



**Stoke-on-Trent LINK and Staffordshire LINK  
Ward 19, Royal Infirmary, University Hospital of North Staffordshire**

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**Date of monitoring visit:**

Tuesday 6<sup>th</sup> September, 2011, 10.30a.m. – 12.25p.m.

**Ward/Area visited**

Members visited Ward19 on the Royal Infirmary Site of the University Hospital of North Staffordshire.

**Authorised representatives**

This was a joint visit by members of:

Stoke-on-Trent LINK (Barbara Mawby and Ron Goodliffe)

Staffordshire LINK (Joan Buck and Harry Ferguson.)

To be an authorized representative, members need to have a satisfactory CRB disclosure, to have undergone training about the legislation and to be covered by the LINK support organization indemnity insurance.

**General information**

Ward 19 is a 28-bedded ward consisting of four 6-bedded bays (3 female and 1 male at the time of the visit) and 4 single rooms. It has a nurses' station situated near the middle of the ward. The ward admission criteria specify that beds are available for patients (over 18) with a fractured neck of femur and for elderly fragile trauma patients. The last available bed is always retained specifically for fracture neck of femur patients. The majority of patients are frail elderly who may have complex medical needs (including dementia) but no urgent medical ones on admission. Members were informed that only approximately two or three patients a month were aged below 60.

**Reason for the visit**

Concerns had been raised on this ward about cleanliness and early discharge of patients.

**Methodology**

Written notice of this visit was sent to the Chief Executive on 22nd August 2011, with a notice of the impending visit (for display on the ward to staff, relatives and patients) also being included.

Prior to the visit members received printed information from UHNS about ward 19, and were also given useful additional information (written and verbal) at the start by Debra Meehan (Matron) and Louise Calvert.

Members made an unescorted tour of the ward and were able to talk to patients and staff. There were no relatives present at this time. A resume of the finding was discussed at the end of the visit and a report will be formulated and sent to the Chief



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Executive for comments before eventually being approved and signed off by LINK Management Board Members.

### **INFORMATION COLLECTED**

#### **Environment/ equipment/infection control**

Members were informed that the ward was due to move in March 2012, to a 26-bedded unit on Level 6, (which will contain all trauma/ orthopaedic patients) in a new building. This should increase efficiency with central/shared storage and a more flexible workforce.

There was adequate hand gel at the entrance to the ward and all bays. Patients are MRSA screened on admission and then afterwards weekly. The Skin bundle procedure is in operation on the ward.

The central corridor appeared cluttered with equipment and trolleys, (there is obviously a lack of storage space), and which could have been unsafe for an unstable, unsupervised patient. There were also some notices that needed tidying or removing. The bays were reasonably spacious and clean and the window and bed curtains appeared fresh. The bedside tables appeared cluttered but this may have been due to the needs of the patients.

In Bay Three a bed was partially stripped (with a patient sitting in a chair next to it) and the word "condemned" could be clearly seen written on the mattress.

The Quiet room appeared to be used as a space for equipment and was cluttered.

The Day room was clean but rather uninviting. Members were informed that it was rarely used by fracture neck of femur patients as they needed supervision, but could be used for younger patients or for meetings with relatives.

The Teaching Room, used for training sessions, was cluttered with files, which the Ward Clerk was in the process of amalgamating into proper case notes.

The ward had 4 toilets (opposite each bay) and 3 wet rooms but no assisted bathroom.

The sign on the designated male shower had not been altered to male and it was still shown as female. This was changed before members left the ward.

The toilets and wet rooms all appeared reasonably clean. However, one male patient complained that there were often queues for the loos.

The clean utility was tidy although it had two boxes and a wrapped bandage on the floor.

The kitchen was clean and tidy with the refrigerator clearly indicating the correct temperature and the yogurts and juices inside well within the use by date.

#### **Staffing**

Early: 5 Registered Nurses and 5 Clinical Support Workers

Late: 3 Registered Nurses and 3 Clinical Support Workers

Night: 2 Registered Nurses and 2 Clinical Support Workers



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Physiotherapists (on a three month rotation) work on the ward.

One Nurse has dual registration to include Mental Health, is Champion of the ward and is providing in-house training sessions for other staff.

The Ward is taking part (with other elderly care wards) in the Excellence in Practice Accreditation Scheme and had also started to use the "This is me" leaflet

Dr Marilyn Brown works three sessions a week on the ward to help review medication.

### Food and feeding

Patients are given a nutritional assessment on admission and are assessed by a dietician as necessary. Food is provided by the plated system and the red tray and red water jug lid system is in operation. Members were informed that the ward orders snacks in bulk such as yogurts, biscuits and fruit

Some patients made comment about the food:

- One male patient stated that as the food did not suit him his relative had started bringing him sandwiches in at night because he did not like the filling. He said that the lunches were not very good and that he did not eat "ready-meals"
- One patient stated that she couldn't stand the food and that although she had a poor appetite couldn't find anything on the menu that she liked.
- Another female patient said that the food was "lousy" and that if she were at home it would be much better.
- Two male patients felt that the food was satisfactory.

### Length of stay/discharge

Members were informed that the average approximate length of stay in this ward has been cut to approximately nine and a half days and needed to be cut further to seven days. Some Patients spoken to appeared to have been in longer than this period and did not have much information about possible discharge.

