



Imperial College Healthcare NHS Trust - Hammersmith Hospital

Dignity Champions' assessment

October 2014



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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 three wards at Hammersmith Hospital.

The Dignity Champions assessed three wards at Hammersmith Hospital: Fraser Gamble, Handfield Jones and A8, the assessment took place between the 20th and 24th October.

Key Findings:

- Reports about food were mixed and some patients actively disliked the food or did not feel there was enough choice.
- Though some patients were well informed about discharge many were not, hospital staff had not had a conversation around length of stay, expected discharge dates and what subsequent care and treatment a patient would receive.

Key Recommendations:

- Staff should get feedback from patients on food and endeavour to make improvements. Food should be made available 24 hours a day upon request.
- Ensure that discharge planning is undertaken with all patients, beginning at the time of admission.

- Ensure that all patients are aware of what support they will receive after discharge.

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 and has over 5,000 members who share a passion for improving these 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'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

Methodology

The Dignity Champions assessed three wards at Hammersmith Hospital: Fraser Gamble, Handfield Jones and A8. Fraser Gamble is part of the Endocrinology department and cares for patients with hormonal and metabolic problems. Handfield Jones is for patients with kidney problems. A8 is a general surgery ward and cares for people with endocrine problems.

To perform the assessment the Champions used four methods:

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

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

- 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) Interviews were conducted with patients who were willing and able to take part using the specially designed interview tool.
- 3) Informal conversations were conducted with a range staff members on duty at the time of the visits.

Findings

Environment

Fraser Gamble

The Dignity Champions rated the Fraser Gamble ward highly in terms of its environment including factors such as cleanliness, décor, odour, lighting and noise. Overall the ward was found to be a very calm ward and was described as 'welcoming', 'calming', 'efficient' and 'quiet'. The Champions were impressed by the new building in which the ward is housed. The number of patients was felt to be at a comfortable level. The ward was described as clean and ordered.

Noticeboards presented a range of information on topics such as dementia care, ward performance measures and staff roles. One Champion noted that sometimes it was not clear whether information was aimed at staff or patients as it seemed too technical for patients.

One concern of the Champions was that the staff board at reception was dated for the previous day. The Champions also felt the day room seemed very bare and basic, other Champions noted that not only did the day room seem bare but on the whole ward there was no evidence of television, radio, books or music that patients could use, Champions felt that this entertainment may have brightened up the ward.

The ward was felt to be quiet by Champions. However two patients reported it could be noisy at night-time. One patient said this could be 'stressful', reporting that it took staff longer to answer call bells at night and the person next to her would call out in

her sleep. Another patient also said patients could be heard shouting out at night-time.

Patients on the ward are accommodated in single-sex bays. It seemed that sometimes patients were switched between bays and one patient reported having to change beds.

Handfield Jones

The Champions were also impressed by the environment of Handfield Jones ward, rating it highly for décor, lighting, cleanliness and odour control. One person described the ward as 'working quietly and calmly', another felt it was 'calm, relaxed, caring'. At times the ward was busy. One Champion described it as 'busy but organised'; another as 'possibly a little stressful'.

Information boards were plentiful, clear and informative, including pictures of staff, ward schedules, a record of pressure ulcers on the ward, alongside thank you cards and details of the patient advice and liaison service (PALS). One Champion commented that some information could be too medical for patients.

Areas that gave the Champions confidence in the ward included the amount of time nurses spent with patients, the number of staff on hand, the 'well managed, well ordered' feel of the ward and information supplied on the noticeboards and interactions between staff and patients.

There were a couple of instances of things being out of place on the ward. This included urine samples being left on the desk at the nurses' station and patient files left in the corridor.

Wards were felt to be clean. Cleanliness scores were displayed on boards including 99.5 per cent for a cleanliness audit on the previous day (21/10) and 100 per cent for a hand audit in September.

The ward caters for both sexes but bays are single sex. One Champion noted that male and female bays are directly opposite each other.

Noise levels were appropriate with a good level of conversation.

A8

In general the Champions were pleased with the environment of the A8 ward. The classical music playing on the ward was described as 'lovely'. One Champion said there was a 'very nice atmosphere'. The ward was felt to be clean. However, the Champions noted it was very hot on the ward.

Noticeboards were again very informative with good information about different conditions and their treatments, details of the staff, ward performance indicators, and

records of pressure ulcers, falls and failure to keep bays single sex. The ward was felt to be 'calm but busy'. A good number of staff were present on the ward and The Champions were told patients were kept in single sex bays 'as much as possible' and as noted, failures to do so are recorded on the noticeboard.

