



Chelsea and Westminster Hospital NHS Foundation Trust

**Dignity Champions' assessment of David Evans
Ward and Discharge & Transport Lounge**

Assessments carried out from 6th-14th 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.' Ten of our champions carried out assessments at Chelsea and Westminster Hospital on the David Evans ward and the Transport and Discharge Lounge from November 6th to 14th 2013.

Findings identified the potential for improvement in the following areas:

- Communication on discharge from hospital
- The provision of information on treatment and medication
- Facilities

The report was submitted to Chelsea and Westminster hospital in November 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. This report finds there is room for improvement in patient experience at Chelsea and Westminster Hospital and Dignity Champions have made recommendations to ICHT 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 Central West London (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 David Evans ward at Chelsea and Westminster Hospital cares for 28 elective patients undergoing orthopaedic, urological, general and plastic surgeries. Patients are admitted on the day of surgery unless arranged otherwise for a clinical reason.

The Transport & Discharge Lounge is a waiting area for patients who no longer need to wait in the ward for completion of their discharge arrangements or who are awaiting transport home.

The Process

The Methodology

The assessment was carried out using three methods:

- 1) Observation
 - 2) Interviews
 - 3) Conversations with staff members
-
- 1) The Dignity Champions recorded their observations relating to areas including the hospital environment, staff interaction with patients, mealtimes and patient privacy on the specially designed observation tool. **24** observation tools were completed by Dignity Champions.
 - 2) Dignity Champions conducted **44** interviews with patients who were happy and able to participate. 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 November 6th, morning and evening
- ◆ Thursday November 7th, lunchtime
- ◆ Wednesday November 13th, late afternoon (3.30-3.30pm)
- ◆ Thursday November 14th, morning

3. Findings

David Evans Ward

Environment:

Overall impressions of the atmosphere on David Evans Ward were highly favourable. Dignity Champions referred to the ‘friendly and happy atmosphere’ of the ward. Even though the ward was busy at times it was felt that in general an atmosphere of calm prevailed. One Dignity Champion described the ward as ‘quietly efficient’; another said it felt like you would get good care on the ward. The ward was rated very well for its odour with several people commenting that it did not smell like a hospital.

There were, however, a few areas of concern. The most notable issue, identified by many of the Dignity Champions, was equipment cluttering the ward. Lots of equipment was noted in the corridors and boxes on the floor seemed untidy. One Champion described equipment as ‘scattered randomly’. One Dignity Champion said the ward felt slightly less cluttered on their second visit.

The second issue was ward security. On some occasions the Dignity Champions had to press the buzzer to gain access to the ward; on other occasions the door was open and they were able to enter of their own accord.

Cleanliness in general was highly rated by both Dignity Champions and patients. There were a few exceptions which related to the toilets and bathrooms and will be discussed later.

A few Dignity Champions noted that the décor was ‘a bit tired’ and could have done with modernising. One person said the floor looked a bit worn.

All patients seemed to have access to call bells but there seemed to be some variation in how quickly patients were attended. One Dignity Champion felt it took a little time for call bells to be answered but thought this was perhaps to be expected on a busy ward. Some patients felt call bells were answered promptly. Others thought it varied. One person said a nurse would usually respond to the call bell without much delay but then would disappear again without addressing the issue. Several people said their call bells were not answered promptly at night. One patient commented: “I feel forgotten, especially at night”.

Dignity Champions noticed a variety of information displayed on the ward including information on a recent stomach bug, warning visitors not to enter the ward if they had been unwell, along with scores for cleanliness and a recent patient survey. One Dignity Champion noted that the staff board had not been updated with patient numbers and details of current staff members; another Dignity Champion noted the infection control audit was not up to date (it was last updated in July 2013).

The noise level was felt to be acceptable by the Dignity Champions with the exception of some patients having loud telephone conversations which might have been disruptive to other patients. Patients in general also felt noise levels were reasonable. The exceptions were two patients finding noise levels too high. One person told the Dignity Champions that visitors were often asked to leave at 8pm but did not do so: this could be 'noisy and disruptive' for other patients.

