



Chelsea and Westminster Hospital NHS Foundation Trust

**Dignity Champions' assessment of Paediatric
Department: Mercury, Jupiter and Neptune Wards**

*Assessments carried out from 30th October to 22nd
November 2013*

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Executive Summary

This report presents the findings from the Healthwatch Central West London (CWL) assessment of patient experience at Chelsea and Westminster Hospital. The purpose of the report was to assess the quality of the patient experience against the Department of Health's Dignity Standards.

Healthwatch CWL supports peer led lay assessors known as 'Dignity Champions.' In the spirit of the Dignity Champions' 'peer-led' approach to assessments, ten younger Champions aged 14-16 were recruited and involved in the visits accompanied by seven of our Dignity Champions. Our Champions carried out assessments at Chelsea and Westminster Hospital on the Jupiter, Neptune and Mercury wards from October 30th to November 22nd 2013.

Findings identified the potential for improvement in the following areas:

- The provision of information around discharge
- Facilities in Jupiter and Neptune

The report was submitted to Chelsea and Westminster Hospital NHS Foundation Trust in December 2013 requesting a response within the 20 working day statutory timeframe. After 20 working days, this report and the Trust's response will be published and circulated to key stakeholders including the Care Quality Commission.

This report is coming at a time where improving patient care is being discussed at a national level in political and popular culture following the recent publications of the Francis Report and Grant Thornton Report. Dignity Champions were impressed with the wards and mostly received positive feedback from patients however this report finds there is some room for improvement in patient experience at Chelsea and Westminster Hospital. Dignity Champions have made recommendations to Chelsea and Westminster Hospital NHS Foundation Trust which should result in improved dignity in care.

1. Introduction

In April 2013, Local Healthwatch was established under the auspices of the Health and Social Care Act and became the successor of the Local Involvement Networks (LINKs).

Healthwatch CWL is the new independent consumer champion for health and social care services and has over 3,800 members who share a passion for improving these services across the London Borough of Hammersmith and Fulham, the Royal Borough of Chelsea and the City of Westminster.

Healthwatch CWL is keen to build on the great work of the LINK Dignity Champions and has continued to build on this legacy in the transition.

Our Dignity Champions' key priorities are to listen and understand the views and experiences of local residents, and to speak up about dignity to improve the way services are organised and delivered. The Healthwatch CWL Dignity Champions follow the 10 standards set out in the Department of Health's 'Dignity Challenge'¹.

The Dignity Challenge

High quality care services that respect people's dignity should:

1. Have zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear or retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and a positive self-esteem
10. Act to alleviate people's loneliness and isolation

¹ http://www.dignityincare.org.uk/Dignity_in_Care_campaign/The_10_Point_Dignity_Challenge/

2. Background to the assessment process

The Dignity Champions assessed three children's wards at Chelsea and Westminster Hospital. The Neptune Ward has 16 beds in total and cares for babies and children with a range of needs, including general paediatrics and dermatology, as well as providing a shared care oncology service. The Jupiter Ward is the adolescent ward with beds for 12 young people aged 11-16, also covering a wide range of needs. The Dignity Champions assessed these two wards at the same time and the findings are presented together in this report.

The third ward assessed was the Mercury Ward which specialises in surgery and gastroenterology for babies and children.

The Process

The Methodology

The assessment was carried out using four methods:

- 1) Observation
- 2) Interviews
- 3) Conversations with staff members

- 1) The Dignity Champions recorded their observations relating to areas including the ward environment, interaction of doctors and nurses with patients and food on the specially designed observation tool. **19** observation tools were completed.
- 2) Dignity Champions conducted **27** interviews with patients, parents, carers' and visitors who were happy and able to participate. In some cases parents or carers answered the questions on behalf of their children. These were recorded on the interview tool.
- 3) The Dignity Champions had a number of informal conversations with staff members which have also helped to inform this report.

The Assessments

Assessments took place over four days as follows:

- Wednesday 30th October, morning and afternoon
- Thursday 31st October, evening
- Friday 1st November, afternoon
- Friday 22nd November, afternoon

3. Findings

Jupiter and Neptune Wards

The Dignity Champions spoke to a combination of children and parents/carers' on this ward, as well as performing their own observations.

