

Report of enter and view visit to UHCW – Ward 40

December 2023

Contents

1. Introduction.....	3
2. Reasons for the visit	3
3. Method.....	3
4. About the people we spoke to	4
5. Findings.....	5
7. Conclusions.....	14
8. Recommendations and response	15
9. Disclaimer	16
10. Copyright	16
11. Acknowledgements.....	16
12. Appendices	17

Wards Visited	Ward 40
Date and Time of visit	08/09/2023 and 18/09/2023 between 10am – 4pm
Address	UHCW Clifford Bridge Road, Coventry, CV2 2DX
Size and Specialism	Caring for Patients living with complex conditions specialising in care of older people.
Authorised Representatives	Ruth Burdett, Allen Margrett, Safiatou Jallow, Samantha Barnett & Fiona Garrigan.

1. Introduction

Healthwatch Coventry is the independent champion for NHS and social care.

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on service delivery and to talk to service users, their families, and carers. This applies to premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. This is so local Healthwatch can learn from the experiences of people who interact with these services first-hand.

Healthwatch Authorised Representatives carry out these visits to find out how services are run and to gather the perspectives of those who are using the service.

From our findings, we look to report a snapshot of users' experiences accurately, highlight examples of good practice and make recommendations for improvements.

2. Reasons for the visit

Healthwatch Coventry's Steering Group agreed a programme of Enter and View visits to hospital wards for adults at the UHCW Coventry site.

This was based on a review of experiences shared from local people and monitoring feedback received around NHS services highlighting a need to find out more about patient experiences of care, communication, and discharge.

The programme of visits will ensure that people who may be vulnerable and less able to raise their voices and speak to Healthwatch.

University Hospital Coventry is a large National Health Service hospital situated in the Walsgrave on Sowe area of Coventry; four miles north-east of the city centre. It is part of the University Hospitals Coventry and Warwickshire NHS Trust, and is a tertiary teaching hospital with 1250 beds, with hospital sites in Coventry and Rugby.

3. Method

The aim of the visits is to find out about:

- How involved do people feel in their care and do they feel their care is person centred and meeting their individual needs?

- Is communication working from a patient point of view and meeting specific needs?
- Do patients / family / carers feel included in the planning, preparation, and discharge process?

We announced the programme of visits to the managers of UHCW.

We worked with UHCW liaising and meeting with the Director, Associate Director of Quality, and Head of Patient Relations. Both parties sharing guidance documents, and this enabled us to develop our approach to this piece of work.

During the visit we collected information by speaking to patients, speaking to staff in different roles and carrying out observations in ward areas. Information was recorded on semi-structured questionnaires asking open questions.

Before speaking to each person, the Authorised Representatives introduced themselves and explained what Healthwatch is and why they were there. We established that the patient or staff member was happy to speak to Healthwatch. We confirmed that peoples' names would not be linked to any information that was shared and that they were free to end the conversation at any point.

Healthwatch Coventry Authorised Representatives wore name badges to identify who they were and provided the Associate Director and the Ward Coordinator / Lead Nurse with a letter of authority from the Healthwatch Coventry Chief Officer.

Observations were made throughout the visit and notes of what was observed around the Ward were taken by each attending Authorised Representative. The observations do not replace talking to people, but help Authorised Rep volunteers get a clearer picture of the service delivery to patients.

4. About the people we spoke to

On ward 40 over the course of the two visits we spoke to nine patients, and two nursing staff. We received two returned questionnaires from a visitor/carer who were there at the time.

In total we spoke to six women and three men on the ward. Due to the specialty of the ward the people we spoke to were older age groups. Eight were white British and one was white Irish. More information about participants is in the appendices.

5. Findings

Initial Impressions

On arrival to ward 40 there was a door entry bell and hand sanitizer. We were met by a nurse who invited us in, and then referred us to a clinical educator - a band 7 nurse who was welcoming. They advised us of the areas and beds on the ward, specifically highlighting the escalation cohort monitoring high risk level three patients - due to behaviours and being at risk of falls.

The corridors were bright with handrails contrasting colour against a plain background. The area was free of obstacles and no visible hazards. There were hand gel and personal Protective Equipment (PPE) stations set out on the ward, there were no odours on entry and cleaning was in progress.

Two nurses were completing a medication round walking with the trolley, quietly speaking to each other and patients.

A member of staff was walking around taking notes on the bays / area's during our visit. It was busy and organised.

There were machines beeping and staff were concentrating on patients care, some writing up notes.

