Kingston Hospital Adult inpatient wards Enter & View report

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healthwatch Richmond upon Thames

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Introduction

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

Healthwatch Richmond are the independent NHS and social care watchdog for residents in the London Borough of Richmond upon Thames. We help to shape, challenge and improve local health and social care services.

Healthwatch Richmond was set up by the Health & Social Care Act of 2012. The Act and its regulations granted Healthwatch the power to: Enter and View premises that provide health and/or adult social care services, request information from health and social care providers and receive a response within 20 working days.

The reports for Healthwatch Richmond's Enter & View visits can be found on our website – **www.healthwatchrichmond.co.uk** or are available from our office. Please contact us on **020 8099 5335** for further details.

Background

In 2018/19 we set our work plan based on collected patient experiences to review adult inpatient care available to Richmond residents. As part of this project we undertook to review of adult inpatient care at West Middlesex University Hospital and Kingston Hospital. We undertook our review of West Middlesex in October 2018 (this report is available on our website, alternatively contact the office) however due to Care Quality Commission (CQC) activity we delayed our review of inpatient care at Kingston Hospital.

Kingston Hospital NHS Foundation Trust provides services to Richmond residents and those of surrounding areas including Kingston, Roehampton, Putney and East Elmbridge. The Trust provides services to approximately 295,100 people, has approximately 520 beds and provides all eight acute core services: urgent and emergency care; medical care; surgery; critical care; services for children and young people; maternity; outpatients and end of life care.

The Hospital directly employs 2,750 staff with another 300 staff employed by contractors but working on behalf of the Trust.

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.

The Hospital can be found at the following address:

Kingston Hospital
Galsworthy Rd,
Kingston upon Thames
KT2 7QB

Methodology

Before we undertook the visits, we reviewed pre-existing patient data on the Hospital's adult inpatient care including:

- Our own data from patient experiences collected over the past 2 years
- Patient reviews left on NHS website
- Friends & Family Test data for Kingston Hospital (September 2018 – January 2019)
- The CQC's 2018 report for their most recent routine inspection of the Hospital and the CQC 2018 inpatient survey
- An Enter and View project in 2015 by Healthwatch Kingston

This preliminary research, alongside our discussions with the Hospital team, helped us to identify topics of particular interest and establish how best to gather feedback from patients.

We prepared a list of prompts for our conversations with patients provided in *'Appendix 1 - Patient Questions'* (page 30), but these conversations were semi-structured and therefore allowed patients to raise other topics according to their individual experiences of the service. Secondly we used a pre-prepared checklist to guide our own observations throughout the visits shown in *'Appendix 2 – Observation checklist'* (page 31). Finally we had a list of prompts for staff conversations, this is available in *'Appendix 3- Staff Questions'* (page 33).

Plan for the ward visits

We had a particular interest in reviewing care of the elderly, so visited three elderly care wards and then chose to visit other wards that covered a range of different disciplines.

We, therefore, visited a total of seven different adult inpatient wards:

- Cambridge ward: Trauma & Elective, Surgical
- Canbury ward: Trauma, Surgical
- Bronte ward: Cardiology & Haematology, Medical
- Acute Assessment Unit (AAU): Urgent Medical & Surgical
- Kennet ward: Acute Elderly Care
- Blyth ward: Dementia-friendly, Acute Elderly Care
- Derwent ward: Dementia-friendly, Elderly Care

For each visit we were on the ward for two hours speaking to patients and staff and observing care on the ward. To maximise data collection we visited each ward twice, leaving a two week gap between visits to reduce the likelihood of speaking to the same patient twice. This meant we were able to visit the wards in the morning and in the afternoon, and capture experiences on the ward at different times of the day. Two wards were visited per day. In addition, we conducted a short late-evening visit to each of the wards (approx. 15 min per ward), to observe the experience of being on the ward prior to lights out.

Our visits were conducted at the following times:

- Monday 14th May: 10:30 - 12:30
- Tuesday 15th May: 10:30 - 12:30
- Wednesday 16th May: 10:30 – 12:30
- Monday 20th May: 21:45- 23:00
- Tuesday 3rd June: 13:00 - 15:00
- Wednesday 4th June: 13:00 – 15:00
- Thursday 5th June: 13:00 – 15:00

The visits were planned in accordance with Healthwatch Richmond's Enter & View Policy and undertaken in a spirit of partnership and openness. Every visit was led by a member of staff, with pairs of Enter & View authorised representatives visiting each ward. Enter & View volunteers undergo a thorough recruitment process that includes the completion of: a written application, references and interview; DBS check; and relevant training in adult safeguarding and conducting Enter & View visits.

Analysis

In total, we spoke to 102 patients and/or relatives and 65 members of staff from a wide range of different job roles in the seven wards that we visited.

The useable, qualitative data we collected was analysed as follows:

- Individual comments and observations were assigned a sentiment (e.g. positive, neutral, negative or insufficient data).
- The experiences were separated according to the overarching 'themes'.
- The frequency, specificity, emotion and extensiveness of individual issues were examined. A descriptive summary was then prepared for each theme.
- The overall results were reviewed, conclusions drawn and recommendations made.

The report with our recommendations was shared with the Trust and they provided a response within the statutory deadline. Their response to our recommendations has been incorporated into section **'Recommendations and response from the Hospital'** (page 26).

Limitations

The experiences and observations recorded in this report were collected during the seven specific visits conducted by Healthwatch Richmond. Therefore this report may not be representative of the experiences/views of all patients, relatives and staff, as there was a restricted time period available for those to contribute. While every attempt has been made to provide a sense of scale to the issues raised by patients, the methodology employed does not allow for issues to be robustly quantified.

We aimed to coordinate our visits to overlap with lunch being served. Some issues had arisen in our review of West Middlesex Hospital relating to care around meal times, therefore we were keen to observe this period at Kingston Hospital. Despite our best planning the morning (10:30-12:30) and afternoon (13:00-15:00) visits rarely coincided with lunch, therefore we have limited feedback and observations of meal times. We do, however, have patient feedback on the quality and choice of food available on the wards.

Patient Feedback

Overall care

When asked how they would describe their overall care on the ward, 94% of patients (88 out of 93) gave positive feedback. Patients were generally very pleased with the care received.

One patient on Canbury ward reported that Kingston Hospital was the best hospital that they had been admitted to, and a patient on Bronte ward commented that they would not want to go anywhere else when ill. A patient on Cambridge ward had been admitted for the fifth time to Kingston Hospital and each visit had been an improvement on the last. On Acute Assessment Unit (AAU), a patient who had never been in hospital before was "shocked how wonderful it is" and described how it had changed their perception of what it was like to be in hospital.

"Very good" – Canbury ward

"Excellent…really well looked after" – Cambridge ward

"Brilliant…can't fault it"- Bronte ward

"Great…the amount of care is incredible". - AAU

"Very good care from everyone." – Kennet ward

"Level of care is good" – Blyth ward

"Marvellous" – Derwent ward

Four patients described the care with more neutral sentiments, for example "OK", "fine" and "care is alright". One patient had a negative answer to this question as he/she did not feel they had control of their day-to-day life while in hospital. He/she wished to be able to keep up the habits they have at home while on the ward.

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.

Staff attitudes and quality of care

Positive staff comments

Patients were asked how they would describe the staff on the ward. 50 patients out of 65 (77%) were very positive feedback about staff attitudes, and their level of compassion and friendliness. The spouse of a patient on Kennet ward had confidence in the staff and commented that they felt they were leaving the patient in very good hands. On Canbury ward a patient who described themselves as having social anxiety found staff very sensitive to their needs.

