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.**

Date of visit: 5th May 2011

Service/premises visit: Ward 10 Mid Staffordshire Foundation Trust

Authorised Representatives who undertook the visit: Mrs Brenda Constable (visit lead) Mr Cyril Burton, Mr Michael Allen

Reason for the visit: to look at Dementia care in an acute hospital setting following local and national concerns about how people with Dementia are cared for in an acute setting

Enter and View Visit Mid Staffs Hospital

1. Report Overview

The visit took place on the 5th May between 10.30 and 3.30. The Enter and View team concluded that from their observations overall that ward 10 was a well run smooth and efficient ward that was well staffed and where patients were treated well by the staff on duty on the ward on the day of the visit. Although the ward was very busy , with very little time available for a great deal of interaction with patients other than delivering direct care, patients on the ward seemed largely content to be there with some describing the staff as “brilliant” in their nursing care and communications.
The ward was clean, bright, warm, well equipped and tidy around patient beds and bays. There was however a great deal of equipment and clutter observed in corridors which the team felt did create a safety hazard for patients with zimmer frames or mobility problems. There was also concern expressed about access if the crash trolley was required.

The ward is in the process of becoming a ward that specialises in the care of people with dementia and to this end it has put in place a number of effects that make it easier for people with Dementia to navigate round the ward e.g. good signage, and different coloured trays and doors easily identifiable. It was noted however that the number of patients with dementia on the ward appeared to be quite low with the majority of patients being on the ward as a result of suffering a stroke.

There was a separate room where Occupational Therapy took place though no patients were observed undergoing therapy, it is understood from talking to patients that a speech therapist also visited the ward once a week to work with patients whose stroke had affected their speech.

The choice of food was generally seen as good with individual needs being catered for through specialist diets. Most patients ate at their bedside or in bed with a small number of patients sitting at a table and able to interact with each other. Those who needed assistance were identified by the colour of the tray they had and volunteers were on hand to help feed those who needed assistance.

The overall impression of the observers on this visit was that this is a ward in transition and there are many plans in place to develop ward 10 as a specialist Dementia care ward. Once this transition is complete and the plans fully implemented then the service offered will be a great asset to the hospital in its quest to offer a good level of care for people with Dementia in an acute setting.

2. Reason for the visit

There has been a great deal of national and local research that outlines the often poor levels of care which people with dementia experience upon admission to an acute hospital. A recent piece of research carried out for Staffordshire LINk identified dementia care in hospitals as being of major concern to carers. Stafford hospital was chosen to visit following an invitation from the Chief Executive. Ward 10 was chosen particularly as it is earmarked for development as a specialist dementia care ward.

The aim of this visit was to establish whether the delivery of care to people with Dementia in Mid-Staffs Hospital meets the standards set out in the NICE guidelines on dementia care , the CQC standards of quality and safety and NHS Confederation's 'Acute Awareness, improving hospital care for people with dementia.'

3. Approach used

Three authorised members of Staffordshire LINk were chosen to undertake this visit. All have relevant experience either through a clinical background, personal experience of caring for a relative with dementia or experience of enter and view in a hospital setting.

The approach used for this visit was multi- faceted. To prepare for the visit, meeting was held at the hospital with the Clinical Lead for Older People to discuss the purpose of the visit and the approach to be used. A planning meeting was held with the team representing the LINk, Brenda Constable was appointed to be the lead, assisted by Cyril Burton. Michael Allen was asked to be an observer, and also to talk to patients about their experience. Preparation work included planning which areas the team would observe, who would be approached to talk to and what questions might be asked. The visit was therefore undertaken using:

- Direct observation
- Talking to staff on duty
- Talking to patients where appropriate
- Talking to relatives/ carers/ visitors
- Looking at written procedures etc.

The visit took place between 10.30am -3.30pm.

4. Observations/findings

Environment

The ward was light and airy with an overall feel of cleanliness enhanced by bright colours and the outlook from the ward over rural panoramic views. The ward is a mixed ward split into 2 distinct areas male and female separated by a reception desk. Signage round the ward was clear and concise with handrails and toilets clearly indicated and painted red, and hand gel clearly indicated. The ward gave the appearance of being extremely busy with staff rushed off their feet. However staff were observed being extremely welcoming to visitors with questions being answered positively and in depth where appropriate. Staff reported that the ward was busy and that this was a typical day. An overall impression was of a smoothly run efficient ward.

