



Healthwatch Lambeth Enter and View St Thomas' Hospital Anne and Henry Wards Visit Report

September 2015

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained and police checked volunteers.



Visit overview

Service	Anne and Henry Wards, Older Persons Unit, 9th Floor, North Wing, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH Mixed geriatric wards, each with 28 beds for rehabilitating older patients and those requiring palliative and end of life care. A significant number of patients have dementia.
Registered provider	Guy's and St Thomas' NHS Foundation Trust
Date of visit	Thursday 17 September 2015, 2pm-4pm
Enter and View Team	Catherine Pearson (lead), Beatrice Campbell, Janaki Kuhanendran, Catherine Negus - Healthwatch Southwark, Yvette Johnson (authorised representatives), Senyo Agbanyo and Tola Taiwo (trainees)
Service liaison link	Andrea Carney, Trust Patient and Public Engagement Manager



Purpose of visit

We chose to visit wards in St Thomas' Older Persons Unit as part of our work stream assessing services for older people. We aimed to gather older people's views of being in hospital and to talk to patients about their perceptions of the discharge process. Patients we spoke to were also invited to participate in the pilot phase of our new 'Going Home' project to track patients' experiences of hospital discharge and the ensuing transfer of care process. Findings from the visit also informed the broader scoping of our work programme for older people.

Participants

During our visit, we talked to 12 patients (five on Anne Ward and seven on Henry Ward), five visiting family members (one on Anne Ward and four on Henry), and three members of staff (the ward sisters and the Discharge Facilitator on Anne Ward who is on a six-month secondment from the British Red Cross).

To aid their observations, the Enter and View team used the dementia friendly assessment tool included in the patient-led assessments of the care environment (PLACE) visits for hospitals¹.

¹ PLACE visits
<http://www.england.nhs.uk/ourwork/qual-clin-lead/place/>

Location

Anne and Henry Wards are situated within the Older Persons Unit on the 9th Floor of St Thomas' Hospital, which is by Westminster Bridge, central London. It is well served by public transport.

Environment

On arrival, both wards appeared welcoming, clean and pleasantly decorated. There was natural light in both facilities and Anne Ward offered views of the Thames and Houses of Parliament. There was no traffic or other disturbing noise during our visit. There was also good ventilation with no unpleasant smells.

The bays were separated by gender with a common entrance corridor which patients crossed to reach what appeared to be bay-specific bathroom facilities.

Access and mobility

The facilities were fully wheelchair accessible; through ways, corridors and doorways were all wide enough for walking frames and wheelchairs. However, in Henry Ward some corridors were a little cluttered with equipment and boxes of supplies. For example, a cleaning trolley left out in the corridor restricted the space considerably and would not have allowed a wheelchair to get by. Although the equipment was arranged in

an organised manner, the obstructions could have been hazardous for someone with reduced mobility or vision.

Suitably adapted toilets were in easy reach of the communal areas.

Recommendation 1

Corridors should be kept clear of obstructions wherever possible and the positioning of unattended cleaning trolleys on the wards should be reviewed.

Provider response

Our expectations are that the environment is safe, clutter free and clean at all times. We are disappointed that you found the area less than satisfactory. This is every member of the multidisciplinary team's responsibility and they have all been reminded of this and will be working with Housekeeping to prevent this happening in the future and will be conducting regular inspections as part of their routine environmental checks.

Dementia friendly environment

This assessment was undertaken using the dementia friendly sections from patient-led assessments of the care environment (PLACE) documents.

Floors

Floors were matt and a consistent colour as recommended, although under some light fittings there was a slight shine which might

have made the floor appear wet. Footsteps were audible but the sound was not intrusive.

Décor

The floor colour contrasted with the walls and furniture, as did the light switches, and there were no strong patterns as recommended. The toilet doors were in a single distinctive colour on Anne Ward but on one corridor on Henry Ward, the toilet doors were in two different colours to match the bay they served. Inside the bathrooms, the toilets, seats, flush handles and rails all contrasted with the walls and floors as recommended. Toilets had a push button flush and mixer taps which, although of a common design, may not appear familiar to patients with dementia. While taps were marked red and blue to indicate temperature, the colours were on the underside of the tap and not easily visible.

