special Award.

### **Fire safety**

Fire safety manuals were on display at the entrance. Fire exits are clearly marked and there was a fire escape door right after the entrance. Fire extinguishers were placed at the entrance of the ward.

### **Odour and Environment**

The environment was pleasant and the temperature of the ward was appropriate for patients. There were no unpleasant odours present.

### **Accessibility to toilet**

There were toilets available for patients at the front of each bay. No visitor toilets were available but the staff toilet were accessible with permission from staff.

### **Dignity and Appearance of resident**

Patients were well-maintained and dressed. There were separate bays for male and female patients.

## **Signage**

Majority of signage was clear and concise. Reception and the toilets at each bay were labelled in big, bold font.

## **Visiting times**

Visiting times to the wards were on display at the entrance of the ward. Visiting times were from 2pm – 8pm. A poster of John's Campaign was also on display at the entrance to the ward stating that family members or carers with John's Campaign card can visit any time outside of visiting hours. Door entry is controlled by staff and visitors have to press the bell to enter.

## **Interview with Ward Manager (WM)**

### **Average stay**

WM said that the average stay of patients is usually 18 days but sometimes can be more due to social issues. WM mentioned that usually there's sufficient beds available for patients and if there's an insufficiency then arrangements are made by management to accommodate the patients in other wards.

### **Patient referral, discharge notes and handover process**

WM said that nurses and doctors have separate discharge notes which include the patient's needs and care and administration of their medication. All the notes are handed over to the care home if a patient is discharged.

### **Assessment of PSAG**

WM said the patient is assessed in the Accident & Emergency department by the nurses and then assessed again in the Acute Medical Unit. When the patient is brought in here, they check the patient's notes to know if assessment has been carried out. Family members or carers can fill out the form on behalf of the patient if they are unable to do so. This includes their dementia status and ability to talk, move and capacity to understand.

### **Audits and checks**

Every 3 months there's catheter and cannula audit. WM said that they have a monthly audit on hygiene control. Patient assessment score audit is carried out weekly. On daily basis, the number of times a patient has been seen is audited as well. One of the changes that these audits have brought to their attention is the number of 'non-complaint' patients. Due to their health conditions they are unable to voice their concerns or needs adequately. Through this they have managed to ensure that the staff work harder in engaging with 'non-complaint' patients to provide better care and treatment for them. Monthly ward meetings, highlight the improvements staff have made. All the improvements that are made to the ward are made aware to staff usually through monthly ward meetings.

### **Views collected**

WM said feedback from family members, carers and friends are usually recorded in the Family and Friends test. Percentage of people who would recommend the ward is usually displayed every month on the notice board.

### **Complaints procedure**

WM said if a patient has a complaint, they are welcomed to speak to staff or senior staff directly. WM said it's better for the ward to deal with the complaint directly as it will be resolved quicker and patient satisfaction is usually higher. In cases where there isn't a resolution, patients are referred

to PALS. All complaints are recorded in the medical notes of the patient. Complaints by staff are recorded in their system and followed-up by email or personal meetings.

### **Activities for patients**

WM said there are plenty of activities available for patients and patients have the choice to take part.

Monday – Staff from Alzheimer’s Society visits patients and engage with them.

Tuesday – Piano, reading, art and drawing.

Thursday – Tea party

Friday – Breakfast club

Occasionally on Saturdays there is a group that comes and sings for patients.

### **Patient involvement and discharge planning**

WM said they plan discharge as soon as the patients is admitted into the ward. They usually have an estimate date for discharge. WM said that they contact social services only if required and book transport, make sure patient’s prescriptions are filled up, health needs assessment are carried out for the care home etc. Other challenges that could cause delays in discharge were shortage of staff, patient’s environment (home) not appropriate, patient is reluctant to return due to social isolation and equipment not in place (e.g. fully functional hoist).

### **Meals**

WM said there is a daily meal plan where the patients or their carer are given a list of the menu which consists of a range of diabetic, gluten free and vegetarian food. Every patient has a jug of water and it is filled up and replaced 3 times a day. Nurses also carry out a dehydration assessment on a daily basis.

### **Training**

WM said there is online mandatory training for staff on safeguarding, adult life care support, dementia, end of life care etc. Newly recruits shadow senior staff for 2 weeks. Corporate trust induction also takes place.

