



Kingston Hospital Adult inpatient wards Executive Summary

Jessica Beeson
September 2019

healthwatch
Richmond upon
Thames

Introduction

In May and June 2019 Healthwatch Richmond conducted a series of Enter & View visits to the adult inpatient wards at Kingston Hospital. This document summarises the feedback we received from patients and staff, as well as the observations made by our team, and the responses that the Hospital made to our recommendations.

Background & Method

Kingston Hospital NHS Foundation Trust provides services to Richmond residents and those of surrounding areas including Kingston, Roehampton, Putney and East Elmbridge. Our primary aim was to understand, from a patient/carer perspective, the quality of the service provided. Secondly, we wanted to hear from staff about their experience of providing care on the ward, and whether they are well supported in their role.

We carried out visits in the morning, afternoon and late evening of each of the following wards: Cambridge, Canbury, Bronte, Acute Assessment Unit (AAU), Kennet, Blyth and Derwent. We prepared a list of prompts for our conversations with patients but these conversations were semi-structured, and therefore allowed patients to raise other topics according to their individual experiences of the service. In total, we spoke to 102 patients and/or relatives and 65 members of staff from a wide range of different job roles on the seven wards that we visited.

Overall Care

When asked how they would describe their overall care on the ward, 94% of patients gave positive feedback. Patients were generally very pleased with the care received.

During our visits all patients appeared well cared for, were wearing clean hospital gowns and were either in bed or sitting in the bedside chair. Self-care items such as water/hot drink and call button were mostly within the patient's reach.

Physiotherapy and exercise on surgical wards

Patients on a surgical ward wanted better access to physiotherapy at the weekend, as they felt this would benefit their recovery and allow earlier discharge. The Hospital has used our findings to inform its upcoming decision on whether to implement 7 day working for physiotherapists.

Privacy and dignity of patients

The huge majority of patients felt that their privacy and dignity had been respected. The curtains around the patients' beds were routinely used by staff when administering care. Although conversations could be heard through the curtains this was not flagged by patients as a problem. A carers/relatives room is available for private conversations.

Staff attitudes

Patients were asked how they would describe the staff on the ward. 77% (50 out of 65) of patients were very positive feedback about staff attitudes, and their level of compassion and friendliness. In general, there was almost universal praise from patients about the nursing staff as 92% (33 out of 36) were positive comments.

Although the vast majority of comments about staff were positive the negative comments related to either poor staff attitude, or to the impact of staff busyness on patients which was particularly notable on Kennet ward.

Communication

Patients felt informed about their treatment plan and the next steps involved. Patients felt included with decisions in their care if they wanted to be. Some patients were happy to defer to the doctor as they felt they had the expertise/medical knowledge. Most patients felt that their doctor had explained their care and treatment well enough for them to understand. Doctors took the time, were good at answering the patients' questions and were considerate towards the patients. On the whole patients were able to talk to doctors as regularly as they needed to. When we spoke to the patients' family members/carers they reported that they were able to speak to the doctor and get updates on their relative's care.

Staff were seen introducing themselves to patients and patients also reported that this was happening. The use of patients' preferred names was inconsistent, however patients did not report negatively on this and the interactions we observed were caring and compassionate.

Negative instances of poor communication related to poor information sharing between staffing groups/staff members, and patients having to repeat their medical history when they were moved wards. Furthermore there were four cases where a patient's communication needs were misunderstood and not correctly judged by staff.

Ward Environment

We observed that all wards visited were well-kept, tidy and clean. Patient bays and side rooms did not feel cluttered with patient belongings. The majority of the patients were positive about the ward environment during the day. It was striking that there was a calm feel to the wards given the busy nature of being in hospital. Blyth and Derwent are dementia friendly wards where great attention has been given to ensure they are adapted and suitable for patients with dementia.

The experiences of patients at night were far more mixed with the main cause being patients not able to sleep due to disturbances from other patients, this was often unavoidable. These disturbances were often caused by dementia patients and highlights the challenge of supporting these patients in a hospital environment. There was an isolated incidence of staff noise at night on AAU which we reported to the Hospital and were pleased to hear that appropriate action had been taken promptly. Two members of Healthwatch Richmond staff visited all the wards between the times of 21:45 and 23:00, we felt the wards were quiet and restful, and noise was managed by staff to the best of their ability.

Infection control

During our first visit to Blyth there had been a norovirus outbreak, therefore measures had been taken to avoid the spreading of the virus, and so all bays except one were in isolation. We asked the Trust to clarify if extra precautions were being taken with the food trays from the isolated norovirus bays/rooms and how this risk of infection was being managed. The Hospital provided a detailed response and reassurance that this is dealt with in an appropriate manner.

