



Chelsea & Westminster Hospital NHS Foundation Trust -
Nell Gwynne Ward

Dignity Champions' spot check

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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' spot check of Nell Gwynne Ward, an older people's ward at Chelsea & Westminster Hospital, specialising in stroke admissions. The Champions performed a full assessment of Nell Gwynne in November 2012; this spot check follows up on some of the findings of that report.

On this occasion the Champions found the ward to be busy and quite hectic at times. While many staff were present on the ward, interactions between patients and staff were very limited which was concerning. A recommendation about staff-patient interaction were made in the previous report yet if anything the situation seemed to have worsened since then. Bearing in mind patients are often stroke and can be dementia sufferers and therefore may have communication issues or cognitive impairment, the noise, busyness and lack of interaction were particularly of concern. Other concerns identified in the previous report also recurred during the spot check. While some staff were complimented and many aspects of the service presented a mixed picture rather than a completely negative one, the Champions feel immediate action needs to be taken to create a more caring and comfortable space for patient recovery.

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 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 to 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.

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

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 What is a 'spot check'?

The Dignity Champions perform spot checks on local health and social care services they have already assessed and reported on. This enables them to follow up on previous recommendations and also to perform an unannounced visit to gain a snapshot of the service on an ordinary day. The provider is given some warning that a spot check will be taking place in the months leading up to the spot check but is not given a specific date. In contrast, when a full-scale assessment is undertaken by the Champions, dates must be arranged with the provider for practical purposes as the Champions will often spend several days at the service.

2.2 Previous findings

The Nell Gwynne ward was last assessed in November 2012. The report had many positive findings about the standard of care such as upholding patient privacy, good team work between staff and a kind and caring approach of staff towards patients. There were, however, some issues around cleanliness and hygiene and areas for improvement of staff-patient communication such as better involving patients and their family and friends in care.

3. Methodology

The Dignity Champions performed their spot check on Nell Gwynne ward 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) Interviews were conducted with six patients around their experience at the hospital, focusing on dignity in care.
- 3) Informal conversations were conducted with a range staff members on duty at the time of the visits.

4. Findings

The Dignity Champions visited the Nell Gwynne ward which is a ward for older people specialising in stroke admissions. Patients are also admitted for dementia and other health needs. The ward is divided into four different bays (two male and two female).

4.1 Environment

The key finding of the Dignity Champions assessment was how busy, and at times chaotic, the ward felt. With a wide range of staff present on the ward at any one time including occupational therapists, physiotherapists, nurses and doctors, as well as visitors and volunteers, the ward was often crowded. But despite the amount of staff present, there seemed to be very little staff interaction with patients (detailed later on). The last report on Nell Gwynne identified the ward as ‘bustle’ but found it was calm in the bays. During the spot check, however, the ward did not seem to have this same sense of calm. All three Champions involved described the ward as noisy and one commented there was ‘way too much noise’ on the ward. The noisy and hectic environment was particularly concerning for older people who have had strokes or suffer from dementia. It is felt this group of patients may already have trouble communicating, could find it hard making themselves heard and may feel overwhelmed by such a busy environment. One patient commented on the ward being ‘so busy’ and said ‘I wish they would move me to a quieter ward/bed’.

Cleanliness issues were raised in the Dignity Champions’ last report including infectious waste being dragged through the ward. During the spot check boxes and bins were noted in the corridors, which gave the ward a cluttered feel. It was unclear whether these presented a hygiene risk but they felt untidy and could present a tripping risk. The door was open to a linen cupboard which was said to be ‘messy’ and the staff room also appeared ‘cluttered’. Two Champions felt the ward was generally clean; the other felt cleanliness was mixed. All three Champions noted cleanliness issues in the toilets and/or bathrooms which are detailed in the following section.

The Champions found the décor of the ward to be either good or acceptable. Reports on the lighting of the ward varied with two reports it was good and one that it was poor. Odour control was generally good with one minor issue noted.

