



Chelsea and Westminster Hospital NHS Foundation Trust

**Dignity Champions' assessment of cancer
services**

Assessments carried out from May 27th to June 6th 2014

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 3,500 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 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

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 four wards at the Chelsea and Westminster Hospital which had been treated for cancer and other health issues.

- Ron Johnson Ward,
- Kobler Day Unit,
- Acute Assessment Unit (AAU) and
- The David Erskine Ward.

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 hospital environment, staff interaction with patients, mealtimes and patient privacy on the specially designed observation tool.
- 2) As not all patients on the wards had a cancer diagnosis, nurses directed the Dignity Champions to patients who were receiving treatment for cancer. Interviews were conducted with patients who were happy and able to participate. These were recorded on the interview tool.
- 3) Informal conversations were conducted with a range of staff members on duty at the time of the visits.

The Assessments

Assessments took place from May 27th to June 6th 2014, as follows:

- ◆ Tuesday May 27th, 8-11.30am
- ◆ Wednesday May 28th, 4.30-7.30pm
- ◆ Thursday May 29th, 11.30am to 3pm
- ◆ Friday June 6th, 1.30-4pm.

1. Findings

Environment:

The environment of the wards assessed was rated very highly by the Dignity Champions. Cleanliness, odour control and décor were generally praised by the Champions and the atmosphere of the wards was mostly calm and welcoming with noise kept at an appropriate level.

On Ron Johnson ward and the Kobler Day Unit, feedback was very positive. The décor was described by one Champion as modern with 'lots of thought put in'. The environment was perceived as quiet and clean with a fresh smell and a calm atmosphere. The day room in Ron Johnson was noted as modern with welcoming touches such as flowers, a piano and pictures. Apparently there are music sessions on a Friday afternoon when staff members play the piano. On Kobler Day Unit, one patient reported they had trouble sleeping owing to noise levels on the ward.

On the AAU feedback was mostly positive, but with some negative feedback. The ward was described as well-lit and clean. It was felt to be a comfortable ward with a good atmosphere. One Champion felt the ward could be busy and a bit claustrophobic at times. One patient expressed concerns about cleanliness on the ward: He felt that arm straps used to take blood were unclean and said he had seen a cleaner using a dirty cloth to wipe both the windows and his table. He also felt the toilets were dirty. Other patients were happy with standards of cleanliness. One patient reported noise from pigeons fighting outside his window.

David Erskine Ward- The Dignity Champions also made mostly positive reports (with few negative) of the environment of David Erskine ward. One Dignity Champion described the atmosphere as 'great', another as 'efficient and tidy'. However, one Champion felt the ward was a bit unfriendly and one described the atmosphere as 'okay'. One Champion said the décor could be a bit more colourful and another that the day room could be cheered up. The ward was reported to be clean and tidy with a pleasant smell.

Privacy:

Patient privacy was felt to be respected on all the wards observed by the Dignity Champions. Curtains were closed around individual beds for private discussions and medical procedures. Doctors and nurses lowered their voices when discussing private matters with patients.

On Ron Johnson ward patients had single rooms with en-suite bathrooms. One patient had not expected a private room and was 'very happy' about it. Others reported that they were able to discuss their personal details in private.

On the Day Unit patients felt their privacy was well respected.

The AAU is a mixed ward but males and females are divided into separate bays. Reports of privacy on this ward were also good. One patient said 'it's not very private but staff are great and keep voices down'. Another dignity Champion

reported that a patient said that the ward not being 'too private' was good as 'it would feel lonely otherwise'

On David Erskine Ward, men and women are again divided into separate bays. One person said that 'beds are too close together but that's all hospitals'.

Staff and communication:

Staff on the wards assessed were praised by both Dignity Champions and patients.

On Ron Johnson Ward and the Day Unit, staff were described as well-coordinated and interacting well with patients.