Environment:

The overall atmosphere of the wards was considered to be friendly and quiet. A couple of Dignity Champions felt the wards were a bit dark and thought the décor was a bit 'dated'. There was bright and colourful information on display on the noticeboards, which was kept up to date. This included serious matters such as infection control and entertaining displays such as a 'Happy Halloween' poster.

The wards were mostly felt to be clean. There was one issue where a Dignity Champion discovered wet towels and toilet paper on a bathroom floor. One patient said there was a plumbing problem with one of the showers which was blocked. A patient also saw a cleaner using the same cloth for a table and the floor which was considered unhygienic. Some Dignity Champions felt that the wards were 'slightly cluttered,' and 'a bit too warm'. It was commented that often the televisions in the bays were loud and Dignity Champions felt that this could disturb other patients. A Dignity Champion did see a nurse politely ask a patient to lower the volume of their television as it was disturbing others.

The father of one of the patients was unhappy that his 9-year-old daughter had been put in a bay with the babies. The daughter complained, 'why do I have to be with the babies?' The father commented that 'there was plenty of room in other bays' and did not understand why his daughter was put in a bay with babies.

One Dignity Champion noted that cables were on display in the 'chill-out' room which looked untidy and could be considered as a safety hazard.

Staff and communication:

The doctors and nurses were generally perceived as friendly by both Dignity Champions and patients. One patient described the doctors as 'lovely and perfectly competent' and another said nurses were 'kind and attentive'. However, one parent was unhappy that a nurse had called their daughter 'a naughty girl' and another patient seemed unhappy with two of the nurses but was full of praise for other staff.

Most patients had an awareness of why they were in hospital although many were awaiting test results and could not be sure when they were going to leave the hospital. One patient had to wait 6 weeks before they could see a specialist and wished it could be sooner. A father felt it had taken a long time for doctors to come to a decision regarding his child's care but felt this was a problem in many hospitals, not just Chelsea and Westminster.

When asked none of the children or their parents had any major concerns about going home however it was commented that doctors were not always clear about discharge and next steps. When asked about being spoken to about discharge one teenager replied 'I have been spoken to although I still need to be told about what medication I need and also how to use the equipment that I will have to take home'. Nine patients said that no one had spoken to them about discharge and two patients said they had to ask the doctor about discharge. One patient and their mother commented that they had stayed in the ward over night that week and had been discharged however had to be admitted again two days later through Accident and Emergency as their symptoms had worsened.

Food:

Reports about hospital food varied considerably. One person thought it was the best thing about their hospital stay. Another said they enjoyed the food, especially a tuna panini they had eaten. This person also said fresh fruit was available and squash and water were always available.

However, others had much more negative comments to make. One patient did not like the food at all: "It's awful. Not what I eat at home." Others said it 'could be better' and 'food is not fresh and healthy'. One parent said there was no imagination put into food for people with special dietary needs. Another parent said the Halal choice was 'pre-packed and horrible'. This person had been bringing their child to the hospital for several years and said it was the same choice year after year.

One parent said their child would not eat the food, that chips came with everything and the pasta was 'not nice'.

Other patients were fairly neutral about the food and some could not eat at all owing to their conditions.

Two of our younger Dignity Champions commented that they would not eat the food provided on the ward; however three commented that the food looked nice and that they would eat it.

Dignity Champions suggestions included the introduction of a hot breakfast a couple of times a week and porridge for breakfast.

Dignity Champions did notice that cleaning was taking place during protected meal times during one visit and that a patient's blood pressure was being taken.

Call bells:

Most people knew where their call bells were located and said they were answered by staff. One patient said they 'answer as soon as I call'. However, a parent said that it took ages for staff to answer the bell and they usually had to go to reception. Another person said their call bell had disappeared: "It was here yesterday but I can't find it today."

Ward security:

The Dignity Champions felt the ward was very safe. Each time they were admitted they were asked to identify themselves and wear name badges. Bags were not permitted and they were asked to roll their sleeves up for hygiene reasons.

