

# Enter and View Peterborough City Hospital 25 March 2015

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On 25<sup>th</sup> March 2015 Healthwatch Peterborough facilitated and organised a joint local Healthwatch Enter and View at Peterborough City Hospital. The staff and volunteers were in three teams:

- i. **Reviewing availability of information to patients, carers and visitors (notice boards etc)**
- ii. **Shadowing Dementia Nurse**
- iii. **Patient interviews in wards**

Participating Healthwatches and attendees:

[Healthwatch Cambridgeshire](#)

Kate Hales (staff)

Rita Nunes (staff)

[Healthwatch Lincolnshire](#)

Annette Atkinson (staff)

Nicola Tallent (staff)

[Healthwatch Northamptonshire](#)

Gordon Smith (volunteer)

[Healthwatch Peterborough](#)

Angela Burrows (staff)

Jennifer Hodges (staff)

Jean Hobbs (volunteer)

Justine Thompson (volunteer)

[Healthwatch Rutland](#)

Barry Henson (volunteer)

Suzie Henson-Amphlett (volunteer)



**REPORT i: Reviewing availability of information to patients, carers and visitors (notice boards etc) (survey responses see appendix 1)**

On five wards there were no signs of any information for patients making complaint/organisations to support patients/carers. In one case, staff member advised patient to complaint to PALS.

**Recommendation:** Have key information about raising and making complaints and supporting organisations made available on all wards.

Staff information was varied, from one ward having no photos and uniform chart not clear to one ward having all photos, lead nurse and uniforms clear.

**Recommendation:** that best practice is shared across the Trust. That there is a standardised approach to providing this information on each ward.

Visiting times were made clear on all wards visited. However, the information about flexibility for vulnerable patients was not highlighted on all wards.

**Recommendation:** Needs key information of visiting policy on all wards

There were no signs/notices and/or information in any other language and/or where to get any information in another format/language. One notice advising of support for Asian families but was in English only.

**Recommendation:** serious concern that in a diverse city such as Peterborough there were no multilingual notices on the wards visited.

Information on hygiene/hand washing/use of gels was varied

**Recommendation:** To standardise the information provided for use of gels and recommendations for hand washing.

Information for carers was limited and varied and information about external third sector/voluntary sector support organisations was limited (primarily Alzheimer's Society/Dementia/Stroke) E.g. British Red Cross works in a number of areas within the hospital and no notices of this.

**Recommendation:** to work with external stakeholders to provide literature/posters and access to advice for notice boards/leaflets i.e. Carers Trust/ CAB/ Dementia Cafes etc.

Friends and Family Test (FFT) not obviously displayed on three of five wards visited. In one ward, a feedback form was given and in the fifth there was a poster and on entrance door.

**Recommendation:** to improve rate of response for FFT, need to highlight and raise awareness in all wards.

There were no issues regarding unsecured patient notes/items in any of the five wards. Further, notice to secure items clearly displayed in one ward.

**No recommendations**

Observations on security and/or maintenance/medication storage were all sound. Security challenged Healthwatch reps and all medication storage was observed as secure.

**No recommendations**

## REPORT ii: Shadowing Dementia Nurse

(survey responses: see appendix 2)

### Dementia Nurse Overview

The Dementia Nurse (DN) carries out 10-15 patient visits daily, and return visits (where patient is moved to review location). On average 30-35 patients (on day there were 35). Referrals are sent through bleep system and voicemail.

Ward Managers are responsible for the specialist 1:1 nursing care and the falls Nurse undertakes the initial risk assessment.

Dementia Champions take ownership on every ward (two day course/not Alzheimer's Society's) and they are supported by the DN and Dementia resource Centre. DN supports complaints process where patient has dementia.

Dementia patients can be identified on E-track and medical records. Forget me not magnet used above bed, completed *This is Me* booklet.

Patient should be seen on morning of being admitted. However, due to lack of resources, this is not always possible.

Ward visits are made for observations and best practice is shared throughout hospital and student nurses can shadow DN. Communications with other trusts to share and learn.

DN would be keen to have better interaction with family/carers, but lacks capacity.

Training is only mandatory for HCAs as of April. DN is currently working towards the trainings being mandatory for all nurses as well. DN highlighted training for ambulance teams. Response pending.

DN provides/completes form for discharge - sent with patient/informs any updates needed in patient's care plan. Telephone call to share info with family/carer/care home is also made if deemed necessary.

The updated Abbey life (Pain scale) Tool has been adopted and is used for patients with late stage dementia.

Excellent example Dementia notice board in **ward A9** with very relevant and useful local and national information. Info about:

- Dementia Resource Centre
- Several Dementia Cafes
- Age UK
- Activity Groups
- Asian family support
- The 5 key Alzheimer's Dementia Friends messages
- This is me info book

Ward also has “please ensure door is kept closed to protect vulnerable patients” sign on ward exit.

## Recommendations

DN currently working 08:00-16:00 Monday-Friday. No weekend/evening cover.

