healthwatch Havering

Enter & View

Queen's Hospital, Romford: Frailty Ward and Same Day Emergency Care for the elderly

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Healthwatch Havering is the operating name of
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What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your voice, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation, and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

Background and purpose of the visit

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

Introduction

These visits were carried out to see how the wards – Frailty, and Frailty SDEC - were coping with the influx of elderly patients from the Emergency Department (ED), following previous Enter and View visits (the last in November 2024) to the Accident and Emergency (A&E) Services at Queen's Hospital.

Arrangements for Frailty Ward and Frailty Same Day Emergency Care Ward

The main Frailty Ward is regarded as an overflow ward from the ED, with patients being treated as required, continuing care begun in ED.

Care plans

Care plans are put in place immediately the patient arrives in the Hospital in preparation for their eventual discharge. Any

care plans that may have been in place at the patient's home before admission are stopped and only reinstated once the patient has returned home, sometimes modified and adjusted as necessary, which can cause delays in putting in place the arrangements for discharge.

It can also prove difficult to obtain family agreement to changes in a care plan. A universal care plan goes to the GP as an agreement between the hospital, community and GP assessment of the Patients financial circumstances. Because so many elderly people live alone these days agreeing care plan can hold up the discharge. Help at home is so important here.

Discharge of patients

Some patients are transferred to other wards in the main hospital, and some transfer to the Frailty Same Day Emergency Care Ward (FSDEC) for assessment before discharge. There is also space for elderly people who are not considered frail to sit in this Ward. The Social Worker now employed on the FSDEC ward permanently has the unenviable task of finding care homes to take patients who can no longer cope at home; dealing with their families can be difficult too, and there are often many agencies that have to be involved. End of life care can also be required, which can lead to significant delays in arranging their discharge.

Each patient's discharge depends on many factors, including:

- Care homes are often reluctant to take back their resident until they have been reassessed
- Families become heavily involved as a result of the likely costs and care arrangements
- Whether the patient has lost mobility while in hospital, which can lead to a multitude of challenges
- Whether the patient feels ready to go home.

A cut-off point of 6pm for return to care homes is normally accepted but families picking up relatives can be later due to working constraints.

Readmission

There are many re-admissions owing to falls and other complications. Few residential care homes have a clinician on site, so GPs often refer residents straight to the hospital. Even nursing homes with RNs (Registered Nurses) on their staff, usually follow this procedure.

Physiotherapists on the ward assess the patients but, often, when they get home, they have another fall within days and have to be re-admitted. As a result, bed availability can become challenging, resulting in the much-publicised waits in corridors for patients awaiting admission (which is far from ideal but unavoidable) and in "bed blocking", with patients ready for discharge not being able to be, and other patients having to

wait until it has been possible to arrange the discharge and vacate the bed.

The accommodation provided for the Wards

On the day of the visit, the Frailty Ward was being painted and refreshed, so the Patients were all in the Medical Receiving Unit (MRU) accommodation next door and the MRU was not in operation. Some signage was lacking owing to the redecorations being underway, but the team were assured that, as soon as the wards return to normal, all signage would be restored.

The Frailty Ward has thirty beds (although sometimes two or three additional patients are cared for) and is usually staffed by six RNs and four HCAs, with a matron in charge.

The SDEC Ward has twenty beds (no bays) and is located in accommodation originally used by the renal dialysis unit run by Barts Health (which has now moved to St. George's Health and Wellbeing Hub in Hornchurch). As a ward, it is discharge dependent. The Frail Older Persons Advice and Liaison service (FOPAL) are closely involved, as are numerous outside agencies, with a dedicated Social Worker working on the Ward, which has proved to be very successful.

Both wards are primarily designed to care for patients aged 75 years and over.

Staffing

As the patients on the wards can be highly vulnerable, staffing levels have to be maintained, which can be a challenge when staff are absent through sickness: there were two fewer staff on duty on the day of the visit because of personal illness. As a result of spending constraints, the Hospital no longer uses bank staff and staff are shared between these two wards if necessary. Extra Health Care Assistants (HCAs) are used. The team were advised that:

- When one RN reports sick, the Matron is required to support on the floor and provide clinical cover for the nursing team; and
- When a second RN reports sick, the team is permitted to request bank cover, which they have been doing. In addition, they mitigate staffing gaps by redeploying colleagues from within the care group to ensure patients are supported and patient safety is maintained.

