Enter & View
Sky Ward A
Queen's Hospital, Romford

20 April 2015

Healthwatch Havering is the operating name of

Havering Healthwatch Limited

A company limited by guarantee

Registered in England and Wales

No. 08416383

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. 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 are able to 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 Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

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

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

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 local organisation, 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 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 an 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.

Background and purpose of the visit:

Healthwatch Havering (HH) 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 safety of the resident is not compromised in any way.

The Visit

Following a number of Enter and View visits by Healthwatch Havering to care homes in the Borough, arrangements for the discharge of residents from hospital back to their care home had emerged as a consistent source of difficulty. This included late discharge back to care homes, failure to explain clearly changes in medication and residents returning with pressure sore problems. A lack of information being sent home with the resident had also been a recurring issue, including care plans and advice on the administration of new medications.

For that reason, Healthwatch Havering decided to visit Sky Ward A, which accommodates elderly patients, including those from care homes, in order to see how discharge arrangements operate from the hospital's perspective. There is a Sky Ward B, which is part of the "Harley Street at Queen's" wing of the hospital for private patients: Healthwatch Havering is unable to Enter & View that ward as the powers to do so extend only to NHS facilities; private patient facilities are outside the scope of Enter & View.

Authorised Healthwatch Havering representatives therefore undertook a visit to speak with staff, patients, carers and relatives about three key areas: discharge, care packages and pressure sores. Healthwatch Havering took the decision to do an announced visit, so as to talk to as many of the staff and patients as possible.

Sky Ward A is a specific acute ward for elderly patients (75 years plus). On the ward at the time of the visits were 31 patients. Visiting times on the ward are 10.30 am to 7.30pm.

Healthwatch (HW) representatives were greeted by the Senior Lead Nurse and the Matron, both of whom were very passionate about staff and patients.

Daily Routine and Talking to staff

Patients are received via the Elderly Referral Unit (ERU) or the Emergency Department (A & E).

On entry to the ward there is a board, clearly marked where each patient is and if there are any special requirements, medical or dietary.

The Ward has two Consultants, both geriatricians. The patients are seen by a consultant twice a day, every day Monday to Friday, 9 am and 2 pm. All patients are seen at 9am briefly to identify whether they are ready for discharge, and doctors are informed if any patients have become more unwell. At 9am there is a multi-disciplinary round, with a consultant, charge nurse, occupational therapist, physiotherapist, social worker and discharge planner from the JAD (Joint Assessment and Discharge) Team and a doctor's assistant. All doctors meet again at 2pm for a private meeting with patients for

about 20 minutes to discuss care packages. The doctors and nurses all see patients on the ward with the matron and consultant. Because of the high dependency on the ward extra staffing can be called from bank staff within the dementia department. When new staff join the ward they are given two weeks' orientation training.

Health Care Assistants

Full training is given to health care assistants (HCAs) before they commence duty on the ward. All HCAs have tissue viability, falls, safety and dementia training. There is then a week of induction on the ward - there is in-house training and rolling refresher courses. A pack is signed off and audits are in place to check documentation. A bank of staff are available to the ward. The senior nurse is accountable, so has the right to refuse staff if they are not suitable. Feedback forms are sent to the bank team for development.

Pressure Sores

The ward has a "zero tolerance" policy for pressure sores. When patients are admitted on to the ward, they are body mapped and, where necessary, medically photographed. There is good documentation on admission, and patients are thoroughly investigated in case there are any safeguarding issues. Patients are seen by a tissue viability nurse. If patients have a poor diet they are more susceptible to tissue issues. It can sometimes be difficult to turn elderly patients with dementia.

Discharge

The Ward plans discharge two days before it happens and a multi-disciplinary process is used.

The procedure begins with a call to the care home, so they can attend the hospital to see the patient, talk about medication, and inspect the discharge summary. This can cause delays because some care homes are short staffed and there can be a delay waiting for someone from the care home to come into the hospital. HW representatives have been told by care homes that there is a need for hospitals to provide

more information on the discharge summaries for residents. TTA (To Take Away) forms have to be completed by the hospital consultants, which should enable the patients to leave within a reasonable period of time. The pharmacist collects the TTAs for the medicines supplied for the patient to take away at the end of their hospital admission.