Entertainment:

Some of the children on the ward enjoyed watching television but several felt that the free television, which runs 7am to 7pm, should be extended. It was felt 9pm would be a more appropriate time to finish.

Most liked:

Patients were asked what they most liked about the ward. Several people said the nurses. Other responses included:

- Not noisy
- Food
- WiFi
- My Mum was offered a sandwich in A&E
- High quality care
- Can get nurses' attention
- Cheerful environment

The Dignity Champions were also asked what they liked about the ward. Several referred to the 'friendly' atmosphere of the ward. Others said:

- Clear signs
- The play room
- Quiet and peaceful
- Lots of staff
- Lots of information on noticeboards
- Very clean
- Family can stay with children
- Relaxed and cheerful

Dislikes:

Things patients and their parents/carers disliked about the wards included:

- Beds could be bigger
- It's lonely
- Awkward timing for television (7am to 7pm)
- Waiting

- Not being able to sleep (screaming babies)
- Some nurses don't care
- Unimaginative food for people with special dietary requirements
- Shower (blocked)
- Weekends - not enough staff

Dignity Champions did not have many dislikes about the ward but a couple felt it was too dimly lit and the ward often had a lot of clutter. Another commented on a store room with an unlocked door. Dignity Champions felt the décor was dated.

Mercury Ward

The Dignity Champions could not speak to children on this ward as they were all in their own rooms which could not be entered for the children's protection. All patients in this ward were aged three years and under; most were babies. Interviews were carried out with seven parents/carers. Observation was conducted from the hallways.

Environment:

Dignity Champions and interviewees alike found the ward to be extremely clean. It had recently been refurbished and the atmosphere was light, bright and airy. The ward in general was very quiet and felt safe and secure. The bathrooms and toilets were found to be very clean and one interviewee described them as 'spotless'.

Staff and communication:

Parents/carers found staff to be very friendly and described them in terms including 'amazing', 'helpful and kind', 'exceptional' and 'very child-friendly approach'. One person said they are 'great at distracting children when having something nasty done'. Another person commented: "The whole way they have with the children is beautiful. I take my hat off to the staff".

All parents and carers knew who to talk to if something was wrong. One person commented: "Nurses come all the time".

Call bells:

Everybody knew about the call bells and said they were answered. One person said it could take a while though.

Likes and dislikes

Many interviewees said the staff were the best thing about the ward. Other favourites included:

- Clean
- Quiet
- Activities
- Everyone very kind and helpful

Dignity Champions liked the bright, fresh and airy atmosphere of the ward.

No one had any dislikes about the ward.

4. Conclusion

The Dignity Champions were extremely impressed by their experiences of the children's wards. There was almost nothing they could find fault with in the Mercury Ward and the recent refurbishment has clearly created a bright and welcoming environment. Perhaps a similar refurbishment of the Neptune and Jupiter wards could help to bring the décor up to a similarly high standard. The standard of care was felt to be very high and staff were praised by patients, parents and Dignity Champions. There were a few recommendations for Jupiter and Neptune wards but for Mercury Ward the Dignity Champions had none.

5. Recommendations

Neptune and Jupiter Wards

1. Look at updating décor in the wards and creating a brighter atmosphere.
2. Ensure all staff are aware of the hospital's discharge policy and are encouraged to inform patients.
3. It should be ensured that all patients, parents or carers' receive discharge information (as much as possible) within 48 hours. If patients' circumstances change while in hospital ensure updated discharge information is given.
4. Dignity Champions recommend that no cleaning or non-emergency procedures are being carried out during protected meal times.
5. Keep children in separate bays from babies whenever possible.
6. Carry out more frequent checks on bathrooms and toilets to ensure cleanliness and ensure taps/showers are working.
7. Find a way to tidy up cabling in the 'chill-out room'.
8. Explore possibility of extending free television to 9pm in line with patient requests.

9. Look at children's menu and consider some meal-testing with children to find more appealing food options.
10. Introduce greater variety and better quality of Halal meals.

Mercury Ward

There were no recommendations made for this ward.

Acknowledgements

Healthwatch CWL would like to thank staff, patients/service user and family in Chelsea and Westminster Hospital who welcomed, supported us and engaged with us to improve services.

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