We saw clocks in both facilities but the one on Anne Ward was not very big and had Roman numerals rather than numbers. Calendars were not seen on either ward. Anne Ward did not have any mirrors and it did not seem possible to cover or remove the ones in Henry Ward, as recommended.

Signage

There was clear signage on doors and walls, featuring pictures as well as words to describe their function - however the pictures on the Anne Ward signs were very small. Signage for toilets and bathrooms was consistent and could be easily seen. Doors to staff areas were disguised or featured different signage

to signs for public areas. Signs were approximately 4ft from floor level.

Recommendation 2

While the majority of the ward environment was already dementia friendly, the Trust should ensure that it addresses the few specific issues outlined above through its cyclical decorations and refurbishment programmes, to ensure that the facilities continue to meet the PLACE specification for dementia.

Provider response

We are grateful for the specific issues you flagged regarding the ward environment and ensuring that it is dementia friendly. We are working through each of these with our estates department to ensure that they are all understood and addressed. For example, whilst we have installed low shine and low impact flooring we have now requested that this is not buffed when cleaning (which would have been increasing the level of shine in some areas as identified in your report).

Facilities

Patient bed areas, receptions and nursing stations on both wards were clean and tidy, with chairs available for visitors. Our visitors observed that when patients were not in bed, their beds were neatly made. Day rooms allowed people to have private conversations and we observed both of these facilities in use during our visit. Our visitors observed a patient transfer book left on the nurses'

station of Anne Ward which may have contained confidential information.

Provider response

The 'transfer book' is a communication book, which the Ward Clerk uses to make a note of new admissions and discharges (dates and times), as a way of tracking and handing over basic information about ward activity. It is important to stress that it does not contain patient records or clinical information about patients' care. However, regardless of this, we agree that this book should not be stored on a part of the nurses' station which is accessible to visitors, as the station is also a reception desk and help point for each ward.

Henry Ward had several noticeboards, mainly for staff communications. There was a feedback board with cards sent to the ward, along with patient survey results and a rack of leaflets. In Anne Ward, our visitors saw a well organised noticeboard about dementia and posters dated August. All display materials were in standard size print.

Recommendation 3

Consideration should be given to producing display materials in large font to ensure readability of information. Noticeboards should be checked regularly to ensure information is in date.

Provider response

As a Trust we recently undertook a major exercise in August and September 2015 to try and standardise the information across all

wards and we are disappointed that you found information out of date. We fully acknowledge the need to provide information which is easy to read on our wards and will take this forward, for example by ensuring our larger font leaflets are always made available. This will be proactively monitored by the Senior Management Team in their routine environmental checks, to ensure that the information is up to date and easy to read.

Meeting patients

During our visit, we spoke to patients on each ward but followed the advice of the ward sisters not to disturb certain patients because of the severity of their condition or because they were sleeping. Patients appeared well groomed although one man on Anne Ward did not appear to have been shaved that day, which may have been a personal choice. During our visit, we observed staff speaking respectfully to patients at all times.

Quality of care

We began our conversations with patients and family members by asking them what they thought of the care provided on the ward. Of the 11 patients who responded to this question, eight told us the care was good. Comments included: *'It's wonderful, very good. Can't fault it'* and *'Oh yeah, they're looking after me'*. These sentiments were echoed by a family member visiting Henry Ward: *'They take care of the patients, no complaints'*.

One patient on Henry Ward described the care as *'So,so'* adding *'I would prefer to be on the cardiology ward'* but did not explain why. He also told us he found being put to bed at 11.30pm too late.

Two patients said they were unhappy with the care. A patient on Anne Ward told us *'It's not as good as it was four years ago - things have changed. Staff are very busy and everything seems to be "in a minute".'* A Henry Ward patient described how she had waited three hours to go to the toilet that morning. There was no commode and she was told by staff to use an incontinence pad, but she hated having to do that. The patient told us she wanted to go home and her family member added *'She's just not happy in here'*.

This issue was raised during our visitors' on-site debrief to the staff team, who told us they had already been alerted to the disappointment felt by the patient and family and were making plans to address the matter.