Noise was generally felt to be at reasonable level although communal areas could be quite noisy.

One Champion thought the armchairs in a seated area could be replaced.

Bathrooms and toilets

Fraser Gamble

Single sex bathrooms and toilets are provided on the Fraser Gamble ward. However, assisted facilities are used by both sexes, as set out in the hospital's leaflet 'Delivering same sex accommodation'. Bathrooms and toilets were felt to be clean by both patients and Dignity Champions. A couple of Champions noted a 'slight smell' in the toilets.

Handfield Jones

Again bathrooms and toilets are single sex with the exception of assisted facilities. One Champion noted that the assisted toilet is not accessible, being too small for a wheelchair with no call bell and handrails. Toilets and bathrooms were felt to be clean by Champions and this was confirmed by patient reports. However one patient said the bins in the toilets are not emptied enough. Champions noted that one patient reported having asked for assistance to wash her hair and face, however staff had not been able to assist and the patient found it difficult to subsequently wash herself.

A8

Bathrooms on the ward can be shared or single sex depending on who is staying on the ward - the Champions noted this changed between their visits. Toilets are single sex with shared assisted facilities. All were clean, described as 'very clean' by one Champion, although on one occasion a towel and robe had been left in one bathroom. Patients agreed the bathrooms and toilets are clean.

Patient safety

Fraser Gamble

Patient safety measures were felt to be effective on this ward. Medication was stored in locked cupboards next to patients' beds. Doors to store rooms were kept shut.

One patient mentioned an incident where an intruder entered the ward at night-time, the patient reported this to staff, and witnessed a 'kerfuffle' whilst staff removed the intruder.

Call bells were accessible to patients and were answered promptly during the Champions' visits. One lady tested her call bell in front of a Champion and a nurse came within a minute. Patients reported call bells being answered promptly in the daytime. One patient said call bells were answered quickly at night-time too 'which is not the case in other wards'; another patient said it takes longer for them to be answered at night.

A8

Call bells were all within reach of patients and answered promptly during the Champions' visits. One patient said staff respond 'straight away'. Another said they were answered promptly.

Information on patient safety was promoted on the noticeboards including information such as a record of pressure ulcers and falls. Everything was stored away well, trip hazards were removed and safety information was well displayed. Safety signs were also up while cleaning.

Handfield Jones

In general the ward was felt to be well managed and ordered with a good number of staff on duty. Noticeboards reported on key areas relating to patient safety such as incidences of the infection C diff and there were lots of hand sanitisers on the ward, whilst Champions were impressed with the recording they did note with concern an incidence of C diff the week of the assessment.

The Champions were a little concerned to see doors to the linen cupboard and store room open which are fire doors and should therefore be left shut. One Champion pointed out that carts (trolleys) were parked on the corners of the ward, which could be hazardous.

Call bells were noted as within reach of all patients. While one Champion saw a call bell answered quickly during the visit, another call bell went unanswered and doctors and nurses did not seem able to locate its source which was worrying.

Patient privacy

Fraser Gamble

The Champions felt patient privacy was respected by doctors and nurses with curtains closed for private conversations or medical checks and voices lowered for personal conversations, this was also confirmed by patients. One patient commented on the 'complete closure of curtains' if doctors come to do a check. Another said they could go to the quiet room if they wanted private conversations with visitors. Someone else said you can always hear conversation through curtains but felt it did not matter to them.

Handfield Jones

Again patients' privacy appeared to be well respected with curtains pulled for private conversations and procedures. One Champion did note that the curtains were not pulled in the HDU (High Dependency Unit) which is visible from the nurses' station. Doctors and nurses generally seemed to lower their voices for private conversations although one Champion did note that some doctors could be louder than others.

Patients generally felt able to discuss personal details in private if they wished.

One patient said privacy on this ward was 'fine but not ideal'. Another said it 'could be better'. Neither gave specific examples.

Doctors were seen using the quiet room for meetings and it was felt this could prevent patients having private conversations with visitors or just time away from their bed if they wished.

A8

Privacy measures on the ward were felt to be good with curtains pulled as appropriate and staff lowering their voices for private conversations. One carer reported patients can go to a private room for conversations if needed. Some patients said they had enough privacy on the ward. One was unsure.