It appeared quiet, gentle, and subdued on the ward. We were later informed staff morale was low due to the recent death of a colleague in an accident.

Admission to hospital

Six of the patients we spoke to said they had been on another ward prior to ward 40. All six accessed the hospital through an emergency admission, with a few describing spending times on the medical assessment unit, and another who had been in Warwick Hospital and then transferred to UHCW.

One person described their experience of A&E saying, *"I was frightened I had a seizure, there was a horrible man, they tried to restrain me."*

Two patients described lots of moves in the hospital:

💬 *"Many wards have infections. I came in by ambulance through A&E."*

💬 *"Another ward for two weeks as I had a fall in the bathroom."*

One commented they had been on four other wards prior to ward 40 but did not elaborate.

How does it feel to be a patient on this ward?

The majority, seven patients we spoke to said it felt good on the ward, with two saying it was ok. When asked what are the things that make you feel this way?

Some of the responses were:

💬 *"Nurses as kind as can be. Everyone is nice to me."*

💬 *"Happy to be in a side room, staff are fantastic."*

💬 *"Sometimes you got to ask but its nicely run."*

And others saying:

💬 *"Not bad. Confused why I am here. Why am I in here? "*

💬 *"Not very good. Been on this ward several times over the years and this is the worst it's been. Press the buzzer wait up to half hour. Sometimes nurses badly organised."*

Privacy and dignity of patients

We asked patients if they had ever felt uncomfortable or embarrassed on this ward. Eight patients said they had never felt uncomfortable or embarrassed with one patient saying they had. Some comments we heard were:

💬 *"I will ask for help if needed."*

💬 *"The way I am treated feel like an animal. No respect. Told staff - rude, ignorant, and arrogant."*

💬 *"They just come and do blood pressure."*

Staff appeared to be communicating well with the patients. They were not rushed and taking their time. We observed staff using easy, clear language, good eye contact and offering reassurance.

Whilst on ward 40 we observed a doctor pull a curtain around a patient's bed, introduce themselves to the patient, ask to listen to the persons chest and thank them when leaving.

We observed a relative who was cutting their relatives nails and moisturising their feet.

We also observed a support worker support a patient to the toilet. Chatting quietly, confirming they were ok with the pace etc. They came back out and changed the bed and then returned to support the person to return.

However, we also observed a patient who was sliding down the bed, and their night clothes were riding up - staff were in and out and didn't seem to notice.

Do staff introduce themselves?

When asked this question seven people responded yes, one saying no and one declining to answer. One person stressed "I can't always remember their names" Whilst others said:

💬 *"Always say hello, I am such and such."*

💬 *"They do. They improve on communication."*

Patient's feeling informed and involved in care and treatment.

Do nurses explain the care they are giving to you?

We found there was a mixed response about nurses with five patients saying nurse explained the care they were giving, two saying no and two declining to answer. Some of the comments were:

💬 *"Yes -very good, explain why things are happening. Nice to hear staff talking in their own language."*

💬 *"Yes - usually they will let me know e.g. changing catheter bags."*

💬 *"Yes - most of them. I can't always tell who a nurse is and who is an auxiliary."*

💬 *"No - They just tell me -" I am giving you paracetamol."*

💬 *"No - not really."*

Whilst on ward 40 we observed some good interactions between patients and nursing staff:

- A patient openly asking questions and talking about their medications with a nurse.
- A patient was walked by member of staff to toilet, a Healthcare Assistant (HCA) went to help the person to clean up while in toilet. They remarked "I love my job and take pride in it."
- A patient who was taking a tablet and Nurse saying, "can I pop it in your mouth, what drink would you like with it - water, tea?"

When asked if doctors explain the care they are providing. Five patients said yes, two said no, one declined to answer, with some comments being:

💬 "Yes - they talk to me about what is going to happen" (Daughter provided this info)

💬 "Yes, they tell me what's going on."

Some had a mixed viewpoint:

💬 "I've not seen a doctor yet." Patient said that they normally wait for their kids to come in and visit, and they let her know what is going on.

💬 "No - not really, I went to Rugby for cataracts it was relaxed, and I was shown lots of useful tools. All kind."

Rating of how informed People feel about treatment and care

Two people rated 10 i.e. very informed; two rated 9; one rated 8; two rated 5; One rated 1 - not very informed and one declined to answer.

Involvement in care examples

💬 "All the way really as sometimes I would rather not know."

💬 Girls do a good job. I'm always told what they are going to do. Nice to hear people talking in different languages.

