

Report of Enter and View visit to UHCW Ward 42

February 2024

Contents

| | |
|---|----|
| 1. Introduction..... | 3 |
| 2. Reasons for the visit | 3 |
| 3. Method..... | 3 |
| 4. About the people we spoke to | 4 |
| 5. Findings..... | 5 |
| Initial Impressions | 5 |
| How does it feel to be a patient on this ward?..... | 5 |
| Communication and involvement in care | 8 |
| Food and drink | 12 |
| Leaving hospital | 13 |
| 7. Conclusions | 15 |
| 8. Recommendations and response | 16 |
| 9. Disclaimer | 17 |
| 10. Copyright | 17 |
| 11. Acknowledgements..... | 18 |
| 12. Appendices | 19 |
| Appendix 1: more about participants | 19 |
| Appendix 2: Information displayed on ward..... | 19 |

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| Wards Visited | Ward 42 |
| Date and Time of visit | Two visits on 2 and 9 November 2023 |
| Address | UHCW Clifford Bridge Road, Coventry, CV2 2DX |
| Size and Specialism | Neurology |
| Authorised Representatives | Fiona Garrigan, Ruth Burdett and Allen Magrett |

1. Introduction

Healthwatch Coventry is the independent champion for NHS and social care.

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on service delivery and to talk to service users, their families, and carers. This applies to premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. This is so local Healthwatch can learn from the experiences of people who interact with these services first-hand.

Healthwatch Authorised Representatives conduct these visits to find out how services are run and to gather the perspectives of those who are using the service.

From our findings, we look to report a snapshot of users' experiences accurately, highlight examples of good practice and make recommendations for improvements.

2. Reasons for the visit

Healthwatch Coventry's Steering Group agreed a programme of Enter and View visits to hospital wards for adults at the University Hospitals Coventry and Warwickshire (UHCW) Coventry site.

This was based on a review of experiences shared from local people and monitoring of feedback received around NHS services highlighting a need to find out more about patient experiences of care, communication, and discharge.

The visits ensure that people who may be vulnerable and less able to raise their voices and speak to Healthwatch.

University Hospital Coventry is a large NHS hospital situated in the Walsgrave on Sowe area of Coventry; four miles north-east of the city centre. It is part of the University Hospitals Coventry and Warwickshire NHS Trust, and is a tertiary teaching hospital with 1250 beds, with hospital sites in Coventry and Rugby.

3. Method

The aim of the visits is to find out about:

- How involved do people feel in their care and do they feel their care is person centred and meeting their individual needs?

- Is communication working from a patient point of view and meeting specific needs?
- Do patients / family / carers feel included in the planning, preparation, and discharge process?

We announced this programme of visits by notifying managers of UHCW.

Before speaking to each person, the Authorised Representatives introduced themselves and explained what Healthwatch is and why they were there. We established that the patient or staff member was happy to speak to Healthwatch. We confirmed that peoples' names would not be linked to any information that was shared and that they were free to end the conversation at any point.

Healthwatch Coventry Authorised Representatives wore name badges to identify who they were and provided the Associate Director and the Ward Coordinator / lead Nurse with a letter of authority from the Healthwatch Coventry Chief Officer.

We made observations throughout the visit and notes of what was observed around the ward were taken by each attending Authorised Representative. The observations do not replace talking to people, but help Authorised Rep volunteers get a clearer picture of the service delivery to patients.

4. About the people we spoke to

Ward 42 is a neurology ward and has 36 acute beds with seven beds for stroke patients. Many of the patients who are recovering and need close observations. Some of the people we spoke to were confused to different extents, and some were older people who may feel a high level of gratitude for the service they are receiving.

On ward 42 we spoke to twelve patients and two members of staff. We received one returned questionnaire from a visitors/carer who was there at the time.

We spoke to eight women and four men and further information about the people we spoke is in the appendices.

We were aware that the patients were very vulnerable and could be confused, however, we were able to positively engage them in our surveys to create a snapshot of the feelings and experiences of ward 42.

