

## **Response to Healthwatch**

### **Angela Pennock Ward Manager Nell Gwynne Ward**

**13<sup>th</sup> January 2015**

The ward welcomes the Healthwatch report, and whilst disappointed by some of the observations, remains committed to provide the highest quality patient care for patients on Nell Gwynne Ward. Below is our response to the specific recommendations made and our action plans with agreed timescales and responsible persons. We would also welcome Healthwatch to re-audit within the first half of 2015 to provide assurance that our actions are being appropriately implemented and to demonstrate progress being made.

#### **Background**

Nell Gwynne ward is a **24 bedded stroke unit** consisting of 3 x 6 bedded bays, 2 x 2 bedded side rooms and 2 single side rooms with en-suite facilities.

On the day of inspection there was a 10 bedded extra capacity unit (escalation beds) open which cared for predominantly elderly medically fit patients, some of whom had dementia. This area was only accessible through Nell Gwynne ward, and did not form part of the main ward and at the time of the Healthwatch visit was managed separately to Nell Gwynne Ward. Due to the nature of the location this area has been included in the report and assessed as part of Nell Gwynne. This area has now been located within Annie Zunz ward next door to enable Nell Gwynne to function solely as the 24 bedded stroke/medical ward it was designed to. (Please note that this has not merely been an action of “shifting the problem” but has made 2 reasonable sized wards (24 and 26 beds respectively))

#### **Action Plan to reflect recommendations**

**6.1 Environment** : The comments which refer to the ward feeling “busy and chaotic” are a reflection of the situation experienced with the additional 10 bedded extra capacity unit. The patients in this area were looked after by a variety of medical and surgical teams who would visit on an ad hoc basis. These teams had a tendency to congregate around the main nursing station in Nell Gwynne ward to access computers which gave Nell Gwynne ward the appearance of being overly busy and disorganised even though these teams had nothing to do with the main ward.

Since the change to the escalation beds, Nell Gwynne ward is a much quieter and calmer environment. There is a dedicated medical team based on the ward and therapists have a planned approach to patient rehabilitation. Some of this therapy takes place off the ward and other aspects of therapy play a part of normal activities

of living for patients. As this care is part of the normality for patients, there is not the disruption which was perceived on the day of inspection.

**Actions:**

<i>To keep any Escalation/Extra capacity beds separate from Nell Gwynne Ward</i>	<i>Divisional and Site Team to maintain</i>	<i>Ongoing</i>
<i>Vigilance of all staff to be aware of noise levels particularly when groups of staff congregate eg on ward or board rounds</i>	<i>Ward team and Matron</i>	<i>Ongoing</i>

**Separating bays from the corridor:** It is acknowledged that patients would like a quieter environment with more privacy and covering the open “windows” in the bays would support this.

**Action:**

<i>The Trust have a rolling programme of works fitting glass into the open areas in bays.</i>	<i>Estates/AP/Matron</i>	<i>June 2015</i>
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**6.2 Clutter in Corridors:** On the day of inspection, the main stores order for the ward had arrived which meant that boxes of supplies are off-loaded from trolleys and stacked against the walls of the main corridor until they are put away by ward staff. The corridors were cleared immediately after lunch.

There was no storage for the extra capacity beds and this ‘overstock’ had to be carried by Nell Gwynne which would have added to the amount of stock in the corridor.

The main ward lacks proper storage facilities for the large items of equipment used in the care of stroke patients eg hoists. This has already been highlighted and acknowledged by the Trust and an unused bathroom has been identified and is shortly to be converted into a proper storage facility for large items.

There are no bins on the main corridor of Nell Gwynne ward apart from those in designated alcoves by hand washing sinks.

**Actions:**

<i>Works to convert Bathroom to storage</i>	<i>Estates/AP/Matron</i>	<i>June 2015</i>
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<i>facility to be completed</i>		
<i>Senior Sister and Matron to ensure corridor clutter and general clutter dealt with. Housekeeping audits to evidence that this is ongoing.</i>	<b>AP/Matron</b>	<b>Ongoing</b>
<i>As part of the Senior nursing "Back to the Floor Friday", support given to the Senior Sister and the ward staff to address and escalate any issues with environmental concerns</i>	<b>CW/Matron</b>	<b>Weekly ongoing</b>

**6.3 Bathrooms and Toilets** Nell Gwynne ward has a dedicated domestic who has a high standard of cleaning and attention to detail. All cleaning audits for Nell Gwynne ward reflect this. All toilet areas on Nell Gwynne are cleaned 3 times per day and at any time required if soiling is present. It is unusual for a toilet to be left soiled for longer than a few minutes. However there have been occasions when mobile patients have used these facilities and not reported problems to a member of staff.