As part of the discharge process, letters are written by the doctor, and social workers give information on care packages (a combination of services designed to meet a person's assessed needs). Currently this happens at about 3pm but, in the view of the HW representatives, it would be better if it could happen much earlier, say at 11am. The cut off times for discharge are 6pm for patients going home and 5pm for care home residents. When patients from Ward Sky A are taken to the discharge lounge they are given priority for pharmacy and ambulance services. The Ward always provides patients with lunch before they go to the discharge lounge, as the wait can be up to 4 hours. The ward is working with social care to provide care packages by 11am. The team could only speak to staff about discharge procedures.

Food

The ward has the services of a nutrition nurse, to make sure patients have a good diet and have eaten breakfast or taken their Complan. A hot lunch is served, beginning at 12noon, on a course by course system. There is also a hot meal served in the evening. The ward uses a 'Protected Meal Time' procedure whereby no other duties are performed during meal times to ensure meals are the only activity, apart from any booked procedures controlled by external factors, such as CT scans. If patients are not happy with their food they can change it within a 15-minute slot. If patients do have to have any other procedure whilst lunch or dinner is being served, there is hot meal access 24/7.

Care Plans

The team commented to matron and the senior lead nurse that care homes had commented that there was not enough information on the discharge sheets when service users were sent home: in particular, HW had been told that quite often there seemed to be confusion over

medicine, with for example patients viewing their hospital medication and home medication as different and therefore taking both, or not understanding why medication has been changed because no explanation had been given.

Relatives and Patients

During the visit HW representatives spoke to a number of patients and relatives.

One patient with whom the representatives spoke was in a side room and said that they would prefer to be on a ward as they felt lonely, had no television and could not read as their glasses had been lost in the hospital. They also mentioned that the chair the physiotherapist had put them in was very uncomfortable as it had hard armrests and no footrest, which was particularly distressing for the patient as the patient's arm was swollen. They complained of being put in the chair for too long in a hospital smock and with no stockings or blanket. With regard to food, the patient said that the food was brought into the room and was just left. This patient could not feed themselves as they had a problem with their arm. Someone did come to feed the patient but not until the food had gone cold. Generally the patient thought the food to be of good quality.

Food was served whilst HW representatives were present and were able to confirm that it was piping hot.

Another relative reported that they thought the ward was short staffed. HCAs were very busy running from patient to patient. One relative was very concerned about their parent's diet; this relative had on several occasions asked to see the nutritionist to discuss the provision of puréed food for the patient. It had taken three days to sort this issue out and for the patient to receive puréed food. Depending on how busy staff were, the call bell was answered quickly. HW representatives asked if staff gender was a problem when dealing with personal hygiene and were told "no as long as we get seen to, we don't mind".

HW representatives asked patients and relatives if they were given enough information and was it conveyed to them in a way they understood. They said they were well informed. One patient had lost

their glasses within the hospital; the relative informed us that the staff had been most helpful trying to find them.

Summary

There are delays in starting discharge planning until during the patient's stay in hospital, even for planned admissions

There are delays in making medicines available for patients to take away.

Work still needs to be done, but it is accepted that discharge will always be a difficult process, because of unpredictables.

However, from the evidence seen during the visit, real progress is being made and – most importantly – as well as designing better models of care, there are support and training packages for the staff and combined organisational thinking on the new pathways, with external support to audit and validate the progress.

Discharge is a process which needs to be planned from the earliest opportunity and co-ordinated by a named person from the ward and in the discharge lounge.

Staff need to work within a framework of integrated multi-disciplinary and multi-agency team working to manage all aspects of the process.

There will always be a risk that, when home, patients inappropriately revert to their pre-admission medication. Repeat GP computer prescriptions following discharge are not always up to date with the revised hospital medication plan and the consultant's discharge letter may arrive at the GP practice after a repeat prescription has been issued.

There is also a lack of communication between the hospital and the patient's community pharmacy.

Recommendations

- Discharge should be planned as early as possible, engaging Social Worker and Pharmacist as the earliest possible opportunity.

- Discharge should be planned by a named person to see the patient through to actually leaving the hospital, i.e. on the ward, in discharge lounge and into ambulance.
- More communication is needed between the ward and the discharge lounge.
- TTAs need to be completed earlier on the day of discharge.
- More information is needed on discharge notes when patients are returned to care homes to explain any changes in medication, including whether any medication the patient had been on has been stopped.
- The hospital pharmacy needs earlier and better warning of discharges.
- Satisfaction forms should be given when leaving the discharge lounge – not earlier - in order to capture information on reasons for delays relating to discharge, as this is an important part of the patient experience.

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 20 April 2015 and is representative only of those residents, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Sky Ward A, Queen's Hospital

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.

We are looking for:

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.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email
enquiries@healthwatchhavering.co.uk

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