The Royal College of Nursing (RCN) Scoping the role of the dementia nurse specialist in acute care (2013) makes the following recommendation:

*“There should be at least one whole time equivalent dementia specialist nurse for every 300 hospital admissions for people with dementia per year”*

PSHFT currently seeing 2,200 dementia inpatients annually. By this recommendation PSHFT should have at least 7 dementia specialist nurses in order to provide a suitable care for dementia patients.

**Recommendation:** review current staffing levels for DNs

Non-English speaking patients currently have no way on completing a Dementia Assessment in the CQUIN model.

**Recommendation:** to review the accessibility of assessment for non-English speaking patients

Patient records were left out unattended.

**Recommendation:** to review confidentiality of notes on wards.

## Dementia Training Overview

Nine attendees including security personnel. Delivered by Alistair Gastall, CPFT Clinical Psychologist. The training is introduced as an introductory course which assumes no previous knowledge of Dementia.

The training covers:

- Types
- Disabilities caused by dementia
- Dementia, Delirium and Depression
- Importance of life history and communication
- Person centred approach
- Challenging behaviour and links to unmet needs

Highlighted use of term “problem” conveys a very negative view of Dementia.

Acknowledges and highlights the role of the relative/carer and the importance of including them due to their vital role after discharge from Hospital.

Approached the challenging behaviour associated with Dementia to unmet needs of the dementia patient.

Delirium Policy had been agreed and passed and this will be launched Dementia Awareness week May 18 2015

**Staff survey responses provided after visit. Pending.**

### **REPORT iii: Patient interviews in wards B6 and B11**

(survey responses see appendix 3.1 ward B6 / and 3.2 ward B11)

#### Cleanliness

(B6) All patients reported that they considered the ward that they were on was clean or very clean. The majority of patients felt that the ward was extremely or very clean, with a minority reporting that it was slightly clean.

(B11) However, in one ward deemed 'very clean' by patient - Healthwatch volunteers observed dust and debris (tissue/paper) under beds, indicating that these areas had not been cleaned for an extended period of time.

Staff hand hygiene was identified as a good by patients with the majority reporting that staff always observed good hand hygiene and no reports of staff never observing hand hygiene.

**Recommendation:** For the Trust internal patient surveys to include observations of cleanliness and not just accept patient feedback.

#### Staff introductions ("Hello my name is")(B6/B11)

Despite the majority of patients reporting that they believed that staff members had identified themselves, most could not name their nurses and/or their named nurse. There were some comments that the staff would give their name but the patient may forget it quickly. However, there was clearer recognition of who the patient's doctor was, with more statement confirming. Also, observation of a doctor on the ward demonstrated that he identified himself. This was also noted with a physiotherapist.

The named nurse was written on the patient's whiteboard; however, in one case the name was wrong. Most patients did not know who their named nurse was.

**Recommendation:** The "Hello my name is" initiative appears to be implemented, moving forward it may be beneficial for patients that the staff member re-introduces themselves after not seeing the patient for an extended period of time, particularly to be enforced for vulnerable patients (elderly, dementia, mental health, LD). Also that patients are able to note names - small note book/post it notes to help with better evaluation of the scheme. Finally, to make sure the named nurse initiative is highlighted better.

#### Conflicting information

A majority of patients positively reported that they never received conflicting information from staff. However one patient felt that this happened very often and stated that Doctors would often not agree on the best course of treatment resulting in conflicting and confusing information that has often left the patient feeling frustrated and clueless.

**Recommendation:** where patients have been given information, clinician should be mindful when providing alternative opinion.



### Patient experience

Lack of social interaction was evident in some cases. There was a palpable 'emptiness' to the rooms occupied by two elderly ladies that were spoken to. Neither seemed to have many visitors and was very keen to have company. One lady commented that she didn't have many people to talk to and that the staff didn't chat because they didn't have time.

**Recommendation:** Befriending volunteers to go to wards with a high rate of elderly. Healthwatch Peterborough continues to support and make recommendations for the Trust to support initiatives from the third sector where volunteers can provide a valuable support to patients and staff.

### Buzzer response time

Overall responses indicated a prompt response rate. However, one patient reported hearing a buzzer go for 45 minutes and elaborated that the response time depended on the time of day and staff on duty. The time of day would, understandably, have an effect on the response time; however the staff on duty should not result in worse response times. A number of patients did not know where their buzzer was (behind their beds out of reach).

**Recommendation:** Review of Trust's data of buzzers to be evaluated in reflection of the findings. Internal monitoring and spot checks for buzzer positions.

### Communications

It is very positive to report that a large majority of patients reported that they found it very easy to talk to staff at Peterborough City Hospital. A deaf patient felt that it was very easy to talk to staff about their medical conditions.

### Overall Patient experience

Overall, the majority of patients reported feeling satisfied/extremely satisfied with the care they have been receiving at the hospital.