On Ron Johnson Unit, one Champion said the 'professional approach to work' of the staff built their confidence in the ward. One patient cried while telling the Champions how nice the staff are, and how she has been treated with the 'utmost' dignity and respect. This patient said that experiencing cancer, and having to be assisted when using the toilet as a result, had been very painful and 'undignifying', but the staff had made up for this by being so nice to her. This patient also stated that her overall experience on this ward was 'by far better than' when she was admitted to a private hospital, and that making provision for her relative to stay on the ward had contributed to her 'wonderful' experience at Chelsea & Westminster Hospital. Other patients described doctors and nurses as being 'highly intelligent' in one case, 'helpful and caring' in another, and 'beyond my dreams' in a third. The relative of a patient said that staff were 'absolutely amazing' in the way they had looked after her mother. This relative also stated that she also felt 'very well looked after by staff'.

Patients on this ward reported that nurses check up on them on an hourly basis.

AAU- Again on the AAU the way staff interacted with patients gave the Champions confidence in the ward. One Champion described the staff as 'attentive, helpful, caring and friendly'. Patients on this ward usually felt staff were helpful and caring. One patient said nurses here are 'world-class' and 'amazing', while the doctors are 'okay and could be a little more cheerful'. One patient said staff 'mostly' listen to you and 'mostly' spend enough time with you. Two patients on this ward said that nurses checked on them around twice a day, rather than on an hourly basis.

Two dignity champions reported observing an incident where a patient was aroused and became abusive to staff. The champions felt that this was deescalated calmly and effectively.

Dignity Champions also spoke to staff members on the AAU, who reported that they were not satisfied with the level of support they received from managers. One staff member a Dignity Champion spoke to said that staff could 'do better' with regards to care and attention they pay to patients. Three different staff members a Dignity Champion spoke to said that staff didn't usually have breaks due to busyness of the ward. Overall, staff interviewed said that, they would like

more acknowledgment of working hard, better staffing levels, and the opportunity to talk to their Chief Executive.

On David Erskine Ward, reports of staff were generally positive but also included some negative feedback. One Champion observed staff talking to patients and noted thank you cards and pictures of staff on the walls. Another Champion also noted good interactions and saw nurses checking patients on a regular basis, as well as doctors and nurses communicating well about patients. One other Champion said that the confidence showed by staff in turn made them feel confident in the ward. One patient described nurses and doctors as 'exceptional' and quite charming'. However, one Champion felt the staff were 'a bit cold' with the exception of one nurse. This Champion felt staff were doing their work but not particularly interacting with patients. They also referred to an occasion when they had asked a nurse to attend to a patient who was feeling unwell and the nurse had said she could not do anything because she did not know the patient. However, patients reported that nurses check up on them on an hourly basis.

On one occasion on this ward, a patient on David Erskine ward reported that they were very unhappy with the care she was receiving on the ward. This patient stated that she felt that staff hated her, she did not know why she was there and wanted to 'jump out of the window'. (This was reported to the nurse in charge of the ward who was aware of her situation). She also said the food was bad. However, the Dignity Champions had spoken to her on the previous day when she reported being happy. This Champion therefore felt that it was possible that she might be a bit confused or perhaps suffered from dementia.

Care planning and patient information:

Most patients felt that staff involved them and their relatives or friends in their care plans and that they were well-informed and given choice about their treatment and care. A couple of patients mentioned that they would rather leave the choices about their treatment to the professionals. One person said there was 'no such thing as a care plan' but it was unclear quite what they meant by this. One person described their consultant as well trained and said the consultant had clearly explained the details of their condition and treatment. This person said that 'from consultant to cleaner everyone is superb and very professional'.

One person on Kobler Day Care Unit said they had been informed about their condition and treatment but there was no choice, just information about the chemotherapy and an explanation of treatment. Dignity Champion reported that this person stated that this was sufficient and that having choice in treatment was not applicable with their condition.