- A patient informed members that she had been on this ward for about three weeks and that she had no idea when she was going home. She could now manage to walk but would still need one or two carers when she went home. She stated that her husband was worn out. This patient (who lived outside the area) says that care at home is now being found for her,
- A female patient who had been in for nearly three weeks stated that she lived in Sheltered Accommodation but still had some medical problems so didn't know about discharge.
- On being asked about discharge one lady stated that her husband had been told that she might be discharged soon and that a social worker had been that day to arrange help in the morning for washing and dressing.



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- Another patient stated that she had been in for three weeks and had been looked after well. She did not know when she was likely to go home and didn't think relatives had been told either.
- One patient was waiting for transport to take him home.

One male patient had been in for 14 days, one since the 25<sup>th</sup> July and one patient for only one day.

### Nursing Care

- A female patient told members that nursing care was very good but very overstretched. She'd been waiting 20 minutes for a bedpan. There was sometimes only one member of staff on the ward and she could see that the patients needed a lot of looking after. She felt that sometimes you had to order a bedpan before you actually needed it.
- Another patient stated that staffs are very kind but sometimes they hadn't got enough time and sometimes you had to wait. She said that during the day you pulled the cord and had to wait and when a nurse came they might say that they would come back. She considered that they were overworked.
- Members were informed by a male patient that last weekend he had been continually told that they were short of staff. He said that one of the "good" nurses who had been doing most of the work was occupied. There appeared to be lots of nurses, noise and laughter coming from the office and corridor possibly transferring data to file which seemed to go on all night and which was disturbing.
- A female patient who had been in for nearly three weeks considered that the nurses looked after patients very well and that nothing was too much trouble for them. However, this also depended on the time of day if they had a slack period – which could be in the middle of the night or when all the visitors had gone.
- One male patient had been in for just a week considered that he had been pretty well looked after and was getting to know the nurses. He now feels very happy that he can get up to get washed and dressed before breakfast which makes it easier for him to drink.
- There was one relative present on the ward at the time of the visit who informed members that the staff were wonderful and that they had been very attentive to her father.
- A Clinical Support Worker was sitting in a side-room with a sleeping female patient who needed 24 hour one-to-one care. Members were informed that the patient could feed herself and could walk with difficulty but was in danger of falling and had to be constantly supervised. When One-to one care is needed members were told that extra staffing was ordered but not always forthcoming.

This has obviously has been given very careful assessment but must provide difficulties in limitation of staff.



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### Staff comments

- Members spoke to a Bank Nurse (the only one in the Bay at the time) who told us that it was her first day on this ward although she had been on other wards previously.
- Members were able to speak to a Domestic Assistant working 35 hours per week on this ward who enjoyed coming to work because it was “lovely. “ She informed members that Thursday was turnout day when, if possible, there is an extra person to help. She does have help occasionally but if she can’t, she manages herself. She cleans all the bays, the side rooms, staff room, office, equipment storeroom, etc. She gives out fresh water jugs and glasses. This appears to be a considerable amount of work for one person.
- Members were informed that the Ward assistant (who works shorter hours) also helps with cleaning including table tops, the kitchen, the lights, etc.
- A Nurse informed members that she had been there for 5 years, that it was very busy and everybody had to work very hard
- Members talked to a Technical instructor (Physiotherapy) and Physiotherapist and asked them if they had enough equipment. They said that equipment was provided from county stores and the only problem they had was with out of area stores.
- A Member, who felt unsure about what a nurse was actually doing, asked if she was on a drug-dispensing round. It was difficult to see the “Do not disturb” sign on the trolley, until pointed out, as it was the side the nurse was working from and so was partly hidden. The nurse did not know about the possible introduction of red tabards which might make drug dispensing more apparent.
- Members were also introduced to Mr Roberts (Orthopaedic Consultant) who was on the ward at the time of the visit.

### Conclusions

- A clearly “condemned “mattress should never have been put into use. This was reported at the end of the visit and was to be investigated.
- A number of patients did not like the food especially the sandwiches. Members were informed that Dieticians had done a study of sandwiches and hopefully, improvements will be made.
- Although not mentioned by patients, members were pleased that snacks were available.
- There appears to be problems concerning timely discharge of out of area patients, (including Stone, Stafford, Cheshire and Shropshire). If patient discharge needs to be escalated then this must be a matter of concern for the UHNS although also the needs of the individual patient must be prioritized.



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- Many of the patients appear to have been in for longer than nine and a half days. Is Ward 19 attaining the present length of stay to discharge target?
- The central corridor is very cluttered and needs to be constantly reviewed as a possible source of danger for patients. Hopefully this situation will be remedied when the ward moves to the new build.
- Staff and patients describe the ward as busy with patients occasionally having to wait for attention. There should, however, be more flexibility, easier maintenance of the environment, and fewer beds when the ward moves in March, 2012. Will this also mean a decrease in staffing levels on an already overstretched ward?

**LINK MEMBERS WOULD LIKE THANK STAFF, PATIENTS AND RELATIVE FOR THEIR HELP AND CO-OPERATION DURING THE VISIT.**