Some of the positive comments that patients made included:

"Absolutely lovely, they go above and beyond the call of duty" – Canbury ward

"All very friendly and kind" – Canbury ward

"Lovely, very nice" – Cambridge ward

Patient expressed gratitude towards "staff being kind" – Bronte ward

"All staff bend over to help" – Bronte ward

"Very caring and efficient and so much skill displayed. Can't fault them at all" – AAU

"All very nice" - AAU

"Caring and patient" – Kennet ward

"Energetic, friendly, and always ready to help" – Kennet ward

"Everyone is smiley" and made the patient "feel comfortable" – Blyth ward

"Kind and lovely" – Blyth ward

"Everyone is very kind and so good at looking after me" –Derwent ward

"Very efficient" – Derwent ward

Observations of good care by staff

Alongside the patient feedback, we observed how staff interacted with patients during our time on the wards. For each ward, we have highlighted some examples of good staff interactions with patients.

- **Canbury and Cambridge wards:** When we saw interaction between staff and patients there was courtesy, attentiveness, good humour, and general pleasantness. Staff were also friendly and chatty with patients.
- **Bronte ward:** All staff appeared to treat patients in a warm, friendly and caring manner. There was also excellent care while the nurse was helping to feed a patient.
- **AAU:** The patient-staff interactions were friendly and caring. Nurses did frequent rounds of the patients they were responsible for, asking if patients needed anything. What was good to note was a poster for the need to do two hourly rounds on the entrances to patient bays. This was to remind staff to check if patients needed the toilet, if they wanted to be in the chair or bed, if self-care items were in reach and finally to assess their pain level. We also observed the needs of a patient with dementia being handled well.
- **Kennet ward:** A member of staff took the time to speak to a very confused dementia patient who was getting distressed. The staff member spoke to the patient kindly, held the patient's hand and spoke about something the patient liked.
- **Blyth ward:** All the staff observed were welcoming and helpful. There was a cheery feel to the ward and the staff interacted well with the patients. Staff were smiley and approached patients in a friendly way, and this was used successfully during one incident where a patient became distressed. A staff member heard a patient shouting and went to check on the patient straight away, and this seemed to calm the patient down.
- **Derwent ward:** The staff were attentive and responsible to their patients. A relative asked a nurse for towels and shampoo to wash a patient's hair. This was swiftly provided by the nurse. The relative was very grateful and felt this would make the patient feel better.

Negative staff comments

Although the vast majority of comments about staff were positive there were 15 negative comments about staff and, of these, there were six incidents of poor staff attitudes.

Patient on Canbury ward had their regular medication changed when they were admitted. The pharmacist was described as "very fierce". The patient felt that it was not clearly explained why the medication and the timing of medication had changed. One patient on Canbury ward felt that the occupational therapist was "unprofessional" and the home visit report did not take a number of aspects into consideration. This patient had been on the ward for a considerable length of time, and had delays to discharge due to finding suitable accommodation.

One member of staff on Cambridge ward was described as "abrupt". A member of the catering staff was "not terribly friendly" on Bronte ward. On Derwent ward a member of staff told a family member they were too busy to answer "a very simple question" the staff member then left and slammed the door, this had been raised as a formal complaint.

The final poor staff attitude occurred during the patient's previous stay on AAU. The patient awoke during the night distressed and confused, they found a member of staff (job role unclear) who refused to help the patient as "it was not part of their job to talk to them" and the staff member was described as "abusive". Patient described feeling desperate and dismissed due to them being elderly.

There were also negative comments that relate to how busy the staff were and their ability to respond quickly to meet the patient's needs. Of these 9 responses, 6 were about the staff on Kennet ward and this will be discussed further in section ***'Issue around staffing on Kennet ward'*** (page 22). One patient in a side room on Canbury ward noted that other than taking their observations, no one came in to check if they were OK. A patient on Bronte ward noted how staff were very busy "running back and forth" and felt that it was very unfortunate that there were "so few people to do so much". Another patient on Canbury ward noted that there did not always seem to be enough staff on the ward. These patients also gave more neutral/negative descriptions of their overall care, and this demonstrates how crucial the patient's perceptions of staff are in shaping their whole experience of being in hospital.

Observations of below standard care by staff

- **Cambridge ward:** An elderly patient asked for a commode with some confusion. The healthcare assistant (HCA) explained that they had already told the patient that they had a catheter in place. Patient kept asking, did not understand what they were being told and they couldn't answer whether it was "poo" or "wee".
- **Kennet ward:** A patient was sat in a chair in the corridor with a table with some self-care items and their mobility aid. They were due to go home but patient transport had not yet arrived to collect them (by 2:30 pm). Patient was very confused and was slowly getting more anxious as staff members walked past without speaking to them. They expressed their anxieties by saying "I don't know how long I have sat here", "Why am I here?" and "What is happening?". The patient was told by the ward clerk that they were going home. This created further confusion with the patient ending up in tears, as they thought they must have done something wrong to be in this situation and were fearful of being taken away. Staff members did not intervene immediately and only interacted when the patient called for their attention. The patient should have been receiving 1:1 support but

while this incident was happening the assigned HCA was on their break. When the HCA got back to the ward they had to juggle the 1:1 duty alongside bay working. The HCA did their best and provided 1:1 support to patient as they walked up and down the ward and this then did seem to calm the patient.

- **Derwent ward:** During the afternoon visit it was observed that there was very little interaction between the patients and the staff. Staff appeared to be devoted to other tasks as they moved about the ward and worked on computers in the bays. One patient in a side room was awake and lying flat on their back staring at the ceiling. Over about an hour we did not observe any staff go into this room and it may have been that the patient was not comfortable, or able to, call staff.

Patients were able to largely distinguish the different staffing groups (e.g. doctors, physiotherapists, occupational therapists) with the exception of the differences between a nurse and healthcare assistant (HCA). Although each staffing group had a different uniform, the majority of the patients we spoke to could not tell what each uniform meant. Many of our Enter & View authorised representatives were also not clear about the uniform differences and relied on reading the staff's name badge. The Hospital currently provides patients with a ward-specific welcome card that has a staff uniform key, there are plans to expand the number of uniforms in this key over the next few months. The Hospital also tells us there are posters displaying the uniforms on the wards but they may not be prominently displayed as they weren't spotted by us during our visits.

Nurses

Any comments made by patients about the nursing staff will also be a reflection on the HCAs assigned to that ward. In general there was almost universal praise from patients about the nursing staff as 92% (33 out of 36) were positive comments. A patient from Canbury ward described how the nurses had shown kindness by sitting with and comforting them. A patient said the atmosphere of AAU was "lovely and friendly" and they attributed to this to have "come from the nurses".

The less positive comments, of which there were very few (3 out of 36 comments), relate to patients recognising how difficult the job is and appreciating how well nursing staff coped with the workload they had.

The sentiments of the patient's comments about the nursing staff are demonstrated with a selection of the comments below:

Nurses always "keep themselves cheerful which is amazing" – Canbury ward

"All lovely" – Cambridge ward

"Care for you…anything you need they will provide for you" – Bronte ward

"Student nurses are very good. So good you would never think they were in training" – Bronte ward

"Wonderful, incredible and breath-taking", described as "angels" - AAU

"Kind and attentive" - AAU

"Exceptional" – Kennet ward

"Very good. They do their absolute best and work very hard." – Kennet ward

"Good, considering they have a difficult job". – Blyth ward

"All the nurses are lovely" – Derwent ward

Communication

Good communication

Patients felt informed about their treatment plan and the next steps. Patients felt involved 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, a patient was happy to "go with what they say".

