

Report of Enter and View visit to UHCW Ward 41

January 2024

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Wards Visited	Ward 41
Date and Time of visit	There were two visits to observe this ward - 18/09/2023 - 10am to 12.00pm and 24/09/2023 - 1.30pm to 4.00pm
Address	UHCW Clifford Bridge Road, Coventry, CV2 2DX
Size and Specialism	Four areas, Stroke specialism
Authorised Representatives	Sam Barnett Fiona Garrigan Ruth Burdett Allen Margrett Safiatiou Jallow

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 agreed 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 NHS 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?

The programme of visits was announced to the managers of UHCW.

A member of the quality team at the trust took us to the ward and introduced us to the ward manager or nurse in charge of that ward.

During the visit we collected information by speaking to patients, speaking to staff in different roles and carrying out observations in ward areas. We also gave out self-completion questionnaire to patient visitors/relatives for return by post. 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

Ward 41 is a stroke ward and has acute patients as well as patients who are recovering but also need close observations. Some of the people we spoke to were confused because of their condition. Some were older people who may have a high level of gratitude for the care they are receiving.

On ward 41 we spoke to eight patients, two nursing staff and a support staff member. We received three returned questionnaires from visitors/carer who were there at the time.

5. Findings

Initial Impressions

On arrival to ward 41 there was a door entry bell, hand sanitizer and PPE station with gloves and masks available.

We were introduced to the person in charge, who showed us different parts of the ward, and informed us of the signs on side rooms and to check with staff before entry.

There were staff who were collecting orders for lunch, and others were completing general patient checks.




There was a walking frame by reception, two metal drawer cabinets which staff were using to collect paperwork.

Staff were welcoming, moving around purposefully and the ward appeared busy and had a calm atmosphere.

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

Three patients said they felt the ward was good and four said it was ok. One person did not answer.

We gathered the following reasons.

-
-  *The staff are pleasant, more than happy. You can tell the staff are thinking about their job.*
 -  *Calm, not panicky. No rush*
 -  *Everyone is so nice. They always smile and helpful. Am lucky I have no pain at the moment.*
-

Four patients said they had been treated on a different ward before being moved to Ward 41. One said they had been at George Eliot Hospital the others could not recall where they had been due to the seriousness of their conditions.

Privacy and dignity of patients

We asked patients if they had ever felt uncomfortable or embarrassed on this ward. No patients said they had felt uncomfortable or embarrassed. Although one person commented:

💬 *Sometimes treat you like stupid. Speak slowly. "I know my own home" I know where everything is."*

We observed curtains being closed while staff were talking to patients.

We observed a female patient asleep, not covered up and an incontinence pad on display. We observed for 10 – 15 minutes and several nursing and support staff walked by. None of them stopped to pull the sheet up or pull the curtain around slightly to preserve her dignity. We then alerted a member of staff and they went to the patient.

Do staff introduce themselves?

Five people said yes, the staff do introduce themselves, one said some do and one highlighted that some agency staff do not.

💬 *No, just come in say "hello how are you?" are you comfortable, I feel comfortable with them.*

💬 *They have name badges on and are friendly.*

💬 *They are ok.*

Patient's feeling informed and involved in care and treatment

Stroke patients have a range of communication needs. Staff told us they use hand gesturing, picture charts, and interpretation services if needed. Using Google translate was also mentioned and using Language Line - for occupation therapy/SALT sessions as without them can lead to delayed discharge.

We asked patients whether the doctor explained the care they were giving. Two people said sometimes or occasionally, one person said no and four people said yes, they do explain things to you.

Some comments were:

-
- Yes - Explained what's happening, blood pressure too high. Ask questions they give an answer.
 - Yes - Still in early stages at the moment.
 - Yes, occasionally.
-

We asked patients whether nurses explain the care they are giving. Five of the seven people interviewed said yes that the nurses explained their treatment to them.

-
- I don't know but they have been good to me.
 - Yes - they explain Yes.
 - I ask and they come back with an answer.
 - Yes, it is okay, I use my phone to translate.
-

We asked how listened to patients felt during their care. Two people said they were listened to, two said no and others did not answer or gave comments instead. Some of the comments were:

-
- Yes - they explain Yes.
 - Totally involved. I couldn't fault it at all They are the experts, let them get on with it.
 - Yes, with my phone.
 - They don't talk to me.
 - Just done to you. Be patient. Quite good
-

We observed polite communication with the correct tone used. Not rushed, and people being offered reassurance.

We observed staff asking to take a blood test, they asked for consent, explained the procedure, and thanked the person.

We observed staff asking to weigh someone with them sitting in a chair. The person refused and staff left.

We observed personalised care, and we observed care plans for patients on a table within the bay.

We asked patients to rate how informed they felt about treatment and care. One gave a low rating of three (not involved), four gave the middle rating of five (partly involved) and three gave high ratings indicating they felt very involved.

