



Chelsea and Westminster Hospital NHS Foundation  
Trust - maternity services

Dignity Champions' assessment

26/1/16

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## 1. Executive summary

Healthwatch CWL is the consumer champion for better standards of care in health and social care services. Its team of Dignity Champions are volunteers recruited from the local community who work to improve standards of dignity in health and social care services. This report presents the findings of the Dignity Champions' assessment of maternity services at Chelsea and Westminster Hospital, focusing on the postnatal ward.

Findings were generally positive and Dignity Champions found most new parents to be happy with the care they had received. Some improvements were identified around standards of cleanliness and ward appearance. Food was not desirable to all patients and is perhaps an area for improvement. There was a shortage of cots for new babies, which seemed problematic. While most new parents felt well informed, there were some ways the scope of information provided could be broadened e.g. with regards to different methods to feed the baby.

## 2. 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 independent consumer champion for health and social care services across the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster.

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'<sup>1</sup>.

### 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 of 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

### 2.1 Background

The Dignity Champions visited the Ann Stewart ward at Chelsea and Westminster Hospital, which provides postnatal care for up to 27 women. The ward is divided into 4 bays with 6 beds on each. There are also 3 single side rooms which are allocated owing to clinical need. The Dignity Champions also briefly visited the labour ward and birthing centre, but did not feel it was appropriate to talk to prospective parents during the labour process.

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<sup>1</sup> [http://www.dignityincare.org.uk/Dignity\\_in\\_Care\\_campaign/The\\_10\\_Point\\_Dignity\\_Challenge/](http://www.dignityincare.org.uk/Dignity_in_Care_campaign/The_10_Point_Dignity_Challenge/)

### 3. Methodology

The assessment was carried out using four methods:

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

- 1) The Dignity Champions recorded their observations regarding areas such as the environment of the hospital ward and interactions between staff and patients.
- 2) The Champions approached parents who had the curtains of their cubicles open and interviewed those who were happy to talk.
- 3) Informal conversations were conducted with a range of staff members on duty at the time of the visits.
- 4) Documentation provided by the hospital was examined, including a menu of food options and breastfeeding guidance sheet.

#### 3.1 Assessment dates

The assessment was carried out at the following time:

- ◆ January 26<sup>th</sup> - 12-2pm

### 4. Findings

#### 4.1 Environment

The ward had a nice atmosphere and felt relaxed and friendly. Mums and Dads generally looked content. Lots of the curtains to individual cubicles were closed, as seemed natural. Several dads were walking around the ward with their new babies. The temperature was comfortable and there were no unpleasant odours. There was a calm feeling and not much noise, other than the sound of babies crying.

The ward was bright and décor was generally acceptable, though perhaps tired in a few places. For example, Champions noted some peeling plaster.

In most places the ward felt clean. However, one Dignity Champion felt the floors were 'not extremely clean' and the ward in general was not 'sparkling clean'. She also noted the baby baths were a bit dusty. Another Dignity Champion felt the communal kettle was not very clean and noticed limescale on it. One of the cleaners said there was only one cleaner for the post-natal ward and she found it too much to do by herself.

Parents seemed generally happy with the ward environment.

The Dignity Champions spent most of their time on the Ann Stewart ward. However, they also had a brief look at the antenatal ward and the Josephine Barnes birth centre. The birth centre is very attractive, with mood lighting in each room, a number of birth pools and equipment such as ropes to support different labour positions.

#### 4.2 Bathrooms and toilets

The Dignity Champions noted that there were plenty of bathrooms and toilets in the postnatal ward. Some are just for mums, others are for visitors. Some were very clean, though others could have been cleaner and in better repair. One Dignity Champion noted paper on the floor and reported that the flooring was a bit ripped, which was felt to be a trip hazard. Another bathroom had a wet floor. A cardboard tray of what appeared to be urine was left in one toilet for quite some time, even after the cleaners had been in to give it a check. A rusty tray was reported in one of the showers. A sink in the corridor seemed to be partly blocked as the water took a while to go down it. Also the water coming from some of the taps was not hot, which might make it difficult for people to wash their hands properly.

Patients reported the bathrooms and toilets as clean.

#### 4.3 Patient privacy

With their cubicle curtains shut, mums and dads seemed to have a good level of privacy with their newborns.

The cleaners told the Dignity Champions they were advised by midwives when to clean cubicles, or did so at the patients' request, rather than interrupting their privacy.

Fathers reported that they are able to sleep on the cubicle floor if they wish. The ability for them to stay with the mother and baby overnight was welcomed, although one Dignity Champion wondered whether it could invade the privacy of other mothers.