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

A patient on Cambridge ward was a carer to their spouse and had concerns about how they would cope after discharge, they told us that they felt reassured after a long chat with an occupational therapist and were happy the arrangements for discharge were being planned for them by staff. A patient on Bronte ward who refuses blood products due to religious beliefs told us that they were listened to, and their wishes were respected. A patient needed a special mattress due to their height and to prevent bedsores, the mattress was ready for when they arrived on AAU. A patient said they were very worried about their bowels due to lack of activity and a change in diet. This patient felt this had been dealt with discreetly and appropriately by the staff on Kennet ward.

Observations of good communication

We observed several examples of good communication between staff and patients while visiting the wards:

- **Canbury ward**: A nurse interacted well with a deaf patient and the patient was happy while care was given. A doctor visited a patient, gave their name and gave an example of the last time they spoke to patient to trigger patient's memory.
- **Cambridge ward**: Staff were seen introducing themselves to patients, being polite and respectful, and showing patience with patients who had communication difficulties.
- **Bronte ward**: Staff placed themselves at the patient's eye level while talking and listening to them. They were also seen introducing themselves to the patients.
- **Kennet ward**: There was an excellent interaction between a nurse and a patient, where the nurse made good eye contact, listened carefully to the patient while explaining what they were going to do before providing care. An occupational therapist approached a patient to provide them with a leaflet on a treatment they will undergo. A clear explanation was given and the questions that the patient had were answered.
- **Blyth ward**: A physiotherapist used the pictures on the ward's walls to help the conversation with the patient, and to motivate the patient to keep doing the exercise.

Poor communication

On the surgical wards (Cambridge and Canbury) there were three comments about poor communication between staff members/staffing groups. A patient reported that the communication between a doctor and nursing staff was "inadequate", and that the patient had to remind nurses that the doctor had instructed them to provide an ice pack to reduce swelling. Another patient said the surgical team "all say different things" and felt confused by the constantly changing information. On patient described a "bureaucracy between staffing groups" and that the coordination of their care between them did not always work.

A patient was admitted from A&E and had been moved three times before arriving on Kennet ward. With every new ward the patient had to repeat their medical history. The patient felt that this delayed diagnosis, lengthened their hospital stay and negatively impacted their health and wellbeing. An occupational therapist had visited to talk to the patient about rehab but this happened before they had been diagnosed by doctors. This was felt to be "too soon" and was inappropriate. This same patient was told they needed to see a dietician but this had not happened yet and they hadn't been told when this was going to happen.

A patient on Canbury ward had been waiting for surgery on their leg for 3 days and had been given no date/time for when this was to happen. A carer of a patient on AAU said staff came late at night to take patient for an X-ray, the carer thought this was inappropriate at this time and refused to allow this. This had not been communicated or discussed with them beforehand.

Lack of understanding about patient's communication needs

On Cambridge ward, a patient had observed poor communication by nurses with a dementia patient and felt staff lacked awareness of this patient's needs. Staff expected a higher level of understanding than the dementia patient had. In addition the name on the board above the patient's bed was slightly incorrect and staff called this patient by the wrong name, the dementia patient was heard correcting staff but they continued using the wrong name. The patient in the next bed felt impelled to tell staff of the mistake, as they felt it would be important to the dementia patient that they were addressed by the right name.

Two patients on Blyth ward wished they could be spoken to as competent adults. They felt there was a generic way of talking to patients that was somewhat over simplified, which although entirely respectful, seemed a little childlike. One of these patients wasn't properly informed about why they were having tests, it was only resolved when a friend sought out the senior nurse on the ward to ask for an explanation. The other patient was alarmed when having gone to sleep one evening, they woke up to find they were being wheeled down a corridor. They felt they should have been woken up and told what was happening.

A patient on Cambridge ward with a traumatic brain injury believed that staff made an incorrect assumption that they had a learning disability. The staff heard their slurred speech and reverted to the "lowest common denominator" when communicating with the patient. This was described as "hurtful and disrespectful". The patient questioned why staff did not ask the patient what their needs were, to avoid "patronizing" the patient and underestimating their competency. The patient did not feel they knew enough about the

plan for their treatment and reflected that staff may not tell them because of an assumption about their disability.

Conversely their physical abilities were overestimated, the patient is a wheelchair user and felt they were being treated as if they were an able-bodied person. The patient needed more support than they were getting and thought that "difficulties that you have aren't understood [by staff]". This showed a lack of awareness about the condition by staff.

Additionally, they felt they were having to repeat themselves constantly when providing information to staff members. Upon admission they answered the standard questions about their needs/requirements, however on the following day "it was like it never happened". They could not understand why staff could not just read the notes to avoid having to ask, and why this information could not be shared between staffing groups. The parent of this patient was very frustrated and felt that they needed to be vigilant at all times to ensure the patient's needs were met and care was given appropriately. They also reported not finding it pleasant to be continually reminded of the painful memories associated with the medical history they were having to repeat.

When this was raised with the Trust they highlighted that sometimes information is repeated for assurance that there is no change from when this information was provided. The Deputy Director of Nursing discussed this particular case with the orthopaedic team and is happy that in this particular case the duplicate of information was appropriate to this patient's individualised care.

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

Outcome: The Hospital told us that they run communication training for staff that is included in practice development days, and offer staff a training course called Sage and Thyme.

Recommendation: We also asked the Hospital to provide a response to the instances of poor communication between staffing groups on the surgical wards.

Outcome: They told us that they would share the report as part of their induction and governance processes.

Doctors

Most patients felt that doctors had explained their care and treatment well enough for patients to understand. Doctors took the time, were good at answering the patient's questions and were considerate. On the whole patients were able to talk to doctors as regularly as they needed to. When we spoke to the patient's family members/carers they reported that they were able to speak to the doctor and get updates on their relative's care.

Examples of positive descriptions of the doctors and the care they gave are provided below:

"Incredible"

"Very good"

"Thorough and communicated well"

"Helpful"

"Wonderful"

There were few negative comments relating to doctors on the wards. One patient on Cambridge ward felt they had not been able to speak to the doctor enough. Another reported that during ward rounds the consultant came in with a large team, and did not introduce them, or ask if the patient was comfortable with this.

One patient from AAU felt there was a disparity in what the general discipline doctors told them compared to their cardiologist that they also are seen by on the ward. This was confusing and frustrating to the patient who felt that this would be avoided if they were on a cardiology ward. The only negative experience regarding doctors' use of language came from a patient on Kennet ward who did not understand their treatment plan because they could not understand the "jargon" their doctor had used.

Junior doctors were described by one patient on Bronte ward as "boisterous and overzealous". The patient did not trust them as much as the more senior doctors.

Privacy and dignity of patients

The huge majority of patients felt that their privacy and dignity had been respected. They reported that staff were using the curtains appropriately. We observed that the curtains around the patient's beds were well-kept and provided adequate cover. They were also routinely used by staff when administering care and when doctors visited the patients.

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.

There were two incidents observed by us that did not fully respect the patient's dignity. In Kennet ward there were two physiotherapists with a patient practising transferring from chair to bed. They did not draw the curtains, and the hospital gown was fairly short this meant more skin was shown then the patient may have been aware of. The second incident was in Blyth ward where a patient was using a mobility aid to get to the bathroom, the gown was gaping at the back revealing their underclothes, and this did not maintain the patient's dignity.

Medication

When patients were asked if they were given their medications on time, most patients answered that they were. There were a handful of more negative experiences relating to incidences of how and when the medication was given. These are detailed in the paragraphs below.