The shift patterns for staff in the Frailty Ward are a 12-hour day, with two weeks on nights and two weeks on long days. The Matron occasionally comes in early to check on night Staff. The team spoke to the Matron, who had only been in post since the beginning of the year; she was very open and honest in response to questions, as were all the staff to whom the team spoke.

The FSDEC Ward's staff comprises a Sister, seven RNs and 4 HCAs, whose shift patterns are 7.30am to 8pm and 7.30pm to 8am overnight, plus a Deputy Matron.

The team were impressed by the dedication shown by the staff, who told the team that they felt very supported during their work.

In addition to those in the wards, there are approximately forty patients on the virtual ward scheme (patients being treated in their own homes via the internet), which is intended to prevent them having to come back into hospital. There is a concern about the accuracy of blood pressure and temperature checks for those patients being observed remotely.

Patient care

Patients are all given a clinical frailty score, and are body mapped in the ED - most patients have a frailty score of six or above. A log of personal items (property check – especially teeth, hearing aids and glasses) is also noted in the ED.

Toileting is carried out very regularly to preserve the dignity of these elderly patients. Pads are changed as and when necessary. Tissue viability nurses regularly monitor patients for

bed sores, but it was pleasing to be told that, to date, no patient on the wards had been found to have them.

Incidental medical reviews take place each week. Any increases in the need for care packages can be challenging, mainly due to lack of staff in care homes and care providers.

As soon as a patient is discharged, their GP is notified electronically (although the response within practices can vary greatly). A discharge letter is also given to the patient. The wards have a discharge co-ordinator who follows a standard procedure. Visiting times are from 10am to 10pm, although this can vary owing to the condition of the patient. There are side wards that are used for infection control and, if possible, those patients who are receiving end of life care. Some patients are living with dementia, which can be challenging, and some spend much of the day sleeping or in a comatose state. As a result, the team were able to speak with only a few patients.

As the team walked around the wards , they noted that there were observation charts above the beds, call buttons were within reach, water jugs were full and red jug lids were in place for those needing extra care. Hot drinks are served throughout the day, patients are weighed and for those needing extra support with feeding problems, Complan is used to supplement the plated meals. Food and fluid charts are updated regularly, as are records of falls. Red trays for those needing additional

help and feeding buddies (trained volunteers) are available. Special diets are catered for, including religious needs. Cleaning on the ward is almost continuous.

Conversations

The team spoke to the Matron in charge of Frailty Care for the hospital, who told them of the obstacles that get in the way of discharging patients, care homes, families, social care packages taking a long time to implement, increasing care packages for patients who have become more needy, and the fact that a lot of this is a hindrance due to the lack of staff.

In response to a query, the team were assured that complaints by patients were welcomed; there was no reason for them to be concerned that their care would be adversely affected if they were to make a complaint.

The team also spoke to some relatives of patients present at the time of the visit. One told the team that their relative had been found without an identity wristband as the machine in ED was broken; the team mentioned this to staff and it was rectified immediately. Other families spoken too were very happy with the care, as were the patients they were with.

Conclusions

Summing up the visit to both wards, team members felt that it had been enjoyable: the staff had been pleased to be able to relate their feelings and experiences towards the care given. The atmosphere in both wards was very pleasurable and acceptable when dealing with the elderly.

The team do not feel that it is necessary to make any recommendations, as everything that can be done to hasten the processes is being done.

Acknowledgments

Healthwatch Havering would like to thank all of the staff and patients in the Frailty Ward and the Frailty SDEC at the time of the visit for their ready co-operation with the visit.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive

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A community interest company limited by guarantee
Registered in England and Wales
No. 08416383

Registered Office:
St James House, 27-43 Eastern Road, Romford RM1 3NH
Telephone: 01708 303300

Call us on **01708 303 300**

email **enquiries@healthwatchhavering.co.uk**

Find us on Twitter at **@HWHavering**