Two Champions were impressed by the rehabilitation gym and noted this as something that built their confidence in the ward. One noted that the day room is 'clean, bright, comfortable' with lots of information leaflets for patients. Two Champions noted a good information board detailing results of a patient survey.

4.2 Bathrooms and toilets

On the Champions' previous visit to Nell Gwynne, there were some issues with clutter such as cardboard boxes and used materials found in the bathrooms. On one occasion flooding, wet towels and paper were noted on the floors, a shower curtain was missing and one shower had mould around the bottom and up the sides.

The spot check visit found similar issues in the toilets and bathrooms two years later. On one occasion a mess was noted on the toilet floor which was cleaned after around 15 minutes. A shower switch was noted as hanging off the wall and a cistern as dripping and broken without an out of order sign. Another Champion noted a shower as 'grubby' and found tissue on the floor of one bathroom and one toilet. Another Champion said the shower room had lots of water on the floor and had no shower curtain but was otherwise clean. In general this Champion felt bathrooms were cluttered with machines and therefore not very safe, and added that the bath was not clean. One Champion felt the bathrooms were clean but not tidy. Of the patients interviewed, one reported the bathrooms as clean, a second as not clean and a third said they were clean but added 'I take my own wipes'.

4.3 Patient safety

The Dignity Champions' previous report in 2012 said the ward was generally felt to be safe and secure. A few issues were noted including electrical clutter outside one bay. However, when the spot check took place none of the Champions felt the ward gave the impression of having a focus on patient safety. One stated this was due to the busy corridors 'full of equipment'. Another noted the floor was left wet after cleaning which was felt to pose a safety risk.

During the 2012 assessment call bells were out of reach to some patients. Again this was found to be an issue during the spot check. One patient who could not access her call bell wanted it clipped to the sheet if sitting in her chair or clipped to the pillow if lying in bed.

The three patients interviewed did say their call bells were answered promptly but one mentioned that after dinner call bells seemed to be constantly going off and thought the ward must be short of staff at that time. Another said call bells were 'easy to lose'. One Champion noted that call bells were being responded to; another said they were 'probably not' being responded to; a third said that one patient had to wait a while because they could not reach the call bell.

4.4 Mealtimes

The Champions did not perform a detailed assessment of food and nutrition during the spot check. However, a few things were noted. The first was that there seemed to be some confusion among staff over what time lunch was meant to be served. The Champions were told different times and the time it did arrive, 12.40pm, was not in line with any of those times. Two Champions described the lunch as being served 'very late'. Two years ago the Champions' last report had also noted that lunch was running late on two occasions.

When asked whether food was available 24 hours a day, two patients said yes (although one of these was not eating); another responded 'just toast'.

4.5 Privacy

In the previous report it was noted that patient privacy was generally respected with curtains pulled around the bed when procedures were taking place. There was, however, an incident when a patient's dirty pad was inspected without the curtains being pulled. At that time staff generally lowered their voices for private conversations, although on some occasions conversations could be heard through the curtains.

During this spot check one Champion reported that curtains were drawn appropriately but felt that there was 'no protection' between the bays and the busy hallway. Another Champion said patients are 'not always' given appropriate privacy. A third Champion said curtains are 'not always appropriately drawn'. One Champion suggested that staff were not always interacting appropriately with patients with regards to lowering their voices. Another, however, felt that staff were lowering their voices for private conversations.

When asked whether they had enough privacy on the ward, two patients replied no. One said 'it is so very busy but not just in here - it's busy out there'. Another said that doctors pull the curtains but when referring to nurses and healthcare assistants said it was 'really undignified for patients who need commode'.

Patients did not seem to have the opportunity they should have to discuss their personal details in private, perhaps owing to the busy nature of the ward. One patient said 'I try but don't get very far'; another said they could discuss personal details in private with staff 'when they have time'. Another said that after dinner all call bells are constantly going off and they seem to be very short of staff - the suggestion being that this limited the opportunity for private conversations.