On the AAU one person said they had received too much information and wanted the doctors to make the choice about their treatment. Another person also felt they had received too much information and said they did not think 'it's the kind of thing where you get choice'. Another person was unclear about the treatment they were receiving and new drugs they had been given. Someone else said 'nurses keep you very informed'. One patient on this ward reported that they felt that the

health care assistants 'didn't know much' about his condition as they always had to get a nurse when he asked them a question.

On David Erskine Ward one person told the Champions how they had been given a choice regarding their treatment by giving the example of being offered a major operation which they decided to turn down. Another person, the relative of a patient, gave the hospital a '10 out of 10' overall score and said the doctors and nurses were friendly and supportive, although the relative had no choice about their treatment. Another person said they were well-informed and had a choice over their treatment and care but did not know whether they had been involved in their care plan. One person said they did not have enough information about their care and did not think they had a disease. This person did not feel they had any choice about their care - they would take what is given.

Call bells:

Dignity Champions noted that call bells were in easy reach of patients on all wards and seemed to be responded to quickly, with the exception of one occasion on **Ron Johnson ward** when a Dignity Champion reported that call bells seemed to go off several times, but didn't appear to be responded to by the nurses. However this Champion stated that staff seemed to attend promptly when a different sounding bell, which the Champion felt may have been an emergency alarm, went off. Aside from this observation, patients spoken to did not raise any concern regarding call bells. Patients on other wards reported that call bells were answered promptly. The exception was on the AAU.

On the AAU, one person thought his call bell was not working and had to get healthcare assistants to get the nurses for him. Another person on the AAU also said their call bell was not answered promptly. Someone else on AAU said their call bell was usually answered promptly but cited one time when they had to wait a while because the ward was short staffed. The person was in pain on this occasion and the nurses had apologised afterwards.

Bathrooms:

Bathrooms were mostly reported to be clean and tidy. One person on **Ron Johnson ward** said there had been some old stains on the toilet when they arrived and the shower drainage was 'not very good'. The Dignity Champions observed toilets and bathrooms to be clean. On the Day Unit a used towel had been left in the bathroom. On **David Erskine ward** one toilet smelt a bit of urine. Otherwise all reports were good.

Patient clothing/ Dignity:

Patients were observed to be mostly wearing hospital gowns on the wards assessed by the Champions. The exception was the Day Unit where some people were wearing their own clothes. Hospital gowns were reported to provide appropriate coverage and people were respectably covered up in communal areas and corridors. The only exception was when the Champions visited **David Erskine ward**

where a patient was seen to be naked. This was reported to staff and dealt with immediately.

Food and drink:

The Dignity Champions did not do a detailed analysis of food on the wards assessed but they did observe the ward environment during mealtimes and the appearance of food.

On Ron Johnson, staff and volunteers were seen to be assisting with mealtimes and no cleaning was taking place while patients were eating. Food was well presented. One relative was concerned that patients were not encouraged to drink enough fluids. On one occasion a water fountain and a coffee machine on the ward were empty, although apparently drinks were available from the ward kitchen.

On the AAU staff and volunteers were seen assisting patients with their meals and no cleaning took place during the meal. Food seemed nutritious and appetising. One patient who was unable to eat solid food was offered liquid food for later. One patient said they received too much food. This patient was observed having soup and a nutrition drink.

On David Erskine Ward food also looked appetising. It was noted that bed linen was being changed during one mealtime. The Champions noted healthy desert options such as fresh fruit and yoghurt, as well as halal and vegetarian options. Staff were assisting with mealtimes. On this ward a Dignity Champion observed a patient being encouraged to eat on one occasion. However on another occasion the same champion noted that a patient did not eat her meal and questioned whether there was a policy/ practice in place where patients' food and fluid intake was monitored and patients encouraged to eat and drink.

According to patient reports, food seemed to be available upon request at any time.