Food/drink

70% (55 out of 79) of patients described the food and drink on the wards positively. Patients valued being able to have a hot drink when they wished and a biscuit in between meals. Patients valued the ability to have a meal they would often have at home. The main complaint was that the food was bland and we found that the provision of food/drink in the discharge lounge needed to be addressed. We raised this with the Hospital who have made changes to their meal service so that patients in the discharge lounge will now be offered meals.

Some patients reported problems ordering food as they struggled to understand what was offered due to being hard of hearing. On Derwent ward the way food options were offered resulted in patients not understanding the full range of options available to them. The Hospital told us that there were two Quality Improvement Projects underway that would address these issues and that the Hospital will review the impact of these in March 2020.

Staff feedback

General

We also spoke to staff about their experiences of working on the ward. New staff reported being welcomed onto the ward and provided with a useful ward induction. The majority of staff described the good relationship between staff, commented on the friendliness, and said that it was a good environment to work in. Staff largely felt supported by senior staff and had confidence raising concerns/incidents, including those about safeguarding.

Additional strain on healthcare assistants (HCAs)

During our visits we interviewed staff members from many different job roles, a theme that emerged was that HCAs in the elderly care wards Kennet and Derwent felt an increased strain on their duties, and felt relatively less supported and appreciated by other ward staff. This could be due to the relative high demand of personal care needs and low mobility of the patients on these wards. When required HCAs are also assigned to 1:1 duties for a confused, wandering patient, and it is understood this should be an extra member of staff on the ward. One HCA reported that they were on 1:1 support for a highly confused patient while also assigned to bay working.

Issues around staffing on Kennet ward

Feedback from staff, patients and our own observations of the ward paint a picture of a busy ward with stretched staff resources. Our first visit to the ward followed the admission of eight new patients on the previous afternoon so this will have likely resulted in a higher workload for staff, and could have been noticed by patients.

Patients told us that they experienced delays to receiving care and staff told us that they find delivering care effectively and safely difficult within current capacity. Staff suggested that understaffing, and in particular a lack of permanent staff/a high number of agency staff, made meeting patients' needs challenging. Staff on Kennet ward expressed frustration that the staffing challenges they faced were being raised with senior staff/management but that nothing had changed. In response to our report the Hospital told us about a range of measures that they are implementing to improve team relationships on the ward and to reduce the reliance on temporary staff.

Recommendations and responses from the Hospital

Based on our recommendations the Trust have committed to taking appropriate actions and has already started this process during the statutory response period:

Recommendation: We asked the Hospital to share how they plan to ensure staff have enough training/support to understand the specific communication needs of a patient.

Response: For staff, who wish to further enhance their communication skills the Trust offers staff the opportunity to complete the Sage and Thyme communication course.

Recommendation: The incident of staff noise on AAU was reported to the Hospital on the same day of the visit. We asked the Hospital what actions were taken.

Response: The Deputy Director of Nursing met with the AAU Matron to discuss this action. A letter will be sent to all Senior Nursing staff asking them to be aware of noise from other staff and to keep this to a minimum. The incident will be discussed at the ward meeting.

Recommendation: Can the Hospital clarify what food and drink is available to patients in the discharge lounge? Who is responsible for this provision?

Response: Extra meals have now been added to the AAU trolley, which will include the discharge lounge. Nursing staff have been advised to remind patients of this option. A new Healthcare Assistant will be based in the discharge lounge and will offer the option of a meal(s).

Recommendation: Patients were not being offered a choice of food, can you address this?

Response: There are currently two Quality Improvement Projects being undertaken specifically related to meal service and support for patients at mealtimes. The projects are underway, with implementation over the coming months and an audit taking place in March 2020 to monitor the outcome of these improvements.

Recommendation: Our understanding is that physiotherapy is available at the weekend for patients but at a reduced level. We asked that the Hospital consider what they can do to ensure better access to exercise, reablement and physiotherapy on the ward.

Response: Orthopaedics has one full time Physiotherapist and Physiotherapy assistant on a Saturday and Sunday. Therapy is provided based on Clinical need and patient condition, and re-enablement assessment is part of the discharge planning process. Chest Physiotherapy cover 7/7 is provided for management of the sickest patients. A full business case to introduce a form of 7/7 working for all the ward physiotherapists has been written. This would provide many more physiotherapists working on a weekend and bank holiday. This case has been discussed at a senior level and a decision will be expected in the next few months. The comments within this report will also contribute to the business case.

Recommendation: There is discontentment among HCAs on Kennet and Derwent wards. Secondly, the team dynamics on Kennet ward need to be addressed. We asked the Hospital to review this with staff on these wards and outline how they plan to address it.

Response: Kennet ward is currently closed for a Dementia Friendly environment upgrade, and prior to reopening there will be team development days to build the relationships between the team members. The Healthwatch report will be shared with the teams as part of that process. The Executive Management Team are currently reviewing the bed base requirement and if agreed then Kennet ward will be staffed to 30 beds substantively, reducing the requirement for temporary staff.