### Other concerns

One patient, very elderly/vulnerable (fall history) had no identification band on. It had come off two-three days ago. She had been advised to keep it on her table. Her buzzer was on the wall completely out of reach.

**Recommendation:** due to serious nature - immediately brought to staff attention. Was actioned immediately.

END

Action Plan following the Enter and View visit by

Healthwatch - March 25<sup>th</sup> 2015

Green (G)	Yellow (Y)	Amber (A)	Red (R)
Evidence demonstrates action implemented	Evidence demonstrates the action is mostly met and within timescales	Evidence demonstrates the action is mostly met but not within timescales	Evidence in place demonstrates the action has not been met

Outcome, Concern, Themes	Actions to be implemented	Lead and Target Date for Completion	Progress Update	Links to support evidence of implementation	RAG Status
<b>People should get safe and appropriate care that meets their needs and supports their rights</b>					
Have key information re raising complaints, use of PALS available	Trust to ensure information available	<b>LC</b> <b>End May</b>	Information included in booklet. Information available in frames, posters recently refreshed to make them more eye catching	Your Hospital pages 18/19	<b>G</b>
Standard approach to identifying staff in all areas	Uniform posters to be displayed and photographic evidence of matron for the area	<b>AP</b> <b>End May</b>	New uniform posters designed around change of uniforms now in place for most areas. Photos of Matrons in place. Some wards may choose to have additional staff photos	Posters in place  Matron photo in place on information boards	<b>G</b>
Visiting information for	Extended visiting hours	<b>LC</b>	Poster to be reviewed and then	Your Hospital pages 5/6	<b>Y</b>



vulnerable patients should be available	posters to be available in all inpatient areas	<b>End June</b>	put in place.  Information already available in booklet and on many wards		
Lack of multilingual signs and notices	Multi lingual information being reviewed by Equality Lead	<b>LC/NC</b>  <b>?</b>	Trust has to be aware that there could be too many posters. Information available in the booklet. Important to highlight interpreter services. This issue has never been raised with PALS	Your Hospital inside page and Page 8	<b>Y</b>
Information varied on hand washing and Hand gel	Trust to supply information regarding hand hygiene	<b>AP</b>  <b>End May</b>	Standard information on every gel and soap dispenser. Additional information throughout the Trust including in booklet. Information increased when appropriate such as an outbreak or high community levels of Norovirus	Dispensers  Your Hospital page 2  Additional banners and posters Trust wide	<b>G</b>
Information for carers variable, Trust to work with external stakeholders to access advice	Provide signposting to services in the community for carers	<b>LC</b>  <b>ongoing</b>	Trust has to be aware that an acute hospital Trust is not always the place to display all posters. CQUIN with SLCCG around recognition of carers and providing improved signposting to carers	CQUIN – carers support	<b>Y</b>
Friends and Family Test results not always displayed	Trust to display patient feedback	<b>LC</b>  <b>End June</b>	Printed information supplied by FFT very large and difficult for public to relate to. The way of displaying the information being		<b>Y</b>

			redesigned		
Staffing levels for dementia service need reviewing	Trust to provide Dementia Specialist Nurse	<b>JB</b>	Trust aware of recommendations but also aware of financial constraints.		
Non- English speaking patients cannot respond to assessment in CQUIN model	Trust to Find ,Assess, Investigate, Refer and Inform patients over 75 as per best practice and for National CQUIN delivery	<b>AG</b> <b>End May</b>	This process has been in place for three years with no issues raised. Many staff are multi-lingual. Staff work with their clinical observational skills, community colleagues and family and carers to enable the assessment to take place.	CQUIN results from previous years	<b>G</b>
Patients do not always see the level of cleanliness	Trust to maintain high standards of cleanliness throughout	<b>LC</b> <b>End May</b>	Cleanliness is audited in many ways throughout the Trust.  Facilities walkabout with Progress Health, Matrons carry our monthly audits for MBSC but also do ad hoc checks on a daily basis as well as walkabouts with cleaning supervisors. Annual PLACE audits have recently been undertaken	Facilities Audit  MBSC  PLACE action plans	<b>G</b>
Patients not always aware of named nurse	Trust has embraced the 'Hello My Name Is' also the recent	<b>JB</b> <b>End June</b>	Named nurse and Hello My Name Is both highlighted at Matron's meetings		<b>Y</b>

	recommendation to have named nurse and responsible consultant written above the patient's bed		and JWMM  Matron's will be asked to do spot checks on their daily rounds		
One patient reported a call bell ringing for a long period of time  Patients found unable to reach call bells	Trust monitors the call bell data. Call bells should be available to all patients	<b>JB</b>  <b>End June</b>	Call bell data is monitored and reported to the Board monthly. Individual Matrons and Ward Managers receive their data to follow up any anomalies.  Call bells should be placed within reach at all times. This is highlighted on the Rounding with a Reason tool. This will be highlighted again at JWMM	QAC  Board Report  Rounding with a Reason tool	<b>Y</b>