One patient on Bronte ward mentioned the challenge of coordinating taking their medication with food (as is medically instructed). They felt that staff worked hard to do this but there was a gap between when the food and medicine were given to them. Two patients on Bronte and Cambridge wards felt that the medication given at night would often come after the patient had fallen asleep. Once woken the patient found it very hard to get back to sleep and this had a knock on effect to the next day. A patient requiring medication for pain management was given this "as and when" but would have preferred a regular schedule.

The carer of a patient on AAU brought in the medication needed from home, however they pointed out that everything was prescribed again while they were in hospital, and felt this caused "a lot of waste". This is standard practice as the Hospital is responsible for the medications of patients under their care. The carer was aware that this was Hospital policy but wanted to make the point that this practice was a waste of NHS resources. A patient from Blyth ward had medication for a separate condition at home but following admission to Hospital, it had taken "3 days to be given this medication". One relative of a patient on Derwent ward felt it took a long time to get the right combination of prescribed medication to keep the patient pain-free.

Ward Environment

During the day

Positive descriptions of the ward environment

We observed that all wards visited were well-kept and tidy. Patient bays and side rooms did not feel cluttered with patient belongings. Corridors in wards were generally uncluttered and no equipment obstructed movement. In the dementia friendly wards (Blyth and Derwent) corridors have been widened to give the feeling of space and reduce the fall hazards for patients. It was also noted that particular care was taken on Bronte ward where there were labelled designated spaces for equipment. This ensured equipment was routinely put away and led to a very tidy environment on the ward. Canbury ward was more cluttered than other wards with equipment and trolleys stored in corridor, and computers and files were also present during our visits.

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 floors are non-shiny with clearly defined hand rails along the corridor and appropriate lighting. To help with orientation on the ward, each patient bay's walls is painted a different colour and pictures are used to identify each of the patient's beds. There are also engaging photographs of local areas on the walls and some could be changed seasonally to reflect what is going on outside. Both wards have a day room that was designed to look like a sitting room with comfortable seating, a bookshelf, TV and piano (Blyth ward only). We noted that the day rooms were not well used and one member of staff on Blyth ward expressed an ambition to make better use of the day room. Both wards have further smaller seating areas and these were more widely used by patients and relatives. For example on Blyth ward there is one area that is meant to simulate a garden with pictures of flowers, and a calming sensory water feature.

There were 22 (out of 37) positive responses when patients were asked to describe the ward environment during the day. Patients generally described the wards as tidy and clean, further examples of ward descriptions are given below:

"Generally calm and quiet" – Cambridge ward

"Lots of light" –Cambridge ward

"Reasonably quiet"- Bronte ward

"Lots of staff coming and going but that it's a calm environment"- Bronte ward

"Airy and spacious"- AAU

"Relaxing and easy going" – AAU

"Calm and quite nice" –Blyth ward

"Liked the environment and atmosphere" – Kennet ward

"Busy but not noisy" – Derwent ward

"Liked the ward" – Derwent ward

Negative descriptions of the ward environment

The fifteen negative descriptions of the wards (out of 37) all related to noise and how busy the ward felt to patients.

A patient in the side room in Canbury ward felt that the meal trolley positioned outside their room during meal times was very noisy.

During the afternoon visit to Bronte ward two patients reported being disturbed by other patients in the same bay, the noise was avoidable as patients were not being considerate of others around them. This also disturbed the patients at night as well. This appears to be an isolated incident and was reported to the Hospital immediately following the conclusion of the visit.

Two out of 13 patients asked on AAU felt the ward was very busy and this meant it could be noisy. One patient reported feeling concerned after a patient with mental health needs became very distressed and upset when they were told they were being discharged.

Five out of six patients on Kennet ward gave negative feedback and described the ward as "busy and noisy" this will be discussed further in section ***'Issues around staffing on Kennet ward'*** (page 22).

A patient on Derwent ward described it as "noisy in the morning" and a family member said there were sometimes noisy patients with dementia but felt that there is very little that staff could do about this.

During the night

We asked patients what the ward was like during the night. There were 42 responses and this was the only question that resulted in more negative than positive answers (23 vs. 19). AAU had more negative (than positive) experiences of the ward at night, and this may reflect the nature of this ward as patients are admitted throughout the night. Kennet ward had more positive (than negative) descriptions of the ward at night with patients reporting that they were able to sleep at night. The remaining wards had broadly the same number of positive and negative descriptions of the ward at night.

The negative descriptions of the ward at night were that it was noisy and busy, and this made it difficult to sleep. The most common cause of night time noise on the wards was from other patients. There were three experiences of noise from patients being moved onto the ward and four experiences of patients in pain causing disturbances. There were six experiences of dementia patients shouting out in confusion during the night, and this highlights the challenge of supporting these patients in a hospital environment.

On AAU two patients reported that staff were talking and laughing outside a patient bay. The patients felt annoyed by this and felt it was inconsiderate. Both patients felt unable to approach staff about the incident, and would only disclose this to us with the reassurance that we would treat this information anonymously.

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

Outcome: The Hospital told us that they had written to all Senior Nursing staff asking them to be aware of the issue and to keep noise to a minimum. They had also discussed this incident at a ward meeting. The Hospital will monitor noise at night through the Friends and Family Feedback and complaints data.

Patients who were positive described the wards as being quiet and reported that they were able to sleep. A patient on Bronte ward felt that staff were very considerate about keeping the noise down, and this was a great improvement from other experiences they have had on different wards. A patient on AAU was very appreciative of the nurses who would get them a hot drink if they could not sleep.

Observations during a night time visit to the wards

Two members of Healthwatch Richmond staff visited all the wards between the times of 21:45 and 23:00. On the whole the observations made on the experience of being on the ward at this time were very positive. More detailed observations of each ward are detailed below:

- **Canbury ward:** At 22:15 patients were mainly awake on this ward this was in contrast to other wards, and may be due to the age range of patients tending to be younger during the visit. The staff were administrating medications at this time. The patients were watching TV with headphones and one patient was talking quietly on the phone. Consideration was being shown by patients to keep the noise level low and this meant the ward was fairly quiet.
- **Cambridge ward**: The ward was visited at 22:30 and the staff informed us that the lights would be going off in 15 minutes. Two out of four patient bays had the lights turned off but the corridor lights were still on. One call bell was sounding while we were on the ward. All patients were in bed, they were mostly awake but quiet. Some patients were having nebuliser medications for respiratory problems delivered by a fairly noisy machine, however it is medically necessary to administer this just before sleep and is only for a short amount of time.
- **Bronte ward**: At 21:45 the ward was quiet and calm with staff observed to be speaking at a low volume. Most patients were in bed, the lights in the patient bays were low but bright in the corridor. One patient appeared confused and was being helped to the toilet in an appropriate way, with the nurse being considerate to the other patients by speaking quietly to the patient.
- **AAU:** We visited the ward at 22:45 and all bays were quiet, the corridor lights were low and two out of nine patient bays had the lights still on. Staff were still administering care during the visit. Nebulisers were being administered to some patients. Cardiac monitoring machines were beeping but located in the corridor outside of the bay.
- **Kennet ward**: At 21:45 staff were administering care and medications to the patients. The lights were fully on in the bays and the corridor but some patients were already asleep. A patient appeared confused, kept asking for the nurse and tried to get out of bed. The nurse explained to the patient that it was night time and time to get some rest. One patient was asleep and slumped forward in the

chair beside the bed, there could have been a potential for the patient to fall out of the chair. A few minutes later the patient was woken by staff for medication and moved to bed. Curtains were drawn around a patient's bed and the sound of the patient's distress was clearly audible, however the other patients in the bay did not seem disturbed by this and were mainly asleep.