**Actions:**

<i>Planned toilet and bathroom refurbishment to be completed</i>	<i>Estates/AP/Matron</i>	<i>April 2015</i>
<i>Regular but unannounced facility inspections to be undertaken by senior nursing team and included in the "Back to the floor Friday" routine</i>	<i>Facilities Team/AP/Matron/CW</i>	<i>Ongoing</i>

**6.4 Patient Safety/ Call Bells:** Staff are reminded in handover to make sure that all call bells are in reach of patients. Nursing staff carry out this check and ward manager often does a spot check.

**Actions:**

<i>Continue to reinforce in handovers</i>	<i>AP/LU/FO/MC</i>	<i>Ongoing</i>
<i>Senior Sister and Matron to Audit spot checks and present audit to Divisional Sisters Meeting as part of ward feedback</i>	<i>AP/Matron</i>	<i>Monthly feedback</i>

**6.5 Meal Times** - Lunchtime Meals are served from 12.30hrs. On the day of inspection, the extra capacity unit was open and the hostess trolley was serving meals in this area before moving to the main ward. This may have given the impression that there was a delay in meal service. With the closure of the extra capacity unit, this is no longer an issue.

**Actions:**

<i>PLACE Mealtime audits to improve meal services and ensure that meals are being served on time to patients and that "protected mealtimes" are adhered to</i>	<i>AP/PLACE/Matron</i>	<i>Monthly ongoing</i>
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**6.6 Privacy** Staff endeavour to afford privacy as much as possible to patients with the closure of curtains. However, there are times when patients themselves will ask a nurse or doctor to "speak up" rather than lower their voices. The ward has one day room which is also used as a quiet space when sensitive communication takes place. There are no other facilities available on the ward.

**Actions:**

<i>At handover and Board Rounds all Staff to be mindful of the need for patient privacy and utilise the Day room as appropriate for sensitive conversations</i>	<i>AP</i>	<i>Ongoing</i>
<i>Senior staff within the ward to enquire of patients regarding their feelings around whether they feel their privacy and dignity has been maintained and also to support and challenge colleagues where there any concerns raised. Feedback through Divisional Sisters Meetings.</i>	<i>AP/MP/SC</i>	<i>Ongoing and monthly feedback</i>

## 2/6.8 Staff and Communication

Staffing levels within the ward enable 1 Registered Nurse and 1 Health Care Assistant to be allocated to each bay and there are other health care professionals also involved with the daily routines of patient care eg doctors and therapists. It was most disappointing and concerning to read that staff were not seen to be engaging with patients.

Members of the chaplaincy visit the ward regularly and speak to patients. This usually takes place in the afternoons after lunch. There are also volunteers who visit the ward and one of the patient Governors regularly visits to talk to patients.

A “Breakfast Club” has been started on the ward whereby a small number of patients who are able, get together in the therapy room for breakfast – often they will make breakfast for each other and this also enables communication between patients as well as with the staff supporting them.

### **Action:**

<i>All Staff to be reminded to be engaging with patients throughout the day</i>	<i>AP/AC/MP/SC</i>	<i>Ongoing</i>
<i>Ensure that notice boards are updated in relation to the availability of volunteers</i>	<i>AH</i>	<i>Ongoing</i>
<i>Continue with Breakfast Club and look at other initiatives to support patient interaction with each other and with staff</i>	<i>AC/AP</i>	<i>Update April 2015</i>
<i>Formally audit patient feedback in relation to staff interactions and address any issues or concerns</i>	<i>AP/Matron</i>	<i>April 2015</i>

**6.9 Discharge** – Discharge planning on Nell Gwynne is an essential part of the patient’s pathway. There is a daily meeting to discuss every patient’s discharge and this takes place with nursing, medical and therapy representatives at 12 0 clock every day. Following on from this meeting, the nurse or therapist leading the discussion will feed back to the patient where possible or the nurse caring for the patient so that the patient receives a regular update on progress. Relatives are also involved in these plans. Information leaflets are given to patients on discharge along with copies of discharge summaries and any follow up appointments. The majority of patients do have contact with community services on discharge. All patients are given advice on managing their condition prior to leaving the ward and ensuring that

they have support either in the community or if being transferred to another care provider.

**Action:**

<i>To consider addition of a Stroke Specialist Nurse to the Stroke Team in order to enhance the level of care for stroke patients and provide the interface between hospital and usual place of residence. Potential opportunity for joint community and Trust funded post.</i>	<i>AK/LG/CW</i>	<i>April 2015</i>
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*Key to Initials*

AP	Angela Pennock	Ward Senior Sister
AK	Alison Kingston	Divisional Director of Operations
CW	Catherine Wilkins	Interim Divisional Nurse
FO	Francesca Okoye	Ward Sister
LU	Leila Uweziamana	Ward Sister
MC	Marlies Czernkovich	Ward Sister
LG	Lorna Gibson	General Manager
MP	Dr Michael Pelly	Consultant
CSC	Dr Christopher Sin-Chan	Consultant
AC	Austin Claffey	Senior Therapist and lead for Stroke Therapy Team