Parents said they had been able to have private discussions with doctors and midwives if they wished. One Dignity Champion noticed a doctor and midwife going through discharge information by the nurses' station and thought it would have been better to provide the information in privacy in case the patient wanted to ask questions. However, the patient and family apparently seemed happy with the conversation and the information that had been given.

#### 4.4 Patient safety

The Dignity Champions were able to walk into the ward without having to gain access via a buzzer. There is a reception near the main entrance to the maternity section and staff, who were polite and helpful, directed the Champions to the postnatal ward. However, one Champion felt that without having approached the desk, the group may have been able to walk in without being asked who they were.

Call bells were available next to each bed and were being answered. Patients also reported they were answered.

It was noted that a fire exit in the antenatal ward was blocked by a bed.

#### 4.5 Patient information

There were noticeboards and leaflets in the antenatal and postnatal wards, providing information for new parents, which was welcomed by the Dignity Champions. This included information on breastfeeding, Arts Council activities for parents and babies and caring for babies at night-time.

It was noted that some leaflets were missing in the antenatal ward and a bed was blocking the noticeboard. This made it difficult to read, especially for a woman with a bump.

Some noticeboards combined patient-focused and staff-focused information, which could be a bit confusing.

More information could have been available on topics such as: parenting support groups, parent and baby activities, looking after a newborn, what to expect in the first few weeks, and postnatal health for mothers. With so many mums and dads walking around the ward, there was plenty of opportunity for this information to be of value.

In general, parents interviewed felt they had received good information. One father said they had been kept well-informed during antenatal care and the labour, including preparation for a C-section. He felt the maternity notes had been well written and the couple had received enough information on how to care for the baby following discharge.

Another dad also felt generally well-informed.

One mum said she had been given enough information to date but was unsure whether there was a breastfeeding specialist on site. She felt more practical information was needed for leaving hospital such as bathing advice.

One midwifery supporter who the Dignity Champions spoke to had recently been transferred from another hospital. She said they had shown new parents how to bath their babies in the previous hospital but apparently did not do so here.

The Dignity Champions spoke to the Infant Feeding Practitioner who highlighted information and support available for mothers who are breastfeeding on leaving hospital. She noted that all the takeaway material is aimed at those who are breastfeeding and does not say where to get support and advice if you are bottle feeding. She thought it would be a good idea to include something for bottle-feeding parents.

#### 4.6 Choice and control

Most parents felt they were supported in making their own choices during labour. One mother said she was very pleased about the different options given.

Another two fathers also felt as couples they had been supported in their choices.

One lady the Champions spoke to felt she was not able to freely discuss having a Caesarean section during her antenatal care. Apparently she told the midwife that she has a family history whereby women in her family are unable to give birth naturally and always have to have C-section. This lady wanted to book a C-section in advance but was not able to do so. She felt this information was again ignored during labour, even though she was not dilating. She ended up having an emergency C-section.

#### 4.7 Involvement of birth partner

Fathers felt they had been involved as much as they wished. One said he was kept involved during a Caesarean section. He was also happy he was able to sleep on the floor next to the mother and baby.

A mother also said her birth partner had been involved as they had both wished.

With lots of fathers walking around the ward with their newborns, it appeared to the Dignity Champions that they were actively involved with their babies.

#### 4.8 Meeting patient need

One mother reported that there had been no cot available for her newborn baby and they had been waiting for one all day. This was problematic as she had not been able to rest properly following a Caesarean section and the only reason she had been given a break from holding her baby was because the father had been there to help. She said she would have liked more support.

#### 4.9 Food

The Dignity Champions had a copy of the menu to look at. This included a good range of options, with a selection of hot meals, ethnic meals, sandwiches, salads, and hot and cold desserts. However, it could be displayed more clearly. For example, the menu states 'please choose either one hot meal, sandwich or salad and one desert' and it was unclear whether you could also elect to have the soup and fruit juice options at the beginning of the menu. Vegetarian and vegan foods could be clearly labelled. Apparently the food is ordered via an electronic tablet so possibly the choices are made more clearly on there.

The Dignity Champions were told that patients currently order their lunch via the electronic tablet in the morning but sometimes they miss out on the opportunity, if for example they are in the shower or have not yet arrived on the postnatal ward. The Ward Manager said they are currently reviewing the process to ensure no one misses out on the opportunity to place their order.