5. Findings

Initial Impressions

Overall, the ward felt busy and friendly, from our observations we could see that people's care needs were met in a personalised appropriate way, given the interactions and movements of staff nurses, physio therapists and occupational therapists between spaces, reception and on the ward.

Initially the main doorbell was not working. We were not challenged when entering. The ward matron eventually greeted us. Staff were very helpful and welcoming. A healthcare assistant (HCA) spoke to us when we were in the main reception area, they were interested in who we were and asking if they could help.

Observations

Ward 42 was bright and airy, and it was a comfortable temperature with lots going on throughout, with no noticeable odours. There was cleaning in progress at times during our visit.

The ward felt well managed, people were speaking quietly. It felt busy with staff and patients around, but they were having mainly positive conversations. There were some issues, but they were dealt with in a calm and quiet way, with HCA staff getting advice from nurses and giving support where necessary.

There was a calm busy atmosphere and the ward appeared busy but well organised.

How does it feel to be a patient on this ward?

Seven people thought they were cared for on another ward or in another hospital before arriving in Ward 42. Eight said they were admitted as an emergency.

The overall opinion was positive about the ward. Nine of the patients said they felt the ward was good and three said it was ok. The reasons given include:

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- “Level of care. Care is very good. Gob smacked couldn't be better.”
 - “The staff are very good.”
 - “Generally, needs are met, One of the better wards. This Ward is more specialist and much better.”

- 💬 *"Friendly nurses, I feel lucky".*
 - 💬 *"Nothing seems too hard for them to do".*
 - 💬 *"Because I feel very cared for, they are here when I want them, they make sure I have a button. When they change me, they are very careful and caring, I don't feel a nuisance to them, I can be taken to tests in my bed without getting out of my bed then have to wait for results".*
 - 💬 *"Comforting, the nurses go out of their way to help you. I can only eat ice at the moment, but there is not enough ice on ward, so they are having to get it from another ward".*
 - 💬 *"When there is a staff shortage it is really difficult".*
 - 💬 *"They are really caring. They are busy, I have to wait a little while, but there are other people to see and look after as well as me".*
-

One person discussed their feelings about the ward they were placed on before arriving on ward 42.

- 💬 *"[on the] last ward day after surgery, reduced to tears, didn't get any gel, didn't get any pain relief, no pillow, I take my meds at set times, day after surgery wasn't given any meds ... was left on side with gown and no knickers on in the other ward for everyone to see".*
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Privacy and dignity of patients

We asked patients on ward 42 if they had ever felt uncomfortable or embarrassed on this ward.

Most patients were positive about privacy and dignity on the ward. Two patients said they had felt uncomfortable or embarrassed. Eight patients said they had not and two people did not answer either way.

- 💬 *"Only initially but got used to it".*
 - 💬 *"Everything is private and confidential".*
-

🗨️ *“My circumstances, especially now. Not progressing properly. Didn't think I would be here as long as this”.*

🗨️ *“Last ward left on bed got bed sores, asked for something to happen, re pressure sores, nurses doesn't respond, asked them nicely, kept asking them nicely - being in pain wears you down I am in a lot of pain”.*

Observations on care, dignity, and responsiveness

We observed good practice in terms of closing curtains, asking for consent using respectful language patients were being given personal care or support particularly by Healthcare Assistants (HCA). For example:

- We observed a female patient in distress wanting the toilet. The staff member was explaining that the toilet she wanted to use was in use, and that she needed to use the other toilet. The patient was reluctant due to confusion, but the nurse calmed the patient and took her to the toilet.
- We observed an HCA who asked a patient if the water was warm enough for a wash, then put the curtain around the person, spoke to them gently at every step "are you okay, do you want (something) at bedtime? The HCA was quiet and reassuring.
- HCA giving blood pressure check, saw curtains being drawn around patients when receiving treatment.
- A HCA walking a person to the toilet, and saying when the person had finished, they would be there to would walk them back. This HCA used appropriate and calm language/ tone.

We also observed some situations where curtains were not drawn, and conversations were not carried out in a respectful way:

- We observed a blood pressure check being taken with no curtains drawn.
- We observed doctors talking at a distance from patient very loudly without drawing curtain.
- We overheard a doctor asking "do you have any questions for me" staff speaking clearly and not rushed.