Recommendation 4

To ensure their dignity, patients should always be supported to use the toilet facilities if that is their preference and they have capacity to do so.

Provider response

We are aware of the specific incident that was also raised to you, and this was addressed by the ward sister at the time in line with our internal dignity Never Event process. We take this very seriously and are absolutely clear that if patients' fundamental needs cannot be

met for whatever reason that this is escalated immediately to the senior team to ensure this is addressed. This has been reiterated to all staff and we will focus on this as a specific area going forwards to ensure it is addressed sustainably, including monitoring the implementation of the actions resulting from the Never Event review process.

In our interviews with the ward sisters, the Henry Ward sister told us that relatives can have expectations that the staff will automatically know how to care for their relative, despite having only just met them. She said that relatives need reassuring that the care is good as they have heard many horror stories.

The sister told us that they had recently had an increase in night shift staff and a weekend nursing assistant. She felt the team worked together regardless of the patient allocation to ensure high standards. The sister told us: *'Patient care is never compromised even if sometimes documentation might fall behind'*. A nurse added *'We get a lot of compliments from patients and relatives.'*

The sister of Anne Ward stressed how her team strive to do their best and make changes to respond to patient needs, for example, arranging for someone to have a bath at a different time. She told us: *'If you don't have compassion, you're not welcome here,'* explaining instilling that attitude in new staff can take time.

Information on care

When we asked patients whether they felt they had enough information about their care, five of nine people who responded said yes. Comments included: *'I feel I know enough'* and *'My son-in-law saw the doctor - I'm happy with that'*. But four patients said they did not have enough information.

Of the visitors we spoke to (all family members), one said the doctor kept them informed and another said the nurses did *'As they have more continuing contact than the doctors... they are quite helpful and tell you what is going on. They answer questions and contact me if [the patient's] condition changes.'* A third visitor said they were kept informed *'50/50'* and two said they were unhappy with the level of information they received.

The Henry Ward sister told us: *'People sometimes come out of hours wanting to talk to a doctor who is not available, and think the staff are being obstructive. However the doctors are good and do give their calling cards to relatives for calls during hours'*. She explained the cards included details of the consultant, matron and sister, with email addresses.

Staff interactions with patients

When asked what they thought of staff, all twelve patients responded. Seven were positive, describing staff as nice, good,

helpful, friendly and easy to talk to. A patient on Anne Ward told us it was their birthday: *'They sang happy birthday to me. The nurses brought me a cake. Even the doctor remembered - you wouldn't think they would.'* One of the visitors to Henry Ward commented: *'They are friendly, night or day.'*

Three patients were ambivalent: *'The staff are not so bad'* and *'Some are very nice'*. But one person on Henry Ward said *'They don't talk to me - only on occasion'* and another on Anne Ward told us *'Would like to say they're wonderful but they're not. One or two practically ignore me'*.

Four patients told us they use the bell at their bedside to call for help but two people said they did not like to use the bell as it was *'loud and inconveniencing'*. One patient believed her bell was turned off sometimes by the nurses as it didn't work on occasions. She told us she asked the nurses to bring her things but they didn't. Another patient said the bell had been missing since she had been admitted two weeks earlier but it was found during the interview under a pillow on the chair. Others said they would call out to staff as they were passing if they needed anything.

The sister of Henry Ward acknowledged that her team would like more time to

communicate with patients. The Anne Ward sister mentioned that her staff found using electronic tablets to gather patient information a challenge, as it can be difficult to fully engage with patients while also inputting data.

Recommendation 5

Given the time pressures on staff, consideration should be given to providing more patient contact for those who would welcome it through a volunteer visiting scheme.

Provider response

We take the staffing of our wards very seriously and have increased the number of nurses across our wards. However we recognise even though we have done this that unless we reorganise the way we work then more nurses do not always lead to increase in contact time with patients. We are now as a Trust focussed on doing just this and have set ourselves a target of 75% of nursing time to be spent directly with patients across the Trust². We hope that this will address the concerns raised in your report regarding availability of staff and interaction with patients.