Patient clothing

On all three wards patients wore a mixture of hospital gowns and their own clothing. Where gowns were worn they were felt to provide appropriate coverage although it was sometimes hard to tell because patients were in bed. Everyone was felt to be appropriately covered in communal areas.

Staff and communication

Fraser Gamble

The Champions described 'positive' interactions between staff and patients. One Champion commented on 'a lot of familiar interaction'. One Champion described staff interaction with patients as something that built their trust. The ward was felt to be well managed and ordered; several Champions noted good team-working among staff.

Patients generally found doctors and nurses helpful. One commented 'a bit of both', finding just over half of staff were helpful. Another said yes but did not see the doctors very frequently (only when his son visited and enquired) but said the nurses are 'splendid'. Another person described doctors and nurses as 'very good'.

One patient said nurses come round quite regularly to see how they are and sits at bedside. Another said they have a rota for coming round and meets them regularly, they greet and say goodbye. Another said they try to come round on an hourly basis but they are sometimes very busy. One person felt they are too busy rushing round to visit on an hourly basis but said they are 'nice though'.

Patients gave mixed reports about the information they had received about their condition/treatment. One person said they hadn't been given information but their carers had. Another said yes but only if they ask. Another said 'to a certain degree' but wasn't sure what was wrong with their legs and wasn't happy with treatment. Another said yes they had been given 'a lot' of information and so had their family.

When asked what choice they had been given over their treatment, no one reported having a choice. One said they had been given no choice and had not had enough information about their medication and wasn't always sure what's happening. Another said they were not at choice of treatment yet but reported trying 'memory patches'. Another said they had not had choice – they 'just take the tablets, another said no choice was needed.

Handfield Jones

The Dignity Champions reported good interactions between staff and patients. One Champion saw nurses and patients laughing together as nurses were changing the beds. Another heard a 'really nice conversation' between patient and nurse about a family visit the night before. The amount of time nurses spend with patients was seen as a positive aspect of the ward.

On one occasion an argument between a nurse and cleaner was overheard – the nurse telling the cleaner not to mop the floor during mealtimes – and it was felt this would be better done away from patients.

Most patients found doctors and nurses helpful and caring. One person said they are 'great', another 'brilliant'. One patient commented on the 'excellent porters' and said they are kind and friendly.

One patient, however, said they had not found the doctors and nurses friendly. This person felt it was hard to find a doctor and commented that doctors' rounds are too quick and nurses are overstretched. Another said doctors and nurses did not have time to speak on a regular basis 'but that's okay'.

In terms of the information patients had been given about their condition and treatment, responses were mixed. One had been provided with lots of information and felt the 'doctors explained everything', others felt 'well informed about their treatment', 'they had been provided with more information than expected', Another, however, felt they had not been well informed on their condition and treatment and said two teams at the hospital were not communicating well with one another.

There was a sense that staff were too busy to talk to patients and their families about care plans. One patient responded: 'front line nurses – no – they are way too busy, no time'. Someone else shared a similar viewpoint. Another commented that 'doctors' rounds are very quick', one other patient agreed staff did not have enough time to talk about care plans.

A8

Dignity Champions observed good interactions between staff and patients. Nurses were felt to be very friendly towards patients. Doctors were seen talking to patients in a clear and understandable way. One Champion reported a doctor using hand actions to explain a procedure to a non-native English speaker. The ward sister was described as being very 'hands on' and familiar with her patients. Good team working among staff was in place with nurses and doctors interacting well and catering staff talking and laughing with patients.

One patient said they had found staff helpful and caring, had received enough information on their condition and treatment and had been offered a choice in the treatment they received. This person would not change anything about their care and said 'the whole team has been really nice, really attentive, especially at night'. The person added that nurses came round on a regular basis to speak to patients. Someone else felt that 'all but one' staff had been good and said that staff came round every two to three hours to speak to them. One patient said they had found the staff 'fantastic' and nurses come to speak to them 'all the time'. One patient felt that staff took every opportunity to speak about care plans and had received good information on their treatment and condition.

Two patients felt lacking in information about their treatment on this ward. One patient had received good information prior to an operation but had lacked

information since then, referring to complications that had followed the procedure. The family needed more information but this would require a surgeon. Another patient, when asked whether there was anything they would change about care at the hospital, said 'need more information and contact from doctors'.

One patient felt a relative who had offered to stay and look after them following an operation had been asked to leave 'quite aggressively' by staff.