- **Blyth ward**: At 22:00 the charge nurse informed us they were running 15 minutes late for 'lights off' due to extra care demands that evening. However the lights in the corridor were turned off and the lights in the patient bays were low, this allowed staff to carry on with their duties with the least disturbance to the patients. The majority of patients were asleep with staff quietly moving between them.
- **Derwent ward:** Arrived at 22:00 and the ward was quiet and calm. Music was playing softly in some parts of the ward and was considered calming rather than intrusive. Staff were busy but were giving care in a calm and quiet way. A relative arriving to visit was greeted warmly by a nurse. Relatives of another patient were still present on the ward and were having an audible conversation with a patient, it may have been appropriate to close the door.

Cleanliness/Hygiene

It was observed that all wards were clean, with patients in clean hospital gowns/pyjamas and in beds with clean linen. It was noted by patients and Enter and View authorised representatives that cleaners were frequently present on the ward and were seen carrying out their tasks.

One patient in Cambridge ward noted that the toilet in the bay needed to have extra checks as it was often left with toilet paper on the floor and urine not flushed. The relative of a patient on AAU thought the ward could be cleaner and had noticed that the cleaner did not move items to reach debris beneath. They also reported that a bed sheet had two large holes and this was only changed when they complained. It was noticed that on AAU the grills on the doors were dusty.

During our visits the wards had a neutral smell that challenged the stereotype of hospitals having a recognisable, unpleasant smell. However during the second visit to Blyth a relative reported an unpleasant smell isolated to Bay 2, and felt this was not nice for patients, staff and relatives on the bay. During their visit they struggled with the smell and felt it needed to be addressed. This was also noted by us during this visit and was the only occasion of a poor smell during any of the visits.

Infection control

On Kennet ward it was noted that two side rooms had paper notices that were not laminated, this presents an infection risk as they cannot easily be cleaned. The lid of the bin in the kitchen had a sign that was torn and dirty which could also pose an infection risk as it could not be cleaned effectively.

During our first visit to Blyth there had been a norovirus outbreak, therefore measures had been taken to avoid the spreading of the virus so all bays except one were in isolation. Notices indicated the measures to be taken before entering/leaving the isolated rooms/bays and this also applied to visitors. Staff were seen following appropriate infection control protocol before entering the isolated areas including wearing gloves, aprons, masks and hand washing. However two members of staff were seen not to follow

this protocol but upon entering the bay they checked on patients and left without touching the patient or administering any care.

We asked the Trust to clarify how this risk of infection was being managed for food trays from collected from norovirus bays/rooms. The Hospital provided a thorough response explaining how this is dealt with by their contractor ISS.

Food/drink

79 patients gave us their feedback on food and drink available on the wards. 55 patients asked (70%) described the food and drink on the wards positively.

"Excellent"

"Fairly good"

"Lovely"

"Really nice"

"The best I expected from an NHS ward"

"No complaints"

Patients valued being able to have a hot drink when they wished and a biscuit in between meals. Patients specifically commented favourably on Friday's fish and chips, the roast on a Sunday and the choice of breakfast items. Patients valued the ability to have a meal they would often have at home.

The majority of patients felt the food was varied and there was "plenty and lots of choice", "good selection and quality of meals" and "you can always find something you like". One patient said "whatever you need they will bring it". During our night time visit to Blyth ward it was positive to observe a staff member being able to order a sandwich for a patient despite the lateness of the hour.

24 patients (30%) had negative descriptions of food and drink on the wards.

"Average"

"Pretty awful"

"Not good enough"

"Vegetables aren't good"

"Tasteless and cold"

"Bland"

One patient felt "portions are sometimes small, especially in the evening" however this patient was given cheese and biscuits by a nurse when this happened. One patient had a negative opinion of the food as their appetite was very poor following surgery. One patient's enjoyment of the food was impacted by problems with their dentures.

Food and drink in the discharge lounge

Patients from all over the hospital are taken to the discharge lounge (located in AAU) on the morning of their discharge day to free up beds available on the ward. The lounge has comfortable chairs, a nurse is on duty there with a drinks station also available.

During the afternoon visit the lounge was very busy with patients and the drinks trolley had run out of hot drink cups. Almost all the patients were in hospital wheelchairs so unable to get the drinks for themselves. While we were present a patient requested a drink from the nurse on duty and then other patients also requested one as well. The provision of food/drink in the discharge lounge may need to be addressed.

Recommendation: We asked the Hospital to clarify what food and drink is available to patients in the discharge lounge? Who is responsible for this provision? The Hospital could also assess whether volunteers could provide additional support in the discharge lounge?

Outcome: The Hospital told us that additional meals have been added to the meal trolley that services AAU so that it can also offer food to patients in the discharge lounge.

Special dietary requirements

One patient on Kennet ward was on a soft food diet and their spouse felt this limited their options. Their stay was over two weeks so they experienced the menu repeating itself. The options available were described as "not tempting or appetising". This was a concern to the relative of the patient as the doctor had told them of the importance of eating enough food. They also expressed regret that they had not been informed earlier that a liquid nutritional supplement was available on request and felt this could have helped them previously.

The daughter of a diabetic patient on AAU felt that the diet was unsuitable for them and they were told that a diabetic diet was not available. An example given to illustrate this was that the patient was given biscuits with their hot drink. The diabetic patient assumed that the biscuits were OK for them to eat, as it was given to them in hospital where they should understand the condition. A previous stay on the ward had resulted in a very high blood sugar level and this was felt to be due to an inappropriate diet.

Problems with ordering food

Another issue that was highlighted was difficulty in communication when ordering food. Two patients reported problems hearing the menu options given by catering staff properly and felt it was hard to understand what was available. One said a written menu would avoid this. We understand that printed and picture menus are made available by the Hospital for patients but the use of them has been reduced recently as the Hospital tries to use less paper.

A family member of a patient on Derwent ward felt that the manner in which food was ordered was "problematic". The catering staff asked "Do you want -option 1-?" they felt that elderly patients will often say yes to the first option and would not understand that there were other options available. They had observed almost all the patients on the bay having the first option of food for most meals. Our Enter & View authorised representative also observed that one choice was offered to the patient and they were only given another option unless they said no to this question.

The family member said that this led to the patient receiving food that was "inappropriate" and the family member felt obliged to be on the ward to help with communication when the meal was ordered.

Recommendation: We reported to the Hospital that patients should be offered a choice of food and this is not happening on Derwent ward. Please set out what can been done to address this.

Outcome: 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.

Improvements suggested by patients

We asked patients what they would change to improve the ward and only 15 (out of 75) patients offered a suggestion to this.

Two patients on Kennet ward felt it would be good if the ward was less noisy to allow them more rest for their recovery.

Another patient on Kennet ward wished to have more control over their own daily routine, for example waking up and eating lunch later in the day. There was a request for something to "fill up time" by a patient on Blyth ward who was often bored and was unable to reach the day room. Two patients felt it would be good to have piped/background music during the day as entertainment for the patients.

Three patients (one from each of Cambridge, AAU and Kennet wards) expressed an aspiration for more nursing staff to be able to better meet patient needs.

On Bronte ward a patient felt the process of acquiring discharge medications could be improved, this patient was experiencing a delay in their discharge due to this reason.

