

‘Enter and View’ Report

West Middlesex University Hospital – Marble Hill 1 Ward

Twickenham Road, Isleworth, TW7 6AF



Healthwatch Hounslow
8th November 2017

Service visited:	West Middlesex University Hospital (WMUH) – Marble Hill 1 (MH1)
Address:	Twickenham Road, Isleworth, TW7 6AF
Date and time of visit:	8 th 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
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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 MH1, the visit was part of HWH's remit.

Acknowledgements

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

Thanks to Vanessa Sloane, staff, patients and visitors.

Observations about MH1

Ward area

Patient beds were clearly labelled with bed number, their full names and their allergies on a white board just above each patient bed. Generally ward was clean, well-lit with hand sanitisers available at the entrance of the ward, near each side room's entrance and also at each bay. Gloves were also available at the front side of the bays. The ward consists of 5 bays. Bay 1: Male (Gastro) Bay 2: Female (Gastro) Bay 3: Male (Endo) Bay 4: Female (Cardio) Bay 5: Elderly. There are separate bays for male and female patients.

Information displayed

There's a large notice board right after the entrance with staff members' positions and details of the staff working in the ward with their name and photograph. Details of a number of staff on duty for morning, afternoon and evening shift was also written on the notice board. They've included audits in the notice board as well; results of Family and Friends test of the month of October. Daily monitoring of patient's safety is on display as well. It's a Gold Standard ward. Visiting times to the wards are on display at the entrance to the ward. Visiting time is 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. Leaflets on home care and Family and Friends cards were available at the reception desk and also on display at the notice board.

Fire safety

Fire safety manuals were on display at the entrance. Fire exits clearly labelled and there were extra fire escape doors right after the entrance. Fire extinguishers were placed right at the entrance.

Odour and Environment

Environment was pleasant, 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 bays.

Dignity and Appearance of Residents

Dignity and appearance of patients were well-maintained. Proper screenings were provided for each patient's bed. There were separate bays for male and female patients.

Signage

Most of the signage were clear and concise. Toilets at each bay were labelled in big and bold fonts. Reception was labelled in big and bold fonts.

Interview with Ward Manager (WM)

The ward manager was welcoming and gave access to speak to staff.

Average stay in the ward for patients

WM said that the average stay of patients is 14 days but sometimes can be more due to social issues e.g. the family are not able to look after the patient or the care package is not ready. WM said the ward was initially designed for escalation and it has never been empty at all. It's more of a pressure relieving ward of mixed medicine specialty and it has 5 different bays.

Patient referral, discharge notes and handover process

WM said that they share notes if a patient is discharged to a care home or their information is updated on the system for GPs.

Assessment of PSAG

WM said the patient is assessed by the A&E department by the nurses and then assessed again at Acute Medical Unit. When the patient is brought in here they are admitted to the ward.

Audits and checks

WM said that they have a monthly audit on infection control, admissions and discharge, friends and family review and quality of care. All the audit results are displayed on the notice board.

Views collected

Feedback from family members, carers and friends are usually collected via a Family and Friends Test. The percentage of people who would recommend the ward is usually displayed every month on the notice board.

Complaints procedure

WM said she usually deals with complaints directly and if she isn't able to resolve an issue it's escalated either to a senior member of staff (if related to staff complaints) or to PALS (if related to patient complaint).

Patient involvement and discharge planning

WM said patients are involved during the discharge process and treatment if they're able to talk and communicate well. If they're unable to, then family members are usually present. There is a multi-disciplinary team involved who are aware of the patient's individual needs.

Training

WM said that training for staff are booked by her and she makes sure staff have completed the correct training.

Recruitment

WM said they recruit on a monthly basis and also use agency staff. WM highlighted that there are staff shortages and they are currently recruiting staff.

Accessible information for patients

WM said interpretation services are pre-booked online for the patients who require it.

Challenges

WM said one of the main challenges is shortage of staff but staff all work well together. WM said that they have a good team and support each other well.

Interview with bank staff – Bank Nurse (BN)

BN said that she worked at the ward temporarily. Explaining the safeguarding procedure on the ward, she mentioned that the ward was really good at reporting any incidents involving the patients promptly and thoroughly. She also mentioned that the management of the ward were very supportive with helping the staff when help is needed either generally or with care for a patient. BN said the training and supervision on the ward was very good, with monthly staff meetings. She also explained that the staff meeting minutes are available for those that cannot make it to the meeting and notices are posted in the staff room for more urgent issues.

The nurse also showed an example of the handover sheet for the change of staff shifts every morning, the sheet is well detailed to ensure smooth change and maintain good care of the patients. The discharge process described by BN entails a thorough check up of the patient and well planned out for care after discharge.

However, they mentioned that the ward has staffing problems because the ward is regularly understaffed.

Conclusion

Overall, the ward is clean and well-run by the Ward Manager. The visit was carried out during lunch time and appeared to be busy. Despite the staff shortages, the ward was well-run. There is a clear need for a recruitment drive and the matron had informed us that they had been recruiting staff from abroad. We were not able to speak with patients as it was during lunch time and protected meal time was in place.

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 8th November 2017.