We looked at how staff responded to people's call bells or questions, this is what we observed:

- a patient ring a bell and staff responded straightaway.
- a crash alarm/ light going off, approximately 15 people appeared and walked quickly to area, atmosphere in ward changed. This all happened within two minutes. Once situation checked and resolved we observed staff walking back to the rest of the ward.

Do the staff introduce themselves by name?

Ten patients said that staff introduced themselves to them by name and we gathered the following comments:

💬 *"I often have to ask especially if forgotten. On the name badges names can be hard to say, so hear the name makes it easier"*.

💬 *"They do indeed"*.

💬 *"Some do some don't, one junior doctor when I was upset [said] 'stop doing your crying technique to get treatment', I said he should improve caring technique. I had had lots of cancellations for operation. He said he would take me off some drugs loudly in front of everyone. I wanted to talk to him. He went off, later on I saw him, looking like someone had told him. (This may refer to the person's experience on the ward they were on before ward 42, that is 43)"*.

Communication and involvement in care

We asked patients whether doctors explained the treatment they were giving and ten said they did.

💬 *"Yes - not enough"*.

💬 *"Yes - They tell me what they are going to do. They ask before they touch me, or I will go into panic"*.

💬 *"Yes, they are very clear, came over every day, sometimes in depth, sometimes just a check in - they are very visible"*.

Eleven of the people surveyed said that nursing staff explained care to them.

💬 *"Yes, very clear some of them have very good communication skills would give HCAs 9 out of 10".*

💬 *"Yes - They explain the medication and what I am taking".*

There were comments that indicated people would like more information about their care, and to have it in a timelier way:

💬 *"Not quite but I have had not had to pry to get treatment. Because of drugs I haven't had, I have had a lot of pain".*

💬 *"Physio and Occupational Therapy staff are very good. Difficult day when staff are short for staff and patients both".*

💬 *"Could be improved by explaining more in relation to physiotherapy".*

We asked patients about how involved they feel in their care and treatment on a scale of 1 – 10 with 1 being low and 10 being high. Nine people answered the question, and the average score was nine. Therefore, patients were feeling involved in their care.

💬 *"Feel the advice I get is good".*

💬 *"When the consultant came, I had a question, and it was explained".*

💬 *"Some things are excellent but not all. Some things they will tell you late and not giving me time to think about it".*

💬 *"Physiotherapy involved assessment practice stairs walking I don't feel let down".*

💬 *"Up to you if you want to ask questions".*

We also asked patients how listened to do you feel during your care. We also asked whether patients felt able to talk to a member of staff if they had questions about their care. Six said yes.

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- 💬 *"Always get answers. My son asked questions about the procedure, and they answered. My son cares for me at home"*.
 - 💬 *"Yes - They talk to me and make it understandable"*.
 - 💬 *"No - don't find it easy due to my condition"*.
 - 💬 *"Yes - some staff are easier than others. So long you can talk to someone its ok"*.
 - 💬 *"Some things are excellent but not all. Some things they will tell you late and not giving me time to think about it"*.
 - 💬 *"Physiotherapy involved assessment practice stairs walking don't feel let down"*.
-

Communication support needs

When patients were asked whether they had a communication support need three patients said yes. This was due to either their illness, or they did not have communication aids (e.g. hearing aids).

When asked nobody said that they had a hospital passport, although one person said that the hospital was considering it for them.

We observed a curtain closed and questions being asked to ascertain capacity e.g. What month is it? What year? What City are you in? What is the date and time of day? Do you know where you are, can you name the hospital? Why are you in hospital? Has the stroke affected anything? The member of staff was Communicating clearly, as well as gaining consent.

The hospital passport highlights the key areas that are important to that person i.e. communication and any aids required. Eating and drinking and any specialised cutlery, plate guards, drinking cups, along with the likes and dislikes, and support required that will aid staff in the delivery.

One staff member said of the ward, about communication and care:

"This can be challenging - varying levels of understanding. Combination of symptoms if diagnosed with a neuro degenerative illness. They can display anger and frustration as it is the unknown. Families also need support as part of the grieving process for the patient."