Discharge:

Patients interviewed by the Champions had been admitted for both planned and emergency treatment. Most patients reported that they had been informed about their discharge from hospital. However, a number of patients interviewed stated that they didn't know about their discharge. Of those that had not received information, two people had been in hospital for two days or less. Another two patients had been in the hospital for five days or less. One of these people had been admitted as an emergency to the AAU and was waiting to go to another ward.

Everyone who had received information about their discharge felt happy that they knew where to go for further information or support once they left the hospital. No one the Champions spoke to raised any concerns about their discharge process or what would happen after they left. One person said they had so far had a 'great' experience of the discharge process.

2. Conclusion

The Dignity Champions felt positive about their visits to Chelsea and Westminster Hospital and were impressed by the standards of dignity in care on the cancer wards visited. Many patients they spoke to were effusive in their praise of hospital staff. The atmosphere of the wards was welcoming, modern and bright. Hospital gowns, which can often be problematic, were seen to provide appropriate coverage to patients. A good degree of privacy was afforded to patients, especially on the Ron Johnson ward where individual rooms are provided. Standards of cleanliness were high. Staff often seem to go out of their way to make people's stays more comfortable at a very difficult time, as well as be supportive to relatives.

On the Acute Assessment Unit, it is possible that staffing levels may pose a bit of a challenge. While on other wards, patients interviewed said that call bells were answered promptly, patients on this ward reported some issues. Staff also suggested that they were sometimes hard-pushed and needed more support. Two people also said that they were checked on by nurses twice a day rather than once an hour as was the case on other wards.

On David Erskine ward, whilst overall reports were positive, some concerns were raised. One Champion reported that there appeared to be a number of patients who suffered from dementia on this ward, and questioned how the ward deals with patients who may have cancer as well as other conditions such as dementia.

In general though, patients and their relatives had few complaints and were positive about their experience.

3. Recommendations

Environment:

- 1) Check noise levels on the Kobler Day Care Unit and find out if other patients are having problems sleeping.
- 2) Look at making a few changes to the day room on David Erskine ward in order to create a more cheerful atmosphere.

Staff and communication:

- 3) Ensure that nurses check up on patients on the AAU on an hourly basis.
- 4) Look at how feedback is given to staff by managers on the AAU and see whether a more regular and effective system can be put in place so that staff feel better supported and listened to.
- 5) Ensure that staff on David Erskine ward are interacting well with patients and sharing information effectively amongst the staff team. Regular monitoring of the patient experience on this ward may give a clear picture on patient's needs and gaps in relation to patient experience, as well as areas that need to be improved.
- 6) Ensure that support is in place for those who are elderly and perhaps suffering from dementia and for whom the hospital experience may be frightening and confusing. Appropriate assessments should be performed upon admission and regular support given to keep them as aware as possible as to what is going on

Care planning and patient information:

- 7) Check that all patients are being made to feel involved in their care and choices about their treatment. In the case of elderly patients, more time and regular reviews may be required to ensure they are clear about what is going on.

Call bells:

- 8) Ensure that call bells on AAU and Ron Johnson are working and are answered within a reasonable time. Look at any issues that may be affecting this such as staffing levels.

Bathrooms:

- 9) Investigate shower drainage issues on Ron Johnson ward.

Food and drink:

- 10) Ensure that patients are encouraged to drink water as well as having their jugs topped up, especially those patients who are elderly or weak.
- 11) Make sure that coffee machines and water fountains such as the ones on Ron Johnson are always topped up.

Discharge:

- 12) Make sure all hospital patients receive information about discharge as early as possible in their stay for emergency patients and before they arrive for planned procedures.
- 13) On all wards, ensure that patients are given a discharge pack which gives them enough written information about treatment side effects, who to contact, lead consultant, and help in the community. Staff should also go through this pack with patient to ensure they understand and answer any queries.

Clothing/ Dignity

Staff to be continually reminded about dignity and the importance of ensuring that patients are appropriately clothed and not exposed, which is an integral part of a person's dignity.

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