We also recognise that we have not always effectively used volunteers and our Director of Patient Experience is working with our

² **Provider feedback note:** *This builds on earlier pilot work completed by the Trust and referred to in the NHS England guidance 'Safer*

Staffing: A Guide to Care Contact Time' November 2014 available online:
<https://www.england.nhs.uk/wpcontent/uploads/2014/11/safer-staffing-guide-care-contact-time.pdf>

volunteers service to see what else we can do to increase the number and the activities our volunteers can do. We want this to build on the existing roles in place including the British Red Cross service that is referred in your report, which currently supports patients and offers a befriending service, and also our Sixth form volunteers scheme where local students come to the hospital to talk to patients who don't have visitors during visiting times.

Safety and wellbeing

Most patients felt safe on the ward, but two people on Henry Ward said only sometimes. Another patient on that ward told us her possessions were going missing but did not elaborate. However, one of the visitors told us 'It's quite safe - you can't just walk in due to the security door'.

Provider response

The Trust makes every effort to provide information and support to patients about the safe storage of valuables, as unfortunately we are unable to accept liability for lost or stolen goods. For elective patients (i.e. a planned stay) we strongly advise patients against bringing valuables. This advice is offered to patients before they come into hospital, as well as the ward Welcome Pack. For patients who are admitted in an emergency, staff advise patients to store their belongings in the hospital safe, for which a receipt is provided. For all patients admitted to Anne and Henry Wards, a 'property checklist' is completed (an inventory of patients' belongings), along with a disclaimer, which the patient is asked to sign.

The Anne Ward sister told us they disseminate a dementia guide for families, which includes advice to bring something familiar into the ward such as a photo album to spark happy memories and help settle their relative during their stay on the ward.

Visitors and activities

Eleven of the twelve patients we spoke to said they had received visitors during their stay in hospital. Most were relatives. Three patients commented that people came to see them frequently and one said he received regular phone calls from his wife.

Three of the five visitors we spoke to told us the 2pm start for visiting hours wasn't convenient but two people said they were able to visit whenever they could make it.

We also asked patients if they talked to the other patients and visitors but people told us the beds were too far apart and other patients' conditions such as dementia, limited mobility and hearing impairments prevented conversation. A couple of people said they didn't want to bother the other patients.

Four patients told us they occupied themselves by reading, while another said they would like to, but it was too noisy. One person listened to the radio and two people said they watched TV. However, three patients (two on Henry Ward and one on Anne Ward) said they could not use the TV - two said they couldn't work out how to use it and

the other person said it was not positioned in the right place.

Recommendation 6

All patients should be assisted to use the TV if they wish.

Provider response

Ward staff will be reminded to ensure all patients are well orientated to ward area including facilities available such as patients' bedside televisions. Nursing staff on each bay will be reminded to include this on their hourly rounding checks.

One person said she had had her hair done while she had been in hospital and was pleased with that, as it made her feel presentable for visitors. A couple of patients said they went for short walks around the ward with assistance from staff and two people mentioned receiving physiotherapy.

One patient told us she would like to be able to put flowers on the window ledge and another said she would appreciate a 'nice soaky bath' to relieve her aches.

Food

We did not observe meal times but asked patients and visitors about the hospital food. Five of the ten patients who commented told us they liked the meals. Comments included: 'Really great - good and tasty' and 'Not bad at all'. Four people described the food as OK or mixed. One person explained: 'Sometimes it's not so great - lacking flavour'. Patients

confirmed they had a choice of menu but three people also mentioned they did not have a good appetite. One visitor said they brought food in regularly.

Our visitors observed that water and a cup were placed by each bed in Henry Ward, while supplies were available on tables in Anne Ward, making water less accessible for those with limited mobility.

Recommendation 7

Consideration should be given to providing water by the bedside in Anne Ward.

Provider response

Ensuring a patient is hydrated is one of the most important aspects of care. We were very concerned to read that you identified that water was not always available. Please be reassured that we take this very seriously. We expect every patient to have easy access to a jug of water (unless clinically inappropriate) within reach of the bed. This must be checked on the regular rounding and this has been reiterated to staff. We will carry out further unannounced spot checks of water (and call bell) availability to ensure that this issue has been addressed and is sustained.