Privacy:

David Evans is a mixed ward but male and female bays are clearly separated. On one occasion the bay marked 'male' was occupied by females but this was not perceived to be a problem as it was clear the bays had been swapped over. The Dignity Champions felt that on the whole staff were very respectful of patient privacy. Curtains were closed and voices lowered for private conversations. Doctors were described as talking 'quietly, respectfully and appropriately'. This was reflected in patient feedback. However a few patients were unsure if they were able to discuss personal details in private if they needed to.

There was, however, one important issue identified in terms of patient privacy. Nurses were overheard discussing an incident where a patient had suffered a seizure earlier that day and no doctors had been available. This was within earshot of other patients and was considered indiscrete. The issue itself was concerning to one of the patients who had been there when it had happened. Apparently the patient had been fitting for around half an hour, attended by nurses, before a doctor could be found to assist. This patient who had provided a very favourable report to Dignity Champions the day before this incident was unsettled by it. A Dignity Champion was disappointed to see that the patient who had the seizure still had dried blood on her face over three hours after the incident.

Staff and communication:

The Dignity Champions felt a general sense of good team working amongst the hospital staff. Many of the nurses were perceived as friendly towards patients. One Dignity Champion differed in feeling that staff were focused but not that friendly and not working well as a team. Patients described staff members as 'wonderful', 'excellent', 'helpful' and 'caring'. However several people identified a problem with the night nurses. One patient described the daytime nurses as 'great' and night nurses as 'atrocious'. This person felt the staff at night were uncaring and took a long time to answer call bells. Other people also said call bells were not answered quickly at night and one person (already referred to) felt 'forgotten' at night-time. One patient felt the nurses were very helpful with the exception of two who had 'attitude problems'. One person recounted an experience when they had to be nil by mouth and felt nurses were unsympathetic to the fact they had a dry mouth.

One person felt doctors always had time to talk even when busy. Another patient felt that doctors seem rushed and talk in jargon.

One patient described the nurses as 'very special'.

Patient Information:

Most patients felt well informed about their conditions and treatment. One patient said they had been given a good balance of information. Another said 'more than enough information' had been provided. Several reported being given their choice of treatment where there was more than one option. In one case, a patient had to request a certain type of treatment which was not initially offered but was granted.

However, one patient felt completely confused about his/her treatment. This person said so many things had gone wrong that they no longer knew what was going on. Another person said the doctors were confused about what was wrong and they had not been offered any choice of treatment yet. Someone else referred to communication issues preceding their stay in hospital. Apparently this patient had received a colonoscopy result but there had been a gap of several weeks before a follow-up consultation had been arranged.

Bathrooms:

Bathroom and toilet facilities on the ward are single sex. One Dignity Champion felt they were a little distance from the patients and there could be more of them. Impressions of cleanliness were mixed when the Dignity Champions visited. A used towel was hanging in the female WC, hair was noted in the plughole of one of the showers, bits of toilet paper were scattered around on the floor of one of the toilets and a hospital gown was lying on a bin in the female shower room. However, patient impressions of the cleanliness of bathroom and toilet facilities were generally good. One patient said the toilet was sometimes not clean though. Another person said the tap in their room was leaking.

Patient clothing:

Patients were wearing a mixture of their own clothes and hospital gowns on the ward. One patient was pleased to be able to wear his/her own clothes. Most of the Dignity Champions felt the gowns provided appropriate coverage for patients. However, there was one exception when a female patient was exercising with staff in the corridor and her gown was hanging open, revealing her underwear.

Mealtimes:

The objective of the Dignity Champions' visit on this occasion was not to provide a detailed assessment of mealtimes and nutrition. Several pieces of work have been done with Chelsea and Westminster around nutrition in the past. On this occasion, Dignity Champions gained an overall impression of the ward during mealtimes, in particular the protected mealtime policy.

