



## Enter and View Visit Report Sheet

The visit report will aim to:

- Focus on patient/service user benefit
- Concentrate on key issues
- Be clear and concise
- Be balanced.

<b>Date of visit:</b>	<b>28.03.2011</b>
<b>Service/premises visit:</b>	<b>Burton Hospital Foundation Trust – Ward 43. Female rehabilitation ward for the elderly, Geoffrey Hodges Wing.</b>
<b>Authorised Representatives who undertook the visit:</b>	<b>Shelagh McKiernan and Lynn Ashburner</b>
<b>Reason for Visit:</b>	<b>In February 2011 LINK was informed that there were a number of concerns about Geoffrey Hodges Wing. Although not attributable to individuals and not detailed, they centred around cleanliness, hygiene, nutrition, staff attitudes and attentiveness, and decreased mobility on discharge.</b>

### Visit Report Burton Hospital, Ward 43.

#### 1. Report Overview

The Enter and View team concluded that the ward was well staffed and equipped. It was clean, orderly and warm with large windows and a sunny aspect. The beds were well spaced and where appropriate patients were up and dressed during the day. There was a day room with easy chairs and a television. There were also televisions in each bay and side room.

Patients said that they found the day staff friendly and helpful. Their interaction with staff was limited to specific times when care or help was required, given that the staff were busy.

The food was universally recognised as good and sufficient, with plenty of choice.

Many patients seemed content, but several were very anxious to be in their own homes or away from the hospital, which is to be expected.

Everyone was treated with dignity and courtesy. Assistance was available to anyone who required it at mealtimes.

Physiotherapy and occupational therapy did not take place on the ward, so little of this activity was observed. Many of the patients were confused and were unclear as to the types of therapy they were receiving, how long they had been on the ward, or when they were likely to be going home.

No patient was observed spending time watching the television, listening to the radio or reading.

There was a concern that patients lacked social interaction. Not all patients had visitors, and many were reluctant to talk to their neighbours. With a lack of physical mobility those that wanted to talk could not move to find company. Most just sat alone and silent.

## **2. Reason for the visit**

Information had been collected by the LINK over time, that suggested there might be issues relating to cleanliness, hygiene, nutrition and staff attitudes on the rehabilitation wards at Burton Hospital. This was later clarified, to focus on Ward 43. No information related to any specific incident or member of staff.

At an initial meeting on 17<sup>th</sup> March 2011 the hospital agreed to an Enter and View visit by the LINK for the 28<sup>th</sup> March 2011.

## **3. Approach used**

Two members of Staffordshire LINK were selected for the visit. Shelagh McKiernan and Lynn Ashburner, have both been trained in Enter and View and both had previously worked in a professional capacity in the health service. It was agreed that access to ward 43 be made from 10.30 to 4.30. The team were met by Julie Thompson and were taken to meet the matron. The purpose and process of the visit was again explained and an opportunity given to ask any questions. It was agreed that a full feedback would be given at the end of the visit. The team were then taken to meet the staff on the ward. The patients had been told about the visit and no-one had said they were unwilling to contribute. It was planned that the team both jointly and singly would talk informally with patients, staff and visitors over the course of the day. Notes would be made. A room was made available for writing additional notes.

## **4. Observations/findings**

The ward was light and airy with rural views from the large windows. There were four bays each with six beds and two single bedded side wards. Not all beds were occupied. There were disinfectant gel dispensers by each bed and in other locations around the ward, which were used occasionally. No visitors were seen using them. The most vulnerable patients were placed near the nurses station.

Everyone was treated with dignity and privacy as the occasion demanded. Patients were assisted in going to the toilet and in eating at mealtimes. One patient was having her hair washed and trimmed by a hairdresser. The ward has a dedicated cleaner and all surfaces, bedding floors etc. were clean.

Most of the patients were seated by their beds, dressed in their own clothes. Some were resting on the top of their beds. Many had their eyes closed and all were very quiet. Between meal times and the drinks trolley, and trips to the toilet little was happening. There was a clear sense of individual isolation.

Most patients did not receive visitors but this was the afternoon session and more may have come in the evening. There was a day room which had one patient in it making greeting cards with a carer in the morning and two patients watching TV in the afternoon.

The meal trolley appeared promptly at lunchtime and there was a choice of at least three main courses. All the food looked freshly prepared and hot. Portions were generous. If they asked, patient's received smaller portions, a vegetarian option or their special diet, which included halal. One patient who refused food was encouraged to try some but this was not successful. Another who asked for food, then decided she did not want to eat. Most meals were eaten. All patients liked the food. Drinks were served at several points during the day and patients always had a drink within their reach.

Many patients on this ward were confused and could not answer all the questions. The patients said that the staff were friendly and helpful. Most however could not remember how long they had been there or knew when they might be discharged. Some slept most of the day, and three patients would not speak to us. They seemed very tired and one said she was fed up.

The ward was well equipped and the store rooms were tidy. Staff said there were adequate resources but that some equipment was provided by donations.

All staff were considered as being part of the ward team and this included the therapy staff from physiotherapy and occupational therapy. But as these activities largely took place away from the ward, it was not possible to view them, or assess their frequency or adequacy.

The ward had no regular medical round but was always covered by a doctor. A book was kept in which actions by the doctor were listed for when they came to the ward. One doctor was observed treating a patient with leg sores.

All visitors to the ward were spoken to and all expressed satisfaction with the way their relatives were being looked after. The only concerns expressed related to the lower staffing levels at night which resulted in patients having long waits after calling staff on their buzzers and poor conditions in wards in the main hospital from where patients had been transferred.

## **5. Conclusions**

No evidence was found to support the concerns expressed that initiated this visit. This does not mean that the concerns were not genuine at the time. Several changes had taken place over the previous few months. Since January 2011 there were two new senior nurses in post and previous concerns over beds being taken by medical patients instead of rehabilitation patients had been addressed, and as of April 1<sup>st</sup> 2011 there would be rules to prevent it happening.

The closure of some beds has relieved the work load on staff, but there had also been a reduction in domestic staff, and the outcome of this would need to be monitored.

## **6. Recommendations**

It was recommended that staff should explore ways in which the patients might increase their levels of social interaction. This might include volunteer visitors or assisting immobile patients to sit with another patient to talk. The staff stated that they were already considering other ways in which they could use the day room.

That the option of providing access to radios or other sources of music be explored.

To consider whether there was a need to reintroduce the WRVS trolley round that provided papers, magazines and sweets.

To assess the extent to which isolation might increase feelings of depression.

To assess the impact of the reduction in domestic staff.

<b>Enter and View Visit Report Verification:</b>	
<b>Draft Report checked for accuracy/appropriate use of language:</b>	Yes
<b>Draft Report submitted to service provider for comments:</b>	6 <sup>th</sup> April 2011
<b>Final Report approved by the LINK:</b>	
<b>Final Report submitted to service provider:</b>	
<b>Distribution/circulation/publication of the report agreed:</b>	
<b>Evaluation of visit/report completed:</b>	