Communication with visitors and families

We had one returned relatives'/visitors, friends and this was relating to Ward 43 where the patient was previously. This information is in the report on Ward 43. When asked whether they were happy with the care their friend or relative had received, one of the visitor's comments were:

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- 🗨️ *"I am now happy but only in the last few days have been good. Very poor communication between doctors and nurses particularly on shift change overs. My sister was dependent upon getting her medication on time, which never happened until the last couple of days. As a result, she had constant relapses, fatigue and resulting in confusion, leading to a much longer stay than should have been necessary".*
 - 🗨️ *"The only time that I have had any information is when I have come in and asked for it or came in with the sole intention of trying to see a doctor about my sister. I have had to come in out of visiting hours and had to hope that a doctor would turn up. They only explain the treatment and care when asked".*
-

A staff member commented that communication with families needed improving and it *"makes it difficult in supporting patients and families"*.

We asked staff about what could be improved around communication and care, these are a staff comments about improvements that could be made about communication and access to interpreters was highlighted to us along with other access issues for additional support:

"Interpreter - It is really difficult to get one to turn up. This has got worse following covid. Face to face is better for the patient. If they have a speech deficit - the Speech and language team (SALT) will provide a wide range of tools and resources to support communication. If patient has a learning disability / autism (LD/A) it's very difficult to access the Acute Liaison team as they have to be on the learning disability (LD) register and will reject the referral. We also consider a mental capacity assessment (MCA) and gain consent as required.

We get little or no support from neuro psychiatry although neuro psychology support with patients displaying behaviours. We work with Ataxia UK which is a charity - 'Ataxia' is an umbrella term for a group of neurological disorders that affect balance, coordination, and speech. There are many diverse types of ataxias that affect people in different ways".

Food and drink

Patients were asked to give their sentiment for food and drink on a scoreline of 1 for bad to 10 for excellent. Ten people answered and the average score was six.

For two people the food was not acceptable and did not meet their needs. Issues were raised around soft food, and food for vegetarians in terms of options, especially if you are on the ward for a long time.

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- 🗨️ *"Puree food is terrible as too salty. Not this ward found it processed. Now moving on to this hospital ward I find it good. Would have liked the puree food from normal food that is mashed.*
 - 🗨️ *"Generally, I don't rate it I have no choice being vegetarian all I have is jacket potato every main meal".*
 - 🗨️ *"Not too bad for a hospital it is quite good".*
 - 🗨️ *"I don't even eat meat so had jacket potatoes for a few days, taken a few days to sort out. I am also a diabetic as a vegetarian I struggle to eat well".*
 - 🗨️ *"Food is a big failure - soft diet is limited".*
 - 🗨️ *"Sometimes it's cold".*
 - 🗨️ *"Wrong information on ward saying I was on a liquid diet. I wanted a biscuit. I'm on a soft diet. Don't know where it came from – not very happy. It was telling them things that weren't true".*
-

All the patients said they had access to water, and it was on the table near them. Our observations confirmed this.

We observed people being supported to eat. Cutlery, trays, and drinks in reach of patients. There was a combination of patients eating in chairs by their bed with table, or in bed with support.

We observed a staff member supporting with meals and helping to feed a patient. An HCA staff wearing yellow PPE aprons. Care staff were talking to patients - general conversation and encouraging them to eat lunch and drink.

Catering staff wore with hats but no gloves.

There were drinks on all tables. We saw the person with the tea trolley giving drinks out, patients requesting drinks and able to ask for tea, coffee, given in correct cups. Biscuits and snacks, including fruit available.

Based on the information they gave us staff had a good awareness of support for people around eating and drinking however a staff member also commented that an area for improvement was communication/ documentation about support for eating and drinking: *“it’s not consistently documented. We have new staff in training along with the staffing levels on the ward. Ward manager aware and proactive in trying to solve”*.

Ward environment

Toilets and bathrooms

Our observations around toilets and bathrooms.