Discharge plans

One of the objectives of our visit was to find out how patients felt about going home from hospital. Of the nine patients we asked, only three said they had a discharge date. Each had firm plans such as moving in with relatives and moving to a rehabilitation unit, or felt

confident their relatives were dealing with the question: 'My sisters are always coming and sorting out my discharge.'

However, four people told us they felt they didn't have enough information about the process. One person on Anne Ward told us: 'I don't know what's been organised... [but] the Council are doing jobs in my home.' One of the visitors to Henry Ward told us they were frustrated about the lack of information about the discharge process.

Recommendation 8

In line with the '*best practice for management of discharge from an NHS bed*' protocol, patients should receive an estimated discharge date as soon as possible following their initial assessment.

Provider response

We have identified as a Trust that not all of our patients have an estimated date of discharge (EDD), and this is now a priority area of improvement across the Trust. As of 23rd November we have launched a major programme to standardise normal practice on every ward; all patients (and carers where appropriate) will be reviewed every morning by the ward sister (or their deputy in their absence) and asked the following questions:

- *Do you know why you are here?*
- *Do you understand what is happening to you?*
- *Do you know when we are planning to send you home, and this is what we want you to do?*

These questions will also be asked of the referring department at the point of admitting a patient to the ward.

We will also be launching a revised patient choice policy in December 15 which includes the requirement to provide an EDD upfront. Within Ageing & Health we are also reviewing whether this could be one of the explicit roles of a new ward based member of the discharge team on our wards.

We hope that all of these changes will make a real impact on this particular area.

The Henry Ward sister told us that some patients who have the capacity to make decisions are resistant to going into a care home when this is what their relatives want. 'This can mean challenging conversations' she said, adding that sometimes relatives do not understand that care packages can also be provided at home.

The ward sister in Anne Ward emphasised the importance of providing a key contact for relatives at all times. She also reflected that patients don't always understand the discharge letter, as their main focus is on their medication.

The Henry Ward sister explained that the Integrated Hospital Discharge Team doesn't operate on her ward but since January there has been a discharge nurse who has helped improve the process. She calls relatives as soon as the person enters the ward to keep them informed and start planning. There are many complex discharges from the ward and

the process can drag, due to delays with social care packages or placements and slow paperwork. The sister told us this applied to about eight patients at the time of our visit. The staff aim for the average stay to be 16 days but it is currently 20-28 days.

Meanwhile, the Discharge Coordinator seconded to Anne Ward from the British Red Cross, explained her role which spans providing safe transportation, tackling loneliness and isolation, ensuring practical and emotional support at home and signposting patients to other services. She told us her input has particularly helped patients to access relevant local services again. She has also been able to explain issues to patients that need clarifying. She added *'Due to older people's positive view of the British Red Cross, I've been able to gain patients' trust.'*

Conclusion

Our overall impression of the two wards during our visit was of teams providing a good level of care in a pleasant environment. However, patients would seem to appreciate and benefit from more interaction with staff to reassure and support them during their stay on the ward.

The Healthwatch Lambeth Enter and View visiting team would like to thank the staff on the two wards we visited for their patience, courtesy and openness during our visit.

Recommendations

For ease of reference the recommendations appearing in the body of the report are repeated below:

Recommendation 1

Corridors should be kept clear of obstructions wherever possible and the positioning of unattended cleaning trolleys on the wards should be reviewed.

Recommendation 2

While the majority of the ward environment was already dementia friendly, the Trust should ensure that it addresses the few specific issues outlined above through its cyclical decorations and refurbishment programmes, to ensure that the facilities continue to meet the PLACE specification for dementia.

Recommendation 3

Consideration should be given to producing display materials in large font to ensure readability of information. Noticeboards should be checked regularly to ensure information is in date.

Recommendation 4

To ensure their dignity, patients should always be supported to use the toilet facilities if that is their preference and they have capacity to do so.

Recommendation 5

Given the time pressures on staff, consideration should be given to providing more patient contact for those who would welcome it through a volunteer visiting scheme.

Recommendation 6

All patients should be assisted to use the TV if they wish.

Recommendation 7

Consideration should be given to providing water by the bedside in Anne Ward.

Recommendation 8

In line with the 'best practice for management of discharge from an NHS bed' protocol, patients should receive an estimated discharge date as soon as possible following their initial assessment.



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