💬 "I like to know what is going on, family know I just have not asked."

🗨 *Not very involved. Son says, "when asks - Don't get an answer staff just walk off". Son said the nurses don't have enough training on people with dementia, no compassion at all, when asking questions, I don't think the nurses follow NICE guidelines over hydration.*

🗨 *"I don't feel involved."*

🗨 *"They take time to answer the phone."*

Support

When asking nursing and support staff how they communicate with people to help them understand their care. Responses were:

- *"It's not always easy on here as a wide range of cognitive impairment on this ward."*
- *"Use pictographs, talk to patients like they are people, try nonverbal communication, adapt different approaches, use the forget me not book."*
- *"Politely and always ask for consent."*

'The Forget me not care bundle' is a step-by-step guide that helps staff approach caring for patients with dementia in a more compassionate and organised way. Staff complete a **'Getting to know me form'** which can help anticipate normal everyday needs, and help staff deliver person centred care.

When asked about using a 'Hospital passport' one staff member said, "Don't see them too often" whilst another said, "I don't know."

Nursing and support staff were asked "How do you know which patients have communication support needs or disabilities?" some of the responses were:

- *"Sometimes you already know their needs e.g., the patient can't speak English. I would speak to the nurse in charge if nothing were in place to support."*
- *"Through ward round. Talk to relatives - care staff. Through their notes."*
- *"Nurse assessment - talk to ward staff and relatives. Find out about hearing aids, look through notes."*
- *"Patients have a risk assessment looking at patient issues: MH, drinks and mobilisation, info from REACT and ED, therapy, holistic and social."*

Ward environment

Ward 40 was quite clean, not too hot and had plenty of ventilation with windows open in specific areas. There were air con units in place, and in use due to extreme temperatures outside on the day of the visit.

The ward was bright and airy with no noticeable odours. There was cleaning in progress at times during our visit.

Toilets and bathrooms

Bathrooms on ward 40 were mixed. In one there was no odour, a waste bin, it was clean, and had a shower chair in place.

Emergency pull cords were not plastic, which makes them less easy to clean and increases the risk of infection.

Hot and cold taps functioned properly and were clearly marked, hot/cold – red/blue and lights were in good working order.

There was a sign on the door as a prompt to patients saying 'call don't fall' reminding people to use the call bell.

Another sign as a prompt for staff asking 'is it safe to leave my patient' risk of a fall?

In another bathroom on the ward the toilet had not been flushed. There was toilet paper on the bin, cleaning solution on the floor and the waste bin needed emptying.

Information on display

There were lots of posters on the corridor walls, doors, and display boards. A combination of material with some for patients, visitors, and staff.

There was a useful information leaflet for families and visitors on "A closer look at the 'Neglect Syndrome'" A stroke can make you lose awareness of things to one side of your body. Even if you have good eyesight, your brain doesn't process the information it is getting from one side. An example of this is eating only from the right side of the plate or brushing only the right side of your hair.

We observed a Delirium bundle and prevention management board – the Delirium bundle was developed locally in response the national audit recommendations. The bundle, comprising the 4AT screening tool, TIME Bundle and a Nursing Prevention and Management Care Plan were tested alongside the Abbey Pain Scale.

A sign on a therapy office /gym door showing the different uniform tunics / colours for OT, Physio, SALT, Therapy assistants for patients and visitors.

See appendix 2 for a list of information we observed.

Food and drink

There were mixed comments about the food on the ward, with one person scoring 10 – extremely positive to more mid-range average scores.

Some responses from patients were:

-
- 💬 *"I've had better and had worse. Dry and cold. You have to ask for gravy/sauce etc."*
 - 💬 *"Depends on your taste, not my sort of food. I like simple food."*
 - 💬 *"It's something to eat. Dessert - peaches and cream."*
 - 💬 *"Meals feel worse each time I come here. They come around each day to choose. I do have what I choose."*
 - 💬 *"Happy with food, as good as home."*
-

When asking patients if they get what they choose off the menu, the response for all asked was positive with some comments being:

-
- 💬 *"Yes - mainly - not always they can run out."*
 - 💬 *"Yes - order a day before. I forget what I have ordered."*
-

We did not observe a bell being rung to signal lunch time, we noticed staff began milling around the reception area and we could see that PPE was in use – yellow aprons being put on and no gloves.

Staff were working off a menu list and could be heard saying who needed support. Meals were brought over to people, although the personal tray areas were not cleaned, and people were not asked to wash their hands etc.