### **Recruitment**

WM said the recruitment process takes places through the NHS and they use an agency for bank staff. WM said there is a shortage of staff but they are managing it.

### **Winter Pressure**

WM said the ward is always on full admission regardless if it’s during the winter period or not.

### **BSL/Interpretation services**

WM said that they carry out an assessment to check the patient needs and a note is recorded which says that the patient requires signage if they are visually impaired or deaf. Those who require interpreters, WM said they contact switchboard who organise someone or a staff member interprets. They avoid using family members.

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| HCA (Health Care Assistant) | HCA said there was support from the management stating that the “management is very good” and if there are any issues they are addressed properly and staff members are encouraged to improve professionalism. HCA explained that staff members are very careful |
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|  | <p>not to speak in their first language with other staff members, and always speak in English. They commented on staffing levels saying that especially during the winter period, patient admissions increase and staff members are also away due to sickness (flu and cold).</p>  |
| <p>HCA (Bank Staff)</p>                | <p>HCA spoke about his role saying that they get to work across different hospital sites. They work one-to-one with patients who have complex needs or are prone to falling and need extra attention. HCA explained some of the positive aspects of the role are interacting with patients, exploring and identifying issues and working towards prevention.</p> <p>HCA said their induction was adequate in preparing them for the role. They felt that inductions are necessary and important in preparing individuals for their new role, but also strongly believed that working and learning from experience help staff be competent and professional. Due to their experience, they said that they felt confident with safeguarding protocols and procedures and being very vigilant around patients. HCA said the handover process which is carried out every morning at 7.45am, cannot necessarily be 100% efficient as there is always something that can be overlooked. However, they feel that all staff members in the ward do their best to update and notify other staff members during the handover.</p> <p>HCA said as a bank worker they don't always have the opportunity to attend staff meetings which take place monthly. They said that they felt supported in their current role and have no complaints of management/supervision/appraisal as they feel that the managers and senior staff members are always available to help when needed.</p> |
| <p>Visitor (Relative of a patient)</p> | <p>As the patient suffers from Parkinson's disease the relative spoke positively about the St John's scheme which allowed them or at least one member of the family to be with the patient. They were allowed to visit an hour before visiting hours. The relative said that they felt comfortable approaching staff with questions and concerns. Whenever possible, the relative said that doctors kept them posted about the patient's condition and treatment. Overall they felt confident in the care the staff provided for the patient. The relative said that</p>   |

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|            | <p>from their experience they would suggest that there should be more porters. Another suggestion was providing more car park spaces as they have difficulty finding parking sometimes.</p>   |
| Visitor    | <p>The visitor's partner had contracted a chest infection and pneumonia which required them to be admitted to the ward. They were recently informed that the patient will be getting discharged soon.</p> <p>The visitor said that they felt comfortable approaching staff and asking questions. They said that they visit their partner daily and felt that the visiting hours were convenient. They usually take public transport and find that taking the bus is convenient.</p>   |
| Senior HCA | <p>The Senior HCA was very enthusiastic about their work. They said there was a new trainee HCA and they were training them. They said that the ward has a staff meeting once every 4 – 6 weeks where events and challenges were discussed. Minutes of the meeting were made available to the staff who couldn't make it to the meeting.</p> <p>They said that families of patients were kept updated with the type of treatments being administered. Patients who require palliative care, are provided with a questionnaire that is filled out on admission and the information is later used to refer to tailored treatment to patients. They said before a patient is discharged, a thorough check from head to toe is carried out on the patients and the necessary equipment required by the patient is arranged for.</p> |

## Conclusion

During our visit we saw that staff were friendly in their approach to patients, and discreet in attending to their personal needs. We saw patients being treated with dignity and respect. The visitors we spoke to said they were comfortable with speaking to staff and were happy with the care provided to their loved ones. Overall, the ward was clean, protocols were followed and relatives seemed pleased with the service.

## Recommendation

Encouraging more patient and relatives to feedback on their Family & Friends Test or to signpost them to Healthwatch for feedback.

## Disclaimer

*This report is a representative sample of the views of the staff members that Healthwatch Hounslow spoke to within the time frame. This does not represent the views of all the relatives and staff members at CW. The observations made in this report only relate to the visit carried out on the 8<sup>th</sup> November 2017.*