Dignity Champions found that doctors observed the protected mealtime and none were sighted on the ward during mealtimes. No cleaning took place during the

mealtime. No patients left the ward during mealtimes for procedures. Staff and volunteers helping with the meal were wearing tabards that identify them to patients. Although not questioned about the food, two patients said of their own accord it was fine, one said it was great, another wonderful. One patient told a Champion they had 'chicken curry for lunch and a lovely salad and soup for supper'.

Discharge:

The Dignity Champions asked patients on David Evans ward about their expected discharge dates and the information with which they had been provided regarding discharge. The majority of patients (x?) had received at least some information about their discharge. Four people had not received any information at all. One of these people had only been admitted that morning. Another was concerned about returning home and said they had conducted contracted? MRSA during a previous stay at Chelsea & Westminster. Another had been in hospital for over a week and had not received discharge information.

Of those patients that had been informed about their discharge, many were complimentary. One person felt they had received an 'excellent service'. Another said 'I have been given lots of information that I understand'. Someone else said 'every time I am discharged everything is 100% explained to me'. Other patients still had some uncertainty regarding discharge. For example one person was awaiting news about adjustments to their bath but had not heard about it yet. Another person was worried they might be leaving too early and was unsure about getting an unfit for work note. Someone else said they needed to find out about their medication and chemotherapy before leaving hospital. Comments were made by patients that the medication recommended for them was not available on the ward and some patients were concerned about going to the pharmacy for medication and prescriptions as they are not very mobile. It was unclear whether these issues would be addressed before the patients' actual discharge. A couple of patients had received discharge information at the beginning of their stay but complications had arisen and their stays had been prolonged.

One patient commented that the discharge process had been greatly improved since their last stay a few years ago.

Transport and Discharge Lounge

Environment:

General impressions of the Transport and Discharge Lounge were positive. One patient said 'I really rate the environment here'. However, Dignity Champions felt the area was in need of re-decoration. Several noted stains on the carpet. The Champions also noted clutter around the Lounge. One Dignity Champion felt the entrance was 'unprepossessing and cramped'. It was noted that the height of the administrative space makes it difficult for people in wheelchairs to make eye

contact with staff. A patient commented that the space is too small and there was not always room for all the wheelchairs.

A light was broken during one of the Dignity Champions visits. There were no clocks which would have been helpful for people waiting. Several patients thought the television was too loud. One of the Dignity Champions overheard ambulance drivers talking loudly and inappropriately within earshot of patients. Staff were also overheard discussing an incident where a driver had stolen a mobile phone from a patient (captured on CCTV) - again within earshot of patients.

Waiting times:

Most people in the discharge lounge had been waiting for 10-15 minutes. However, a couple of people said that they had experienced waits of 2-3 hours during previous visits. One patient had only been in the discharge lounge for a short time but had been discharged from the ward early in the morning and waiting to leave most of the day. One person said their experience of hospital transport had been 'erratic'. One person had not been picked up as planned by hospital transport that morning. Another person said the hospital transport was late to pick her up. Others said the service was very good and drivers were helpful.

Refreshments:

The Dignity Champions noted that coffee and tea are available mid-morning and sandwiches provided at lunch. However, one patient said she had never been offered a glass of water and when a Dignity Champion went to look for one the cups were empty. This person felt there should be a free coffee machine and a snack machine so people could get drinks/snacks at any time.

Discharge process:

The majority of people had been spoken to about discharge during their stay. However, some had concerns about going home. One person was experiencing pain in their leg and said 'I am scared'. This person wanted to stay in hospital longer but the doctor said they were ready to go; they were concerned that they would struggle at home after having a hip operation. Another person was not confident about how to take their medication when they got home and felt it had not been explained to them. Another patient commented that their medication had not been explained and they'd had to ask what it was for. Patients often seemed a bit unsure about their medication. One person was unsure whether anyone would be home to let them in, although a nurse had spoken to her daughter who had said she would be there. Someone else was anxious about being on their own and having to use oxygen without a nurse's help. However, others had no concerns and reported a 'good experience' of discharge and feeling 'happy and confident' about going home. One patient said 'everyone has been very helpful and everything well explained to me'.