Eating and nutrition

Fraser Gamble

Dignity Champions reported that the food on this ward looked nutritious and appetising. Staff were seen to be helping patients with eating where necessary. Cleaning took place during breakfast but this is not a protected mealtime so was not seen as problematic. No cleaning took place during other meals.

Patients' feelings about food were mixed. When asked whether food is available 24 hours a day, one patient said he did not eat as regularly as he would have liked and relies on family to bring in food. Another said they weren't sure whether food was available 24 hours a day. Someone else said they really enjoyed the meals and an all-hours kitchen was also available. This person said if they asked for tea the nurse never forgets to bring it. Another patient said it's the same food all the time and they don't bother to look at the menu.

Handfield Jones

Staff were observed helping patients with food on the Handfield Jones ward. One Champion, however, pointed out there were no red trays and wondered if there was a system to alert staff to those who needed help, however other Champions did observe red trays being used and staff assisting those patients. Some Champions thought the food looked appetising, although one saw food sitting on a trolley (not heated) waiting for doctors to finish their rounds and it was questioned whether it would be hot by the time it got to patients. Other Champions did note that the hot food appeared to be microwave meals and questioned whether this was a nutritious option though the cold food did look fresh and appetising.

One patient mentioned that there are two food options available on the ward, renal and non-renal. They found it strange that non-renal patients should not be offered the renal options as well. One patient complained there is only one kosher option available.

A schedule was noted by one Champion which gave the following information:

Doctors round: 5-6pm

Meals 5.30-6.30pm

Visitors 2-6pm.

It was questioned whether doctors' visits and visiting times would therefore interrupt the evening meal and whether patients could find a relaxing time to eat their food. If doctors were performing their rounds during mealtimes this could also delay patient eating and mean meals were no longer hot.

One patient said the 'food is awful'. One patient said food is supposed be available 24 hours a day but when asked it was not there, especially for diabetic needs. Another commented on 'terrible food as expected at hospital'.

A8

On this ward patients who needed help with eating seemed to be receiving it. No cleaning took place apart from the hallways during breakfast time which is not a protected mealtime. The ward apparently has different mealtimes to suit different patient requirements.

Dignity Champion perceptions of food on the ward were mixed. One felt it looked appetising; however another described it as 'very variable'. Patients all felt that food is available 24 hours a day and one commented that 'service is good'. There were no other comments about the food.

Discharge

Fraser Gamble

Patients were asked about the information they had been given so far on their discharge from the hospital. Information provided by patients on this ward provided a limited picture of the discharge procedure. Two patients had been given information about their discharge; one had heard 'rumours about it but nothing in stone'. One person had been given a few weeks to prepare for discharge, with other patients it was unclear how long they would have to prepare. Two patients had some information about help available to them upon leaving hospital. Others were either unsure or did not answer the question.

Handfield Jones

One person had been on the ward for two days and was expecting to be discharged that day. Another person had been in hospital for 8 days but had not been spoken to about their discharge yet and expected to be there for at least another week.

Another patient who had been in hospital for two weeks said they had not been spoken to about their discharge. They said they 'keep bringing it up' but no one had given them information yet. This person had some concerns about leaving including the need for an occupational therapist (OT) when they got home and getting a prescription for dialysis. When asked to make recommendations for discharge process this person said 'tell me when'. Another person had been on the ward for three weeks but had not been spoken to about discharge.

A8

People on this ward seemed to be aware of when they were being discharged. One patient had been on the ward for two days and was awaiting discharge with appointments made for check-ups. Another had been given a day's notice of their discharge and was expecting further information on help outside hospital later that day. This person had no concerns and felt it had 'all been explained'. Another person had been in hospital for less than two days and would be going home the next day. They felt they had had enough time to prepare for discharge. However, they had concerns about medication as they had experienced problems before.

A couple of people seemed to have concerns as to whether they were ready for discharge. One person said 'discharge too soon' as a comment about their experiences with Hammersmith Hospital. Another patient said they did not want to leave until fully recovered but appeared to have an imminent discharge.

Other information

Dignity Champions noted that on both Fraser Gamble and Handfield Jones wards there were empty beds designated to deal with 'winter pressures', this meant that both wards were operating under capacity. Dignity Champions also noted that a number of patients were not local to Hammersmith Hospital and usually attended other hospitals, they were not sure why they were admitted to Hammersmith Hospital on this occasion, Champions felt that this may prevent families from visiting and my impact on discharge and put undue stress on patient transport.