On AAU a patient was impatient to get a bed on a ward so they could "get on with things" however the patient's treatment had already begun while on AAU. Another patient on AAU thought there ideally should be more separation of age groups in patient bays as they felt "sorry for the young lad opposite who was stuck between two elderly patients".

Physiotherapy and exercise on Canbury ward.

Two patients wanted better access to physiotherapy at the weekend. One was told that they needed daily exercises, the other required a physiotherapy assessment at the weekend after they were admitted on Saturday and felt that they would have been discharged more quickly with this support.

Another patient wanted more support from staff to help them exercise more as they had fallen twice since having a hip replacement.

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

Outcome: The Hospital has included these findings in its business case for 7/7 physiotherapy working. Within the next few months a decision will be taken on whether to implement 7/7 working for physiotherapists.

Staff feedback

We also spoke to 65 members of staff from a wide range of staffing groups such as nurses (including student and newly qualified), HCAs, housekeepers, ward clerks, physiotherapists, senior/junior ward sisters and matrons.

Experience of starting on ward

Those asked for their experience of starting on a ward were newly qualified staff nurses, student nurses, bank and agency staff. All felt the induction they received had been useful. Many had a regular mentor to go to for questions. They had a good grounding of how the ward worked before their first day with most feeling welcomed on to the ward. Strikingly they felt assured approaching and interacting with senior staff. All felt they would have the confidence to raise concerns if necessary.

Support from senior staff

23 staff (out of 26 staff asked) felt that they were supported by senior staff. This was true for staff ranging from student nurses, HCAs and more senior ward staff. The three staff members who did not feel supported were all from Kennet ward this will be discussed further in section **'Issues around staffing on Kennet ward'** (page 22).

The staff feedback relating to support from senior staff is summarised by job role below:

- **HCAs** had good support from a regular mentor who they worked well with. A HCA felt the ward sister was very good and they should receive praise for good leadership.
- **Student nurses** felt they had been welcomed by senior staff. They believed they could ask questions, felt supported and confident to approach senior staff with any problems. A student nurse added that their ward sister is a "great mentor and teacher".
- **Trainee nursing associates** had good support from senior staff and had confidence to ask questions and for assistance. One felt they were supported and had confidence in going to the matron. They added that they thought the matron lead by example and will "muck in" and never ask you to something that they were not prepared to do.
- **Ward clerk**: This person feels particularly well supported by her manager. They said that management is keeping the team happy by providing good training and creating good communication between staff. Daily morning debriefs (7:30 am) were thought to be helpful to do this.
- **Nurses** all felt well supported.
- **Charge nurse** felt that senior staff were supportive.
- **Senior sister** felt the support and encouragement during their nursing career influenced their decision to consider themselves a worthy applicant when applying to be the ward senior sister. They felt they were encouraged and supported in progressing up the career ladder.

Staff relationships

Good staff relationships

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.

Good team work on Blyth ward was particularly remarked upon. The housekeeper and a HCA from Blyth ward felt valued for the role they play in patient care. Team work and friendliness were noted between staff members by Enter & View authorised representatives during the visit, and this contributed to the professional, but relaxed and friendly atmosphere.

Poor staff relationship

The only poor staff relationship reported was between HCAs and agency nurses. Three HCAs felt the relationship between them and agency nurses could be challenging and was described as "difficult". One HCA felt that agency nurses "looked down on HCAs" and this affected their working relationship, "some agency nurses more than others had this poor attitude". A staff member on Kennet ward reported to us that agency nurses refuse to help with personal care duties and they thought this created a poor team atmosphere.

Agency nurses were also felt to not know where things were on the ward and did not know the specific requirements of the patients, the responsibility of explaining this information falls to the HCAs which takes extra time. This could all contribute to a poor team dynamic and has likely impacted how well HCAs feel they are respected by other members of staff.

Correspondingly a nurse felt that "90% of the time there is a good working relationship with HCA on the ward", this percentage was felt to be lower with bank HCAs.

Additional strain on healthcare assistants

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. One HCA mentioned the extra time that is needed to feed patients can mean that the workload is higher than they can cope with. An HCA reported working longer hours than they should in order to finish the jobs for that shift.

> "We are only there for the hard labour jobs e.g. personal care, mobilisation and anything that involves mess"

Some HCAs expressed anxiety when workload is high of ensuring the safety of patients at risk of falling and those patients who are confused. This strain was felt when HCAs were alone in the patient bay and when they had to leave the bay to attend to infection isolated patients in a side room.

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. The extra member of staff for this additional 1:1 support can be requested by the ward but staff felt it could not always be given or there can be a delay in receiving it.

A nurse wished that the process of getting 1:1 care could be faster and more dynamic. A charge nurse on an elderly care ward also mentioned that when care demands were high the ability to access extra support for a short time would be a useful tool on the ward.

This was not as widely reported on Blyth ward the final elderly care ward where a good team dynamic was observed by us and reported by the staff members. The issues HCAs report on other wards may be well managed on this ward. A HCA on Blyth ward recognised that staff communication and support is crucial to a good working environment and they "really noticed a difference when staff are happy to pull out all the stops".

Recommendation: A level of discontentment is present among HCAs on Kennet and Derwent wards that was not present on Blyth ward where the team dynamic appeared to be managing this. We asked the Hospital to set out how they will work with staff on the ward to review the feedback in this report and, if appropriate, make changes to improve patient and staff experiences of the ward. We note that that there may be relevant learning from management and team dynamic on Blyth ward that may be useful in managing improvements on the other wards.

Outcome: 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.

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. 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.

Our first visit to the ward followed the admission of eight new patients the previous afternoon so this will have likely resulted in a higher workload for staff, and could have been noticed by patients.

The matron acknowledged the challenge of staffing when the ward was escalated from 18 beds to 30 beds. However the challenges reported by staff were also reflected in the second set of visits when the ward was less full.

Patients

Patient were asked 'Do staff respond quickly when you need something?' *(see* **'Appendix 1',** page 30*)*. A total six out of 10 patients spoken to on Kennet ward said staff were very busy and some said this meant it took a long time to respond to their needs. The ward environment was frequently described as "busy" and "noisy" with one patient noting that the call bells sounded frequently.

We observed that the ward felt noisier and busier than other wards that we visited and that call bells were going off more frequently and taking longer to be turned off than on other wards. We also had difficulty in finding a nurse as there did not seem to be many around the ward, and they were often too busy to talk.

Staff

Five out of eight staff members thought there was not enough staffing capacity to meet patient needs. Staff suggested that understaffing, and in particular a lack of permanent staff/a high number of agency staff, made meeting patients' needs challenging. We were told that for three days in May the ward had vacancies and one HCA worked by

him/herself on a bay, "left alone to care for patients" while nurses had to cover the other bays.

Three staff members stated the need for more permanent staff members as there was felt to be a recurrent use of agency staff. Staff told us that agency nurses do not provide personal care and do not know how the ward works. They were described as sometimes having little experience of working with elderly and dementia patients. There were also reports in the section *'Poor staff relationship'* (page 21) of a challenging working relationship between agency nurses and HCAs and this may contribute to the pressures staff were feeling on this ward.

We observed one HCA assigned to 1:1 support on top of their bay working duties. The patient on 1:1 was due to be discharged but still on the ward by 2pm. With the nurse assigned to that bay on their break the HCA had a lot to do. Staff members confirmed that it was a challenging situation for the HCA to manage care during this time.

The perception from staff is that staff turnover is high for this ward because staff leave due to the high workload and pressure and the lack of support while working on the ward. It was reported that this makes it hard to build good working relationships between staff members.