We also asked whether the patient's views were taken into account by staff:

Sometimes they talk to me simply - irritates me.

Nobody listens, no two-way communication.

We asked the patients if they felt able to talk to a member of staff you have questions about your treatment and care. Six of the patients interviewed said "yes" they were able to talk to a member of staff and two people commented:

Feel silly asking some questions.

Yes, I can speak to them on phone [translation]

I didn't have one for a long time – her name was M.

Feedback from patients' visitors

All three of the people asked said they had been involved in the care of their relative. Their experiences of the ward for levels of communication and care were mixed.

I found my friend in urine sodden bed. Asked staff to change her bed. Half an hour later I asked again to be told they would do after change over. It could have been done an hour earlier. During the really hot spell, the ward was unbearably hot, asked for fans. Told they wouldn't get them in spite of the fact patient were bed bound with temperatures.

🗨️ *Ok, but not found staff helpful. I rang the bell and ask for assistance and was told will come back but didn't come back until 30-45 minutes. Had a few of the occurrences unfortunately.*

🗨️ *Staff and doctors are very caring and considerate. They speak to the patients directly and allow them time needed to reply.*

One relative said their family had great difficulty obtaining information and in contacting the ward. There were inconsistencies in what different nurses told them. They found it difficult to speak to the doctor, despite several requests. Although terminally ill the patient was placed with dementia patients crying for help continuously. *"She has no peace. Hospice not been offered or explained"*.

While another said: *"Information has been readily given and clear."*

Support

Out of the seven people we spoke too, nobody had a hospital passport, although one person then responded: *"no, but since seizures I have some confusion."*

A hospital passport provides important information about patients care and communications needs, including personal details, the type of medication they are taking, and any pre-existing health conditions.

The hospital passport highlights the key areas that you must know, are important to that person i.e. communication and any aids required. Eating and drinking and any specialised cutlery, plate guards, drinking cups, along with the likes and dislikes, and support required that will aid staff in the delivery of personalised care.

Staff said they were aware and said that they were used for the history of patient, any ongoing issues/needs and to support with a referral. The 'forget me not' booklet for dementia was also used to support cognitive impairment.

Ward environment

Ward 41 was bright and airy, and it was a comfortable temperature throughout, with no noticeable odours. Some areas were cooler than others.

There was cleaning in progress at times during our visit.

The ward felt well managed, people were speaking quietly, it felt busy with staff and patients around, but they appeared to be having positive

conversations. The ward appeared well organised and there was a calm atmosphere.

Toilets and bathrooms

At the time of observations toilets were clean, with no noticeable odours. There was a bowl on the floor of one with a hospital gown in it.

Hot and cold taps functioned properly and were clearly marked, and lights and pull cord were in good working order.

One patient commented:

 *Put visible sign on the toilet/bathroom to say it is occupied.*

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.

Area, one had a 'How to prevent falls board' on display with useful information for staff.

There was a 'Did we get it right' focus board being set up and due to start the next day. An information wall displayed leaflets for families offering support networks.

Orientation notices in the bay (33-36) displayed where the person is, and the day of the week and date etc – one was out of date and not updated since the previous weekend.


There were falls risk signs above most beds.

There were PPE stations, hand gel and a hand wash sign along the corridors.

See the appendices for a list of information we observed.

Food and drink

Just two patients were positive about the food on the ward. Most said they were able to get a drink when they wanted one and described drinks trolleys that came around, with some of the comments being:

 *Excellent. It would be helpful if they had the time food is to be served visible on the wall for people to see. On each bay. Save uncertainty and people anxious.*

-
- 🗨️ *It's edible, for a hospital its good, I like the pudding - apple crumble not keen on the dinners.*
 - 🗨️ *Okay, everyday it is different.*
 - 🗨️ *Very bad. Toast is appalling - cold - cooked for days prior.*
-

At mealtime patients could reach their food, some were seated on the chairs having food, and staff adjusted some beds to suit patient needs. We observed a staff member supporting a person with their meal and helping to feed a patient.

We observed staff putting on yellow aprons to serve food, staff going up to the trolley and asking for food for patients.

The area around the food station was busy and we observed six members of staff waiting for food to be served, so they could take it to the patients.

A vegetarian option was available. Staff wanted to know what was in the food, but the server could not answer the question and just said its vegetarian. The person then said they wanted to know which ingredients it has. No answer from the ISS staff member and they took the food and relayed the conversation to the patient.

There were trays and cutlery available for use.

We observed drinks readily available and in reach and when asked some patients comments were:

-
- 🗨️ *Come round a couple of times for tea, don't always drink it, drink water.*
 - 🗨️ *Yes - water, tea, coffee. Bring it to you.*
 - 🗨️ *Coffee, tea, squash, snacks.*
-

Leaving hospital

Discharge preparation we asked patients how informed they felt about their plans for their discharge arrangements from hospital. Three people rated their discharge between 5 and 9, but four did not answer but they all provided comments, see below.