One Spanish lady said the food she had received on a maternity ward in Spain was healthier. She said she was really hungry but did not want to eat because she did not like the food. She pointed to the leftovers of her bean casserole and said there were hardly any beans in it. She felt the food was either sandwiches or 'quick' food rather than healthy, fresh food.

One father said the food was 'not good'. He said the one thing they would change about their care was the food, which he described as 'standard hospital food'.

The Dignity Champions questioned whether the food was cleared quickly enough. Empty trays were left in the cubicles for a while and one woman was seen bringing out her own tray.

Lunch was served on time (at around 12.30). The lights were dimmed for a rest period after lunch which was felt to be appropriate.

One Dignity Champion noted there was only one member of staff in kitchen, who looked very busy. A cleaner said that in the past they had been asked to help in the kitchen but this practise had been stopped.

The Dignity Champions asked if snacks were available in between meals and were told that with the exception of biscuits, patients were mostly expected to bring their own.

One couple commented that food had not been offered during the labour process.

#### 4.10 Staff and communication

Patients were very positive about the staff on the postnatal ward.

One mum said the breastfeeding support received from a midwife had been very good and that if they had needed any help, staff had come straight away. She was also positive about antenatal classes. However, when she was given a drip owing to dehydration, she felt this was not explained to her.

One father said staff had been 'very helpful'. Another said they had been 'really good'.

A mother said that she had found postnatal staff very helpful and caring but did not find her antenatal midwife very helpful or caring. She had felt unable to discuss the things she wanted to openly. For example she felt that discussing a Caesarean section was 'taboo'.

The Champions felt there were too many staff gathered around the reception desk at times and felt more of them could have been with patients.

One father said there was a good continuity of care at the hospital. Because the post-natal ward is next to the labour ward, they saw the same midwives throughout and had a familiarity with them.

#### 4.11 Other

One father suggested free television might be made available as currently you have to pay for television.

### 5. Conclusion

The Dignity Champions felt positive in their impressions of maternity care at Chelsea and Westminster Hospital, focusing on the post-natal ward. Staff seemed attentive and helpful. The ward was bright and welcoming. Most parents were happy with the care they had so far received and seemed confident about going home with their new babies.

There were however, a few issues around cleanliness and wear and tear. Some people complained about the food available and improvements could be made in this area. It was concerning that there was a shortage of cots and one mother was unable to rest properly following a Caesarean section. Information could be improved in some areas and it is important that bottle-feeding parents get good support and guidance, not just those who are breastfeeding.

## 6. Recommendations

### Environment

- 1- Review necessary repairs to the hospital environment including peeling plaster.
- 2- Ensure cleaning staff have the capacity to keep the ward clean at all times.

### Bathrooms and toilets

- 3- Perform necessary repairs including repair to loose flooring and replacement of rusty shower accessories.
- 4- Ensure bathrooms and toilets are checked on a regular basis, including regular cleaning, removing waste products and drying the floors after use of showers.

### Patient privacy

- 5- Ensure discharge conversations are conducted in a private space so that patients are free to ask questions they might not feel comfortable asking in a public place.

### Patient safety

- 6- Ensure all visitors to the maternity wards are admitted by the reception staff.
- 7- No beds or other blockages to emergency exits.

### Patient information

- 8- Clearly separate patient-focused information on noticeboards from that aimed at staff. Make sure leaflets are fully stocked. Review the information that is available and consider the addition of more information on caring for a newborn, bottle-feeding as well as breastfeeding guidance, parent and baby activities and support groups in the local area, and health advice for new mothers.

9- Help new parents to give their baby its first bath in hospital so they feel confident in doing this when they get home.

10- Ensure bottle-feeding parents are given as much support and advice as breastfeeding parents.

### **Involvement of birth partner**

11- Look at the possibility of introducing reclining chairs in patient cubicles so that dads can more comfortably spend the night with mothers and babies if they wish.

### **Meeting patient need**

12- Ensure there are enough cots for all new babies so that mothers can get a proper rest, without the father or someone else having to be there.

### **Food**

13- Review the menu layout to ensure meal options are clear.

14- Look at ways to ensure everyone on the post-natal ward gets to order their lunch and no one is missed out.

15- Consider the introduction of healthy snacks between meals such as fruit.

16- Make sure parents are offered food during labour.

17- Look at ways to improve patient satisfaction with food options available. Perhaps carry out a patient survey of the food and consider a review of the menu. Clearly it is important the new mothers are eating well to aid recuperation from birth and support breastfeeding.

### **Staff and communication**

18- Ensure staff are spending as much time as possible with patients rather than clustering around the midwives' station.

## 7. Contact details

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