Management

Staff on Kennet ward expressed frustration that the staffing challenges they faced were being raised with senior staff/management but that nothing had changed.

Staff members expressed mixed views of the ward management with some describing feeling well supported and others describing communication as being unilateral and being given tasks without consideration of their perspective. It was felt that an increased or improved level of support and team dynamic would help staff cope with the challenges of working on the ward and improve the working environment.

Recommendation: It is clear that team dynamics on Kennet ward need to be addressed. Kennet ward had the only negative feedback relating to support from senior staff. We asked the Hospital to review this and outline how they plan to address it.

The issue was particularly marked when workload was perceived to be very high. We asked the Hospital to consider how they could better support this ward perhaps by increasing the provision of 1:1 support and making reactive staffing available.

Outcome: As with the previous recommendation, 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.

Raising an incident

Five out of the 15 staff members asked had the experience of raising an incident. Of these, all felt the system was good and successfully dealt with the concern raised. A HCA felt well supported raising a concern and thought that appropriate action was taken. A senior sister raised an incident that was then escalated to the safeguarding team for it to be investigated further.

All staff who have not raised an incident knew how to and would have confidence in raising an incident when necessary.

Safeguarding concerns

All those asked knew how to raise a safeguarding concern and had completed the yearly training.

Two out of eight staff members had raised a safeguarding concern and both stated that they had confidence that they would be listened to, kept informed during the process, and that the situation would be well handled.

Ward clerks

Two out of five ward clerks spoken to expressed a need for staffing cover for holidays and sick leave. They felt that the work during a clerk's leave fell to other staff on the ward who could not carry out all the duties necessary, leaving a high workload for the returning staff member.

They valued the support provided by volunteers and were pleased with this initiative to provide them with additional administrative help.

Discharge

Discharge can be a complex process requiring extensive coordination with external community teams and this is mainly handled by the Hospital's discharge coordinator/discharge team. We did not speak to any staff members in this team. We had not set out to review discharge and the feedback collected came out of conversations with ward staff during our visits. Staff on the wards reported that difficulties with finding the right accommodation or care placement for the patient, or delays to ensuring that their home is appropriately adapted to suit the patient's needs could lead to delays to discharges.

Other ward staff reported that waiting for medication(s) could also cause delays at discharge. This was demonstrated by one patient on Bronte ward reporting that their discharge was being delayed due to problems getting their discharge medication. However it was also reported that there is a system in place for the medication to be sent by taxi following the patient's return home where the patient is mobile and able to answer the door or a carer/relative is present at the address.

Three staff members raised concerns about the patient transport booking system. They said a "frequent back and forth" is required with the medical team to organise discharge, and that is felt a "very slow system" that asked "unnecessary questions. It was also considered to be challenging when medical staff made last minute changes to discharge, as it is difficult to make cancellations in the patient transport booking system and they are still charged the cost of the booking.

The new patient transport booking system, provided by the Trust's patient transport provider, had been upgraded in the preceding weeks before the visits. The concerns raised over this system may therefore improve as staff gain familiarity with the system. The Trust reported that the new system provides greater automation and efficiency in the dispatch of vehicles. The change process was managed by a dedicated team who attended site and delivered training to staff users. The Trust has continued to monitor usage and identify improvements in the system and the Trust's usage of it. This has assisted staff in making changes and speeding up the booking process. The Trust informs us that additional support and training has been offered to staff.

Conclusions

The vast majority of patients that we spoke to described their overall care on the ward very positively. Most patients were also very positive about Hospital staff. Nurses were given almost universal praise from patients, with many expressing admiration and respect for them as they were perceived to work incredibly hard in what was considered a tough and underappreciated profession. In some cases it was clear that a patient's good experience on the ward was predominately due to their relationship with staff, and credit should be given to their care and compassion staff show to patients.

Most patients felt well informed about their treatment, and doctors ensured they had a good level of understanding and were able to get answers to their questions. We frequently observed excellent interactions between staff and patients that were respectful to the patient and their needs. It was disappointing to hear of a few occasions where staff lacked awareness when it came to the particular communication needs of that patient. These incidents may have been caused by staff acting out of habit or on 'autopilot' and could be addressed by staff challenging their habits and/or assumptions.

Wards were clean, tidy, well-kept and were suitable environments for patients. It was striking that there was a calm feel to the wards given the busy nature of being in hospital. The experiences of patients at night were far more mixed with the main cause being disturbances from other patients, this was often unavoidable. When we visited during the late evening, we felt the wards were quiet and restful, and noise was managed by staff to the best of their ability.

Food was generally considered good by patients with favourable feedback collected on the quality of food and the choice available. The main cause of complaint was that the food was bland and the provision of food/drink in the discharge lounge was unclear. There were also some issues on Derwent ward with how the food orders were offered that resulted in patients not understanding the full options available to them.

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. Staff largely felt supported by senior staff and had confidence raising concerns/incidents including those about safeguarding.

A poor staff relationship was identified between agency nurses and HCAs, and this may well have contributed to the pressure HCAs face on the elderly wards. Staff were notably more discontented on Kennet ward, and were more likely to refer to issues around staffing and the stress that this puts them under. We asked the Hospital to address these concerns and set out how they could help better support this ward when workload was perceived to be high.

Overall this report highlights that the patients' perspective of the quality of their care on the ward is high. Patients were mostly positive about their experience of being in hospital. We would also like to highlight the Trust's thorough and proactive response to the findings and recommendations of this report reported in section **'Recommendations and response from the Hospital'** (page 26). The Trust have committed to taking appropriate and meaningful actions and have already started this process during the statutory response period.

Recommendations and response from the Hospital

We made seven recommendations to the Hospital and they provided their responses and these are given below:

Recommendation 1:

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. We also asked the Hospital to provide a response to the instances of poor communication between staffing groups on the surgical wards.

Hospital's Response:

Information is shared between multi-disciplinary team members and is recorded on the Trust's CRS system.

Within the wider context communication training is provided as part of Trust Induction and is complimented by sessions on local Practice Development days within Orthopaedics. For staff, who wish to further enhance their communication skills the Trust offers staff the opportunity to complete the Sage and Thyme communication course.

This report will be shared as part of the Junior Doctor Induction with orthopaedics and be further discussed as part of the Cluster Governance process.

Recommendation 2:

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 to prevent this reoccurring.

Hospital's Response:

The Deputy Director of Nursing met with the Matron on AAU to discuss this action. Whilst acknowledging that due to the acute nature of the ward it was sometimes difficult to avoid noise, especially if patients were unwell or required interventions that had a noise associated such as nebulisers that the Matron would take the following actions to ensure unavoidable noise was minimised:

- 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.

These actions would then be monitored from Friends and Family Feedback and complaints.

Recommendations 3:

Can the Hospital clarify what food and drink is available to patients in the discharge lounge? Who is responsible for this provision? The Hospital could also assess whether volunteers could provide additional support in the discharge lounge?

Hospital's 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 4:

We reported to the Hospital that patients should be offered a choice of food and this is not happening on Derwent ward. Please set out what can been done to address this.

Hospital's Response:

- The current system for providing patients with a choice of meals is managed by the Hostess team. Patients are asked what food they would like in the morning and the order is placed electronically in advance of the meal service. The food service is overseen by the Nutrition Co-Ordinator who works with the Hostess and ward staff to ensure timely delivery of food to patients and ensure the pts choice is met. If for any reason the food choice is unsuitable, alternatives are available from the hot meal trolley, or sourced from the kitchen as necessary.
- There are currently two Quality Improvement Projects being undertaken specifically related to meal service and support for patients at mealtimes. These are being monitored through the Food and Nutrition Steering Group, which will address the issues identified during this visit. 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 5:

Our understanding from the Hospital 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.