4. Conclusion

The Dignity Champions were generally impressed by their experience of the David Evans Ward. When asked if there was anything they would change about their care, many patients simply said no. Some said how much better their experience at Chelsea and Westminster had been compared to other hospitals. However, there were a few key areas in which recommendations have been made to the ward, as below.

The friendly atmosphere of the Transport and Discharge Lounge was also well received by the Champions and by many of the patients. However, décor, tidiness and layout seemed to be letting the service down to some extent. There were also some issues around the discharge process and information regarding medication. These and other recommendations appear in the following section.

5. Recommendations

David Evans Ward

Environment

1. Ensure unnecessary clutter is cleared away and look at storage solutions for any equipment or boxes that are not being used.
2. Keep the door to the ward closed and ensure anyone entering the ward must gain access via a member of staff to ensure patient safety.
3. Look at modernising the décor of the ward. This might include re-painting walls and replacing flooring.
4. Ensure information displayed on boards such as patient numbers, details of staff members and infection audit are kept up to date.
5. Make sure that all visitors leave at 8pm to ensure other patients are not disrupted at night-time.

Privacy

6. All patients should be informed at the beginning of their stay that they have the right to discuss personal details with doctors/nurses in private if they would like to do so. This should be referred to in any documentation the patient receives relating to their stay.
7. Staff should be reminded to discuss information about individual patients only out of the earshot of other patients.

Staff

8. Look at how call bells can be answered more quickly at night-time.

9. Ensure patients have the ability to provide anonymous feedback on their experiences with staff members so that any issues with any particular individuals can be identified.

Bathrooms

10. Ensure bathrooms and toilets are checked and cleaned on a regular basis and that used towels/robes are placed in the dirty laundry.

Clothing

11. Remind hospital staff to keep an eye on patient gowns and help patients re-secure loose gowns where necessary to avoid embarrassment.

Discharge

12. It should be ensured that all patients receive discharge information (as much as is available) within 48 hours. The Dignity Champions' visits suggested a few patients had slipped the net. If patients' circumstances change while in hospital ensure updated discharge information is given.
13. Ensure staff are aware of the hospitals discharge policy and are encouraged to inform patients.
14. Patient medication should be pre-arranged and ready to avoid delay.
15. Ensure staff communicate approximate time of discharge to patients/carers/family to support preparation.

16. Something about key information on discharge for all on display? Who to complain to?

Discharge and Transport Lounge

Environment:

17. Unnecessary clutter should be removed from the Lounge and a tidy environment maintained
18. The refurbishment should take into account the need for re-decoration and a new carpet
19. A clock should be put up in the Lounge so patients know how long they should have to wait for transport/have already been waiting for
20. Wheelchair users' needs should be incorporated into refurbishment plans. For example, ensuring the lounge is spacious enough to comfortably accommodate a number of wheelchairs and making sure the administration desk is accessible for wheelchair users
21. Staff members should ensure only appropriate conversations are conducted within earshot of patients

Refreshments

22. Drink and snack machines could be introduced as part of the refurbishment for any patients in the Lounge who do not coincide with the serving of coffee and tea/sandwiches. It should be ensured water is always available in the lounge.

Discharge process

23. It should be ensured that all patients are informed exactly what their medication is for and how to take it as several patients expressed uncertainty.
24. The discharge process should address the concerns of any patients who are feeling nervous about going home and ensure they have as much support as possible from local agencies/GPs/family and friends.
25. The hospital should identify any issues with picking people up on time before their hospital appointments.
26. Need a discharge card - what to do in case of....?

Acknowledgements

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Contact

For further information on this report, on Healthwatch CWL or on our Dignity Champions initiative, please contact:

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