There were trays and cutlery available for use. People could reach their food, some were seated on the chairs having food, and staff adjusted some beds to suit patient needs.

It was calm and the process was not rushed.

There was a conversation between an HCA and ISS Facilities Support staff member and confusion surrounding a cottage pie. The question was asked by the patient and the HCA wanted to clarify if it was vegetarian, and the ingredients used. The ISS person was unsure and could not directly answer just stating what it was. The HCA took the meal over to the patient and relayed what had been said.

We observed the ISS staff member put their hand in the rubbish bag in between serving meals, they did not clean their hand and were not wearing gloves.

We observed a tea/coffee station available for more able patients to access, and a drinks trolley that came around during the day.

The response from patients to the question “can you get a drink when you are thirsty” was mixed:

-
- 💬 *"If I ask for tea, I will get one - not enough tea" I will ask to bring me one.*
 - 💬 *"Yes - quite often - 2 or 3 times with little snacks."*
 - 💬 *"Yes - water, tea, fruit juice. Family brings me drinks in. Because its hot staff are bringing more drinks around."*
 - 💬 *"I can reach it, if not I would press my buzzer. The time it takes depends on how busy the ward is and the time of day etc."*
 - 💬 *"Yes - Tea trolley - water, juice, tea. Can reach them. Don't bring an evening drink unless you ask, and they are not too busy."*
-

At the time of our visits, we observed jugs of water on the bedside tables within easy reach for patients to access.

Leaving hospital

When asking staff what happens in preparation for the discharge of a patient and how they are involved, one staff member said:

“We need to make sure all of their belongings are packed including medication. Also, if a family member is coming to get them, or sometimes we arrange for an ambulance.”

Another member of staff talked through the process including “take off from consultant goes to multi-disciplinary team social worker. Work through discharge to assess care needs, medication changes and least restrictive option.”

There was a mixed response from the people we spoke to about discharge preparation and communication. With two waiting for an assessment for carers, and a general feeling that it’s not always clear and people are not included or informed.

How informed do you feel about the plans for your discharge from the hospital?

- *Due for discharge today but need an assessment for carers. Hopefully tomorrow.*
- *Hoping to go today, but hopefully by Monday. Checking to see what care I will need. Spoken to Son and had an assessment.*
- *If and when so long they let me know. Will get discharged today or tomorrow, good, I have a friend who has a family nearby. As long as I get home soon.*
- *When they send me up here, they said it will be 3 days, but I don't know. They will get you an answer and tell you the reason why.*
- *Every day they say she is going home but nothing happens. Just wants to know when she can go home.*
- *Don't really feel that informed.*

Feedback from patients' visitors

We spoke to two visitors of patients; both were relatives with one having a positive experience saying:

- *“Respond well to her needs. Have her best long-term interest at heart. Access to doctors, who have been clear and helpful.”*
- *“The doctors and nursing staff have done all that could be asked and have been considerate, patient and clear.”*

Whilst the other family felt communication was poor, saying:

- *“Hurt leg don’t know how. Fell off chair. Came in today and want to know how – they are very busy!”*
- *“Came in today, they had booked her a test, but wanted to know what it was for - they are very busy!”*

When asked about suggestions for the ward, one family said, *“It is not easy to see how anything could be done better.”* And the other family said, *“fans as it is so hot and they were taken away to maternity, apart from that haven’t got anything else to complain.”*

7. Conclusions

We gathered mixed experiences of care on the ward from the different people spoken to. Some patients were very happy with their care and communication about this but other less so. We saw good communication and interaction between staff and patient during our visit. We observed the use of clear language, and reassurance being offered.

As with our pilot visits communication regarding discharge planning was highlighted as a challenge as patients said they did not feel informed. Some patients also did not feel as included in their care as they should be. One relative felt informed, and one did not.

We observed an instance where a patient's privacy and dignity was not respected and the issue was not being picked up by staff. We spoke to staff on the ward at the time.

There were concerns about the service of food: hygiene standards and knowledge of ingredients within the meals. It is important that accurate information about what is in meals is available and given to patients.

We observed some of the protected mealtime process being implemented but not all of it.

Patients highlighted accessing drinks in the evenings is difficult and said it depends on whether staff are available.