4.6 Staff and communication

When asked whether doctors and nurses are helpful and caring, one patient commented 'not much time' of the nurses and found they were 'so different' with some described as 'lovely' and some 'not nice'. Another said 'never see them, the ones who come are nice'. A third answered yes and no and commented 'so busy, hard to speak to a nurse but see them out there'.

Reports of staff interaction with patients were discouraging according to both the observation of the Dignity Champions and the experiences of patients. It seemed that the ward was so busy that the staff hardly had time to interact with patients at all. One Champion felt there were 'lots of people (staff) but very little interaction at times'. This Champion also said 'more connection with the patients would have made me happier'. Another Champion said there was not a lot of interaction with patients apart from a staff nurse who had been brought in to oversee things. In terms of the interaction this Champion saw 'some good, some not so good' interactions were noted.

Another Champion said there was a lot of interaction among staff, including conversations about their private lives, but very little interaction between staff and patients. On three separate occasions the Champions saw staff change bedding without a word uttered to the patient. A volunteer said that staffing levels were low owing to half term.

When asked whether staff took time to talk to them on an hourly basis, one patient reported no and commented that some nurses try to talk if they have time 'but nothing substantial'. Another felt nurses 'would like to' speak to patients on an hourly basis but there aren't enough of them. When asked whether there was anything they would change on the ward, this person replied 'more care from the nurses'. Another patient said that it is 'so busy, hard to speak to a nurse'. When asked whether nurses speak to patients on an hourly basis this person also said no, 'they are too busy'.

The Champions also spoke to the lead volunteer who was felt to be really focused on caring for the patients and gave a very good impression.

4.7 Patient information and choice

The previous report noted 'some concerns reported by patients and visitors regarding the level of information provided about the patient's condition and care, as well as their involvement'. During the spot check, patients were again asked whether they felt they had been given enough information relating to their condition and treatment. One patient said they had been given enough information. A second also said they had been given enough information; however, their family did not agree and wanted more information but it was hard to ask for it because of the ward being busy. Another said they had not had enough information and commented that 'the nurses spend more time finding out what I want'.

When asked whether they had choice in their treatment and medication one patient said no, one said treatments are 'obvious' and a third responded 'don't know'.

One patient felt that doctors and nurses took time to speak to them about care plans. The other two patients did not. One said 'they are too busy'.

4.8 Discharge

Patients were asked whether they had been spoken to about discharge plans and care beyond their stay. One person had a discharge date and was going on to Farm Lane for further care. Another reported they were going home after test results 'any day now'. This person had previously been in hospital for the same condition but felt they had been

discharged much too soon. The patient also reported a 10-hour stay in A&E upon admission. Further check-ups would take place with the patient's GP. A third patient said family members had been consulted about their discharge plans and was unsure about further help after discharge. It was unclear whether staff talking to family members rather than directly to the patient was in line with the patient's wishes. When asked if they had any concerns this patient said yes 'but GP is good'.

4.9 Other comments

One Dignity Champion noted a volunteer running a book stall which was felt to be an asset to the ward.

Another Champion concluded of the ward 'it all seemed a bit lax'.

One patient commented 'need more workers'. Another commented 'just very busy'.

One patient felt their stay could have been managed more efficiently and there had been lots of 'time wasting' between basic tests.

One patient noted 'really cold delays' waiting to be wheeled back to the ward between appointments.

5. Conclusion

Overall the busy nature of the ward appeared to be have a detrimental effect on patient care in a variety of ways. Patients who have suffered from strokes and who have dementia would seem particularly in need of a calm environment and one-to-one interaction; on this ward they seemed to be receiving neither of those things. With all the staff involved in the care of these patients it was unclear how so little interaction could be provided. There were exceptions - patients were complimentary about some doctors and nurses and the Champions were impressed by the volunteer co-ordinator - but very little evidence was seen by the Champions themselves and patients made numerous references to how busy the ward was and how it impacted on their care. This included not having the opportunity to get information about treatment and care, have private conversations with nurses and doctors and generally just to interact.