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

- *Have had discussions about probable discharge and recovery needs*
- *I would like the staff to tell me. Don't know about discharge, but when I go, I will have to go to family member. Can't go to own home*
- *Waiting for a result from test to know what meds I need*
- *Not sure, doctors come to check on you. Watch you walk upstairs - piece of equipment. Vague statement every day.*
- *There are certain complications in my case, but they talk to me about what is happening with me. I have a bone marrow test so waiting for results. They discuss everything with me, anything I need to know they will help with*
- *Not very - I would like to know how to walk using the frame because of my knee problem*

When asked staff said this about the discharge process and what should happen, some of the comments were:

- *"It works well, it is medication which holds it up - this is the slowest part".*
- *"Patients are involved in all discussions. A package of care is put together and transport arranged".*
- *"If it is nurse led it works well. There is a morning meeting coordinating along with an HCA to support with any admin/swabs required."*
- *"Follow up any delays with pharmacy, and book therapy review before sign off and arranging transport".*

7. Conclusions

The staff we spoke to were professional and caring, and most of the people interviewed valued and appreciated the care and communication they were given.

Communication was good in parts with staff offering reassurance. Some patients said they felt silly asking questions, and another said "nobody listens, there is no two way conversation". Another patient highlighted that they feel they are treated like they are stupid - this related to questions about equipment needed for home. Whilst another commented "they change your meds and don't tell you why".

Some people were a bit concerned about their discharge. It was clear that they had conversations about their discharge and were aware of some of the process that they would be following.

Some relatives felt they did not receive good communication about their loved one.

Google translate was highlighted by a staff member to communicate with people who speak a different language. This can be problematic due to the quality of the translation and using language line for people with communication needs due to Stroke may not work for some due to no visual element. None of the patients were aware of the Hospital Passport.

We saw an example of patient having their dignity compromised and heard about another from a relative. A staff member said that they would like to see safe staffing levels on the ward at all times.

We observed an issue regarding understanding the ingredients in the food where information was not available to give to the patient.

8. Recommendations and response

Recommendation	Response / action
<p>1) Privacy, dignity and waiting for care</p> <p>Due to variations of peoples' experiences, work should take place on the ward to reinforce standards regarding privacy, dignity and responsiveness of care.</p> <p>Complete regular checks on ensuring to meet people's dignity on ward. Provide additional training and or reminders about this at staff handovers.</p>	<p>An engagement session will be held with the Ward to share the findings of the Healthwatch visit.</p> <p>Patient Experience will be monitored through the Wards Focus Board as well as rounding by the Ward Manager and Modern Matron.</p>
<p>2. Food</p> <p>Provide information on the ingredients in the food being offered, as this forms part of meeting people's dietary requirements.</p>	<p>Raise awareness to staff of the meal dietary information booklet.</p>

	Daily allocation of the Nutrition Guardian on the ward.
<p>3. Communication with patients</p> <p>Review the methods used to communicate with patients to ensure the right methods are available to meet individual patient needs and staff are aware of correct practice.</p>	<p>Teaching session with the Ward staff to ensure that they are aware of the different communication methods and resources available.</p> <p>Identify staff training needs and include in staff appraisal objectives where indicated.</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 was 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 to UHCW ward 41.

12. Appendices

Appendix 1 Information about patients we spoke to

Ethnicity	Count
White: Any other White background	1
White: British / English / Northern Irish / Scottish / Welsh	7
Grand Total	8

Age group	Count
50 to 64 years	4
65 to 79 years	1
80+ years	3
Grand Total	8

Gender	Count
Female	2
Male	6
Grand Total	8

Faith/religion	Count
Christian	6
No religion	2
Grand Total	8

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

- Patient guidance on wearing of masks on a poster on the door.
- Visible signs on some doors to room (FALL in red - see nurse in charge)
- Staff details board with pictures and titles of responsibility on a board.
- A visible board saying 100% harm carefree with no details feeding into the statement.
- An accreditation for Ward 32 on the board.
- A 'Did we get it right poster'.
- Accessible info standard poster with 5 essential steps and a QR code to a language line.
- A raising concerns poster giving staff details of who to contact and a QR code.
- PPE equipment and a visible sluice room sign on door.
- Cleaning in progress on the ward signs.
- A 'when am I going home' information board.

- A poster explaining the "care home red bag" which aims to help health and social care systems to develop efficient and effective arrangements, for Hospital transfer pathways when a resident moves between a care home and clinical setting such as a hospital etc. The bag stays with the patient and holds standardised information about the persons general health, any existing conditions and medication they are taking, as well as highlighting the health concern. When due for discharge a copy of the summary is placed in the bag for the care home to support the transfer back home. A red bag also highlights to staff that the person is from a care home.

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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