8. Recommendations and response

Considering the information and observations from patients, staff, and relatives we have gathered Healthwatch Coventry makes the following recommendations. The Trust has supplied its response:

Recommendation	Response / action
<p>1. Preparation for discharge</p> <p>Improve communication with patients about plans for discharge with clear staff responsibilities and check points to ensure this happens.</p>	<p>The Trust is currently implementing the Improving Lives Programme with a roll out planned across the hospital. The programme includes planning and preparation of patients discharge from hospital.</p> <p>All patients are provided with a copy of the Hospital Discharge Planning together leaflet on admission to the ward. Confirmation of patients being given the leaflets will be audited monthly by the Ward Managers.</p>
<p>2. Communication support</p> <p>Ensure staff are aware and are actively using tools available in the case of language barriers.</p>	<p>Once staff are aware of a patient's language requirements, they can utilise several options to support communication including Language Line. Other methods of communication are available for example, picture boards and cards.</p> <p>Modern Matrons will undertake spot checks to ensure that patients are having access to these services when required.</p>
<p>3) Food and drink</p> <p>A) Ensure patients can access hot drinks in the evenings.</p> <p>B) Ensure the full protected mealtime process is being implemented fully.</p>	<p>A) Although hot drinks are currently available from the drinks trolley on request, ward staff to ensure all patients offered an evening hot drink (as appropriate). The importance of regular drinks to be re-highlighted at ward huddles and included as an area on the ward focus board.</p> <p>B) The Nutrition guardian will ensure that all patients/environment are prepared for mealtimes. Compliance assured</p>

<p>C) Ensure the ingredients are clear and staff can answer questions surrounding food to reassure people and meet dietary requirements.</p> <p>D) Training and oversight of ISS staff in food hygiene.</p>	<p>through senior management rounding/observation.</p> <p>C) Feedback to be shared with ISS who provide meals in the Trust. Modern Matron to complete mealtime observations.</p> <p>D) Compliance will be monitored through 5 moments of hand hygiene audits and Modern Matron rounding.</p>
<p>4) Ward environment</p> <p>A) Regular checks of cleanliness of bathrooms/toilets.</p> <p>B) Consider changing the pull cords in bathrooms and toilets to plastic, to reduce the risk of infection control.</p>	<p>A) Regular checks of toilet facilities are completed and cleaning schedules are in place, in line with the national cleaning standards. Any concerns are escalated.</p> <p>B) All pull cords in bathrooms have a PVC polymer coating with built in Biomaster Antimicrobial Technology which means it can be wiped clean and compliant with Infection, Prevention and Control standards. Pull cord integrity will be monitored as part of ward checks.</p>

9. Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what we observed and contributed at and during the time of our visit.

10. Copyright

The content of this report belongs to Healthwatch Coventry. Any organisation seeking to reproduce any of the contents of this report in electronic or paper media must first seek permission from Healthwatch Coventry.

11. Acknowledgements

Healthwatch Coventry would like to thank the service provider, residents, visitors, and staff for their contribution to the Enter and View visit.

12. Appendices

Appendix 1: Information about patients we spoke to

Ethnicity	Number
White: British / English / Northern Irish / Scottish / Welsh	8
White: Irish	1
Grand Total	9

Age Group	Number
65 to 79 years	1
80+ years	8
Grand Total	9

Religion	Number
Christian	6
No religion	3
Grand Total	9

Appendix 2 Information observed on the corridor walls, doors, and display boards.

- Equipment library displaying copy of patient's risk assessments - training.
- Dementia awareness info numbers, guides and what you can do poster on the wall.
- Ward 40 focus board - infection prevention control.
- Covid 19 quick glance info and use of coloured gloves.
- Ward 40 safety huddle board displaying - internal professional standards, concerns of the week, key messages.
- Pressure sores board with a wound assessment tool pictorial for information.
- Poster showing "The impact of AHPs on stroke pathway" process following entry to A&E with a suspected stroke. A CT scan is carried out then within 48 – 72 hours Speech and language therapists, dietician, referral to orthoptists.
- Poster showing occupational therapy - what do we assess - colour coded areas - cognition, communication, mood/engagement with task, physical abilities, and the process within 24 hours for assessments to take place.
- A poster showing feedback from patients and staff members for the therapy team highlighting good practice.
- A poster displaying what the staff team are doing to improve this month e.g., Focus on bay nursing to always ensure staff visible to patients and reduce the risk of falls, and IPC (Infection prevention control) in Area 1 with a monthly focus of environmental cleaning and decontamination of equipment.

Information observed above patients' beds

- 'Fall' signs above all beds in the specific areas".
- A SALT (speech and language team) poster using the acronyms NBM - Nil by mouth - explaining to look out for a yellow sign before snacks and drinks are given out etc.



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