Additionally one patient reported that when staff used a hoist to assist her movement not all of them were competent in its use and felt physical discomfort as a result.

Fraser Gamble

When asked about improvements that could be made, one patient suggested a laundry service and also an exercise area. One person commented on bad mobile phone coverage on the ward, and felt that this should be improved.

Handfield Jones

One Champion felt there was not much for patients to do on the ward as there were no books available, no television or radio and little mobile phone coverage. Two patients commented on the lack of wi-fi with one saying 'wi-fi would be great – absolutely nothing else to do'.

One patient on this ward said there was nothing they would change about their care at Hammersmith Hospital, describing it as 'very good'. Another said it is a 'great team, been seeing them for over five years – feel like family'.

A8

One patient on this ward said 'great experience – very good'.

Another person said 'should be able to control hospital infections better' but gave no specific information.

One patient who had been in another hospital before said they were very glad to have been sent to Hammersmith describing it as 'very good' and 'far more relaxed'.

One person said they would not change anything about their treatment, it had all been 'very good'.

Conclusion

The Dignity Champions felt very positive about their visits to Hammersmith Hospital and were impressed with the facilities and the approach of the staff. In particular, the well-presented information on noticeboards throughout the wards was referred to on many occasions and was seen as an asset to the hospital. Reports of staff were almost always positive although there were some occasions when there did not seem to be enough staff to keep patients informed about their treatment and care and give them the regular interaction that might be hoped for.

The Dignity Champions did not do an in-depth assessment of food and nutrition at the hospital on this occasion. Reports about food were mixed and some patients actively disliked the food or did not feel there was enough choice. While food is meant to be available 24 hours a day not all patients were aware of this, which should be the case.

The one area for improvement that Dignity Champions picked up on across all three wards was the quality of discharge information provided to patients. Though some patients were well informed many were not, hospital staff had not had a conversation around length of stay, expected discharge dates and what subsequent care and treatment a patient would receive.

Dignity Champions have made the following recommendations across a number of areas in the section below.

Recommendations

Fraser Gamble

- 1.1** Ensure staff noticeboards are updated so that information is current and correct.
- 1.2** Look at creating a more homely and welcoming day room. For example, books, cushions, flowers and pictures could be used to furnish it.
- 1.3** Identify whether there are any ways in which night-time noise can be reduced. For example, answering call bells and tending to distressed patients more quickly.
- 1.4** Ensure all patients are aware that food is available 24 hours a day and have the opportunity to get food outside mealtimes if they want it.

Handfield Jones

- 1.5** Ensure things are put away in their rightful place and not left lying around on the ward. For example patient files left in the corridors could put patient confidentiality at risk and urine samples should not be left lying on the reception desk.
- 1.6** Look at the accessibility of the assisted toilet on this ward. Ensure it is big enough to fit a wheelchair and has hand rails and a call bell installed.
- 1.7** Ensure fire doors remain closed at all times
- 1.8** Investigate how a call bell can go off without staff being able to locate it. Ensure all call bells are answered promptly.
- 1.9** Look at ways of improving patient privacy on this ward. Ensure patients have access to a private space if they wish to have confidential conversations with staff or visitors.
- 1.10** Look at ways to increase the amount of time nurses and doctors spend with patients keeping them informed about their care. While patients spoke well of staff, there was a sense that doctors and nurses do not have enough face-to-face time with patients on this ward.
- 1.11** Patient experiences of food on this ward did not seem to be positive. Staff should get feedback from patients on food and endeavour to

make improvements. Food should be made available 24 hours a day upon request.

- 1.12** Staff should look at the schedule for the doctors' rounds, mealtimes and visiting times in the evening and assess whether the overlap is affecting patients' ability to eat their food at the correct temperature and in a relaxed manner. If not the schedule should be amended.

A8

- 1.13** Address the temperature of the ward and see whether heating levels need to be adjusted or ventilation improved
- 1.14** Look at updating armchairs which may be past their best
- 1.15** Ensure patients are kept informed about their condition and treatment throughout their stay on the ward.
- 1.16** A couple of people seemed unsure whether they were ready for discharge on this ward. Staff should ensure patients are ready and give them necessary reassurance and support.

Discharge

- 1.17** Ensure that discharge planning is undertaken with all patients, beginning at the time of admission.
- 1.18** Ensure that all patients are aware of what support they will receive after discharge.

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