The ward is made up of 2 and 4 bedded bays with some single bays for more intensive one to one care. There were adequate toilet and shower facilities which were clean and odourless as was the utility room where bedpans were washed and stored.

Although the ward was clean and tidy around the patient bays and the reception area, the corridors were cluttered with equipment and the team felt that this could create a safety hazard to patients with mobility problems who might be likely to wander. One of the team expressed concern about accessibility should the crash trolley be required.

The ward had recently had an outbreak of C-Difficile with 2 patients affected. The infection control team had taken control of containing the spread of infection and all staff and visitors were compliant in maintaining strict cleanliness measures in line with the infection control policy.

Staffing

The team observed 11 staff in total on duty comprising a range of grades and roles. The team met and talked to 2 Senior Support Assistants (Housekeepers) these are relatively new posts, 1 had been in post for 1 month and 1 for 1 week. Both were very enthusiastic about their role and had many good ideas for improving patient experience including the introduction of china cups and saucers, and improvements in the kitchen so that drinks for patients and visitors could be made on the ward. Their other roles were to check linen, mattresses, oxygen and suction pipes and to check cleanliness of the furniture. The support assistants also distribute fruit to patients who can eat it.

Discussions also took place with staff including the ward manager and staff nurse who spoke enthusiastically of plans for the development of the ward as a specialist dementia facility.

Also on the ward were 2 voluntary workers from Age UK who were observed giving out drinks to patients. They have a pink sheet which lists all the patients' preferences and prescribed drinks against their names.

There was a view from talking to staff, that they were overwhelmed with the amount of paper work they have to complete including:

- A geriatric ward care plan
- Nutritional screening tool chart
- Tissue viability chart
- Food intake chart
- Bedrail assessment
- Vital signs observation
- Muse chart

There is also a dementia care action plan and a care and compassion plan is in the process of being introduced. In addition all staff attend daily multi disciplinary team meetings to discuss patient progress and input into discussions to ensure all aspects of a patient's discharge are considered. The handover process was observed by the team, this was carried out by the patient's bedside and all staff for that period of duty were present to receive an update of each patient's progress and care plan. The enter and view team thought that this was an excellent development for patients to help them feel included in their care.

The overall impression of the staff on the ward was that they were very busy but were welcoming to visitors and treated patients with dignity and respect. No evidence of poor practice or attitudes was observed during the visit.

Nutrition
The team were on the ward over lunchtime and were able to observe this activity as well as drinks being served by the Age UK volunteers. Food trays at lunchtime were observed to be clean and presentable with identifiable red trays for those people who needed help with eating. Any food left by patients was reported to the staff nurse who recorded this on the appropriate chart. Carers, along with ward staff, were observed on the ward helping their relatives to eat and choose from the menu. A wide variety of dietary needs were catered for including ethnic and cultural needs.

Patients are weighed weekly and the results charted, any significant issues around weight are reported to the medical team.

Discussion with Patients and Carers/Visitors
A small number of patients and visitors were able and willing to talk to the team but the team would have liked to talk to more patients. The team found it difficult to identify which patients on the ward had suffered a stroke. Observations concluded that the majority of patients were in this category and only 1 or 2 patients appeared to be on the ward with a diagnosis of dementia.

Those patients spoken to seemed positive and satisfied with the care and treatment received, though a familiar comment was that they would prefer to be at home. Most patients were observed sitting by their beds and there did not appear to be much interaction between them. It was observed that the day room was under-utilised and could be better used for patient interaction/activity and stimulation.

2 patients who were spoken to both had an interest in gardening and the team felt it would have been good if they could have been brought together in some way to share their interests.

2 female patients were interviewed; Patient A had been admitted following a stroke and a heart attack, she described her care in positive terms and reported that she has improved since admission. Both she and her daughter who was present described the nursing staff as “excellent but very busy”. 1 Carer reported that she was finding it difficult in managing her finances as 2 benefits had been stopped because of her mother’s admission and was struggling with the £3.80 per day in visiting costs.