Hospital's Response:

- Physiotherapy is available at the weekend but is limited to specific services only.
- Orthopaedics has one full time Physiotherapist on a Saturday and Sunday. This is further supported by one full time Physiotherapy Assistant. Therapy is provided based on Clinical need and patient condition, and re-enablement assessment is part of the discharge planning process.
- The Trust has Chest Physiotherapy cover 7/7 for management of the sickest patients.
- A full business case to introduce a form of 7/7 working for all the ward physiotherapists at KHT has been written. This would provide many more physiotherapists working on a weekend and bank holiday. These physiotherapists would also be working in their area of specialist expertise, not cross-covering which would increase patient assessment and treatment sessions to all ward patients.
- This case has been discussed at a senior level and incorporated into a wider paper. A decision will be expected in the next few months. The comments within this report will also contribute to the business case.

Recommendation 6:

A level of discontentment is present among HCAs on Kennet and Derwent wards that was not present on Blyth ward where the team dynamic appeared to be managing this. We asked the Hospital to set out how they will work with staff on the wards to review the feedback in this report and, if appropriate, make changes to improve patient and staff experiences of the ward. We note that that there may be relevant learning from management and team dynamic on Blyth ward that may be useful in managing improvements on the other wards.

Hospital's Response:

- During the period of the visit, the ward was escalated due to an increase in activity, and as such there was a higher than usual reliance on temporary staff. 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. All of the Kennet ward staff are currently working on other Medical/Elderly Care wards during the refurbishment, which will allow them to work with colleagues from other wards and build relationships and share good practice to bring back to their own ward when it reopens in October this year.
- 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.
- All ward establishments and skill mixes are reviewed on a six-monthly basis- initially at the beginning of the year as part of business planning and then again six months into the year, to ensure the correct levels are set. This provides opportunity to alter the skill mix if required, based on actual workload and patient mix.

Recommendation 7:

It is clear that team dynamics on Kennet ward need to be addressed. Kennet ward had the only negative feedback relating to support from senior staff. We asked the Hospital to review this and outline how they plan to address it.

The issue was particularly marked when workload is perceived to be very high. We ask the Hospital to consider how they could better support this ward perhaps by increasing the provision of 1:1 support and making reactive staffing available.

Hospital's Response:

Please see above response as per recommendation (6).

Acknowledgements

Thank you to our volunteer Enter and View authorised representatives for their contributions to this project. We would like to extend our thanks to the staff and patients on the wards during our visits. A special thanks must go to Nichola Kane (Deputy Director of Nursing), Elizabeth Tsangaraki Wilding and Jane Suppiah (Patient Experience & Quality Improvement Leads).

Appendix 1- Patient questions

Kingston Hospital Adult Inpatient Wards

Enter & View visits

Prompts for PATIENT DISCUSSIONS

Please record the ward and (if relevant) bay number

Overall Care	Overall, how would you describe the care and treatment you have received on this ward?
Staff	How would you describe the nurses on this ward? And what about other staff? E.g. doctors, healthcare assistants, cleaning staff Do staff respond quickly when you need something (during the day and night)?
Privacy/Dignity	Do you feel that your privacy and dignity have been respected during your stay?
Medication	Have you been able to take medication at the times you need to?
Food/Drink	How would you describe the food/drink provided on the ward? (If relevant) Have you received the help you need with eating / drinking?
Communication	Overall, how well have staff communicated with you during your stay? e.g. have you been kept up-to-date on what's happening with your treatment or plans to be discharged? Have you felt involved in decisions about the care and treatment you've received?
Environment	How would you describe the ward environment during the day and night? e.g. is it clean, quiet, busy Are there any activities/entertainment available to you?
Improvements	If you could change **one thing** to improve the ward for patients/staff, what would it be? Is there anything else I should have asked you about?

Appendix 2- Observation checklist

Kingston Hospital Adult Inpatient Wards

OBSERVATION CHECKLIST

Authorised representative name:…… Ward:……

Date & Time completed:……

Topic	Observation	Comments *(Please be specific in your comments - where and when something occurred, who it relates to)*
Care	Are staff treating patients in a **friendly and caring manner?**	
Care	Are staff **introducing themselves** to patients **prior** to undertaking care? Are staff **seeking consent** from patients **prior** to undertaking care? (including severely ill/unconscious patients, by verbal or tactile means)	
Care	How **quickly** are **call bells/patient needs** responded to?	
Care	**How many** staff are on the ward? Are staff carrying out any **ad-hoc rounds** to check whether patients are comfortable?	
Communication	Are staff wearing **name badges** that are **clearly displayed**? Are staff wearing clearly **identifiable uniforms**?	
Communication	Are staff **communicating clearly** with patients? (e.g. explaining what will happen next; what treatment a patient requires & why) Are staff **attentive/responsive** when patients speak to them?	

Topic	Observation	Comments *(Please be specific in your comments - where and when something occurred, who it relates to)*
Communication	Are staff using patients' **preferred/appropriate names** in routine communication?	
Privacy/dignity	Are patients and relatives able to **discuss personal issues/concerns in a private area?**	
Privacy/dignity	Do all **doors/curtains** provide adequate cover and are they used appropriately?	
Food/drink	Are staff assisting patients who need **help with meals**? (e.g. help with sitting up, cutting food, eating etc)	
Hygiene	Are patients given the opportunity to **wash their hands/use hand wipes** before meals? Are they supported in doing this?	
Hygiene	Are **patients clean**?	
Environment	Are patient bays **clean, tidy and comfortable**? Is the ward **clean** and **tidy**? (floors, walls, toilets)	
Environment	Are patients' **'self-care' items within easy reach?** (e.g. call-bell, water and jug, self-managed medication, table)	
Environment	Are patients' bedside information boards **up-to-date**?	
Information **(if applicable)**	Is information provided to patients in an accessible way, including those with **sensory impairments, dementia, learning disabilities** or those who **do not speak English**?	

Appendix 3- Staff questions

Kingston Hospital Adult Inpatient Wards

Enter & View visits

Prompts for STAFF DISCUSSIONS

Please record the ward and role of the staff member that you speak to

Topic	Suggested Questions
Intro	How long have you been working on this ward? Do you only work on this ward? (If joined recently) What was it like starting on the ward? Did you feel well supported?
Patient conditions	What are the most common conditions you see?
Service capacity + staff mix	Do you feel that you have enough staff/capacity to safely meet patients' needs? Do you feel that the ward has enough experienced, permanent staff? How do you find working with different staff groups (e.gs nurses, HCAs, doctors, physios and occupational therapists)?
Discharge	How well do you feel the discharge process works (incl. discharge medication)? Do you think there is good coordination of care between hospital and community teams (e.g. GP, social services, care homes)?
Support for staff	Do you feel well supported by senior staff in your role? Are there any changes that would help make your role easier?
Learning from incidents	Have you ever raised an incident? If Yes: How did you find the process of reporting the incident/concern? How has the learning from the incident been implemented? If No: Do you know how to raise an incident/concern?
Safeguarding	How would you raise concerns about safeguarding? Has there been any learning from the last safeguarding concern that occurred?
Improvements	Are there any changes that could help you/the ward provide better care? If you could change **one thing** to improve the ward for patients/staff, what would it be? Is there anything else I should have asked?
(depends on ward) **Patients with additional needs**	How many patients do you see with: learning disabilities, mental health issues, dementia or non-English speakers? Do you feel equipped to support these patients?