It is possible the Champions saw the ward on a bad day - indeed the volunteer lead said the ward was short-staffed owing to half-term - but from the snapshot gained it felt as though there had been a decline since the previous assessment two years ago. There was very little evidence of recommendations from the previous report being taken into account; indeed many issues raised in 2012 were raised again during the spot-check. These included issues with clutter around the ward, cleanliness of toilets and bathrooms and lateness of mealtimes.

Overall the Champions feel that the ward needs to identify the issues contributing to the hectic and impersonal feel of the ward. Issues did not seem to be down to a lack of staff as so many were present on the ward during the visit but perhaps there is a problem

around the way staff are co-ordinated. Specific recommendations have been made in the following section but some work may also need to be done to identify over-arching issues.

6. Recommendations

Environment

- 6.1 The ward needs to look at how it can create a calmer and quieter environment. This might include better co-ordinating visits from the multi-disciplinary team so there are not too many staff present at any one time. It might also look at the way the ward is set up to see if patient bays can be better separated from the corridor.
- 6.2 Corridors should be cleared of clutter to create more space and a safer thoroughfare.

Bathrooms and toilets

- 6.3 The cleaning schedule needs to be reviewed as the Dignity Champions encountered similar issues during the spot check as in their previous assessment. Ensure any unnecessary items are removed from unassisted bathrooms. Conduct prompt repair of toilet cistern and shower tap. Check bathrooms and toilets regularly for wet floors, tissue litter and dirty facilities.

Patient safety

- 6.4 Staff need reminding to check that call bells are within reach of patients at all times, especially if the patient moves from the bed to a chair or vice versa.

Mealtimes

- 6.5 Makes sure all staff and patients know what time lunch is meant to be served and it arrives on time. A similar recommendation was made in the previous report.

Privacy

- 6.6 Remind doctors and nurses to close curtains and lower their voices when conducting any procedures or private conversations. Ensure assistance with commode/bed pans protects patient dignity.
- 6.7 Offer patients the opportunity to conduct private conversations in a quiet space. NICE recommends that 'environmental barriers to communication are minimised for people after stroke', including

‘background noise’. On a busy ward such as Nell Gwynne it may be particularly important to ensure that patients can talk to staff away from noise and distractions.

Staff and communication

- 6.8** Remind staff to take every opportunity to communicate with patients, even if they are performing a routine task such as changing a bed. Research suggests that around a third of stroke patients have communication issues and the Stroke Association recommends that professionals as well as families should support the work done by specialists such as speech and language therapists:

It helps greatly if other people such as healthcare professionals, care staff, family and friends can be involved in supporting communication needs².

While patients on Nell Gwynne are supported by specialists such as speech and language therapists, the Champions feel that opportunities for regular communication with nurses, healthcare assistants and volunteers should not be missed and will help patients to feel better cared for.

Patient information and choice

- 6.9** Make sure patients and family members are given enough information about their condition and treatment and involved in rehabilitation plans. The Stroke Association recommends that patients suffering with anxiety after a stroke will benefit from being well informed. NICE guidelines also emphasise the importance of information and involvement for patients, families and carers:

Provide information and support to enable the person with stroke and their family or carer (as appropriate) to actively participate in the development of their stroke rehabilitation plan³.

Discharge

- 6.10** The Dignity Champions did not get a full picture of support offered beyond patients’ hospital stay but if it is not already part of

² <http://www.stroke.org.uk/about/communication-problems>

³ <http://www.nice.org.uk/guidance/cg162/chapter/1-recommendations>

information given to patients, they feel that information on Stroke Clubs to offer support in the community may be helpful⁴.

7. Contact details

Mel Christodoulou
Borough Manager
Healthwatch CWL
Email: Melanie.christodoulou@hestia.org
Phone: 020 8968 7049

⁴ <http://www.stroke.org.uk/support/stroke-clubs-and-groups>