Patient B was a lady whose condition had deteriorated since admission and was in need of terminal care. Her daughter described the staff as “Brilliant” but had observed that some staff were slow in answering patients’ call bell (10 minutes noted).

No patients were observed undertaking any activity or interacting with other patients and it seemed a pity that the day room was not utilised more to enable patients to socialise or even talk to each other. The team were informed that a common room was being altered to encourage interactive recreation and mealtime companionship for patients. This is a bright coloured environment, with a round table and comfortable chairs and games to engage patients’ interest such as cards, dominos and bingo. This room is also utilised by the occupational therapist and physiotherapist for group or individual therapy. Radios are also being ordered for patients who prefer them.

Care Pathways

Patients are generally admitted via the medical unit as part of the A&E department, but it is not clear how the decision as to which patients with dementia will be admitted to Ward 10 and which patients will be admitted to other wards. Average length of stay is 11 days. 2 liaison discharge workers coordinate a patient’s discharge and this seems to work reasonably well, an email is sent to the patients GP on the day of discharge, the carer and patient are given an explanation about any medicines or dressings . The carer is also given a letter to take to the GP and a fax is sent to the GP for referral to the district nurse.

During the visit it was observed that there was a mix up of medicines for a patient due to be transferred to Cannock Hospital where the medicine could not be found. It was acknowledged that there had been a breakdown in communications between pharmacy and ward staff and that this had happened before.

Training for Staff in Dementia Care

There is a mandatory training programme in place for all nursing staff and 80% of staff have already attended. In addition a number of study days have been arranged by Staffordshire University to extend staffs knowledge about confusion and dementia awareness.

Other training includes tissue viability, and safe guarding vulnerable adults. The team were informed that staff were encouraged to attend appropriate training and Staffordshire University is in the process of developing a module 'Nursing Care of a Patient with Dementia.' This will be introduced in September.

Conclusion

The overall impression was of a ward that is well staffed and run in a smooth and efficient manner despite being very busy. It is clearly a ward in transition and we did not meet many patients who had a diagnosis of dementia. Therefore the title of the ward as a specialist ward for people with dementia appeared to be a bit misleading. Nevertheless those patients we did meet seemed happy with the care they were receiving and with the attitude of the staff who were spoken of very positively by patients and carers. The main areas of concern that were observed were around cluttered corridors potentially creating a safety hazard to patients , the lack of activities for patients, lack of interaction or socialising opportunities and the communications between the ward staff and pharmacy.

One of the visiting team did raise the question as to whether when the ward does become a dementia specialist ward, what will be its main function surgical/medical admissions, assessment or indeed respite? This raises the question of how people will be admitted to this ward as opposed to other acute care wards in the hospital where patients with dementia are currently admitted. Will this ward have clear admission criteria and protocols?

Recommendations

The team were generally impressed with the overall running of the ward and the quality of care provided by a hard working and committed team. The recommendations of the LINk team are as follows:

- **Corridors to be cleared of clutter for the safety of patients and visitors**
- **Better response times to call bells, within a reasonable time period with better monitoring of this**
- **Development of the day room as an activities hub and somewhere for patients to interact or socialise**
- **A more streamlined system for staff to capture information without constant repetitiveness. This would then free them up to have more direct interaction with patients**
- **Review of communications between ward staff and pharmacy staff to improve patient discharge process**
- **The team to return to Ward 10 in 6 months time to assess improvements/changes implemented in respect of the above recommendations and, in particular, to look at whether the transition to a dementia ward has taken place; that the day room is fully utilised and activities planned and delivered and that the progressive ideas expressed by committed staff during the visit have been implemented.**

Enter and View Visit Report Verification:	
Draft Report checked for accuracy/appropriate use of language:	Completed 2nd June 2011
Draft Report submitted to service provider for comments:	Sent 2nd June 2011
Final Report approved by the LINk:	
Final Report submitted to service provider:	
Distribution/circulation/publication of the report agreed:	
Evaluation of visit/report completed:	