- The toilets we viewed were clean, well-lit with hot and cold taps clearly marked. No visible odours, and a pull cord in place.
- The bathroom in area one had a bath with a mechanical riser, a mirror, some shower seats, and a wheelchair. There was a shower curtain for privacy, a thermostat, and a heater.
- Bay 27-30 – we observed a clean sink area in the bay, with a green sharps bin, yellow waste bin, soap dispenser, and tissues. The bathroom was well-lit, clean, odour free. There were shower chairs available, a pull alarm for safety and no visible hazards.

Equipment

There was evidence that equipment was being maintained and serviced:

- We observed two faulty nebulisers being looked at, to be fixed.
- We observed site staff assessing a wheelchair in main reception.

Leaving hospital

We asked patients how informed they felt about plans for their discharge from hospital. When rating between 1 and 10 the average rating for the nine who answered the question was 3.5 indicating they did not feel very informed.

Discharge for this group of patients is often complicated, but people still want to have an idea of what discharge planning is happening, and what some of their issues are that need to be resolved:

How informed do you feel about the plans for your discharge from the hospital?

- Unknown don't know how long it will take.
- Complicated, I have care staff. Really don't know.
- Not discussed. Want a general plan to understand the long plan
- Not spoken to me
- Like to know I will be safe. I would like to see an occupational health. (would) like a trolley I can use to transport food and drink.
- Any idea about when? Husband at home? Need to sort carers coming in

A staff member highlighted that there could be issues with discharge.

- "Not as well with complex discharge packages. It comes back to teamwork, respecting each other and understanding roles. An example of this is during a recent discharge the ambulance arranged failed, care in the community failed, equipment failed, we as a team had to work together to support the person home."

A staff member indicated that relatives should be more included in discharge :

- "They are included although there is an opportunity for more involvement, and this comes back to staff understanding who leads and people's roles within the discharge process."

Suggestions and comments from staff

Staff members highlighted:

- "Management from their end need to understand that when we ask for more staff it's not just about patient safety, it's about the quality of service we can deliver. We know a lot of complaints come from this and lack of communication etc. They need to listen to us more."

- 🗨️ *“When staff go into a management post - need a training programme to support in this area. Support with staff wellbeing, listen to people and the ideas put forward. Go back to the basics with training and support induction of new staff to follow experienced staff to learn.”*

 - 🗨️ *“The Trust is working really hard to take on board feedback. I have the Manager’s support, it’s a team effort and the morale on the ward is good”.*
-

Additional comments by patients:

- 🗨️ *“Nurses are fantastic.”*

 - 🗨️ *“I just want them to look after me and get me better. They are very caring.”*

 - 🗨️ *“Treatment is good, (I am) looked after by (a) nurse who listens and helps me”.*
-

7. Conclusions

During this enter and view visit to ward 42 we found the ward was welcoming, and staff were interacting with each other and with patients. The staff were friendly and said “Hi” or “Where are you from” and “can we help.” The staff feedback showed that morale is good.

The staff we spoke to were professional and helpful and were happy to show us other parts of the ward and their work, particularly the training area for the physiotherapists.

Nearly all the participants said the care they received was good and privacy and dignity was maintained. Patients praised the care from Health Care Assistants.

We observed examples of patients being given personalised care, with respect and dignity, with quiet and respectful conversations and curtains being drawn to give people tests. We observed moments where this was not the case.

As this group of patients can be vulnerable and confused effective communication is good practice to help them understand what is happening to them and be involved in their care. Most patients felt they got information about their care, they were listened to, were able to ask questions and staff would find a way to answer these.

Patients indicated that if there were less staff on shift patients might have to wait, or that it would be harder to speak to someone about any concerns. Patients commented that with less staff it could be difficult.

One person was concerned that the correct information was not given about care and felt patronised and put down by care staff. This is an issue that could be addressed within a hospital passport, which would explain the person's needs and preferences.

Discharge was something patients were unsure about and wanted more information and reassurance about. This could be explained more fully at the beginning of the person's stay and at intervals during their time on the ward and/or spoken about with relatives.

Food was an issue for some people in terms of variety and options for people with different dietary requirements, including vegetarians, gluten free food and people who are on a liquid diet. Some people did not feel their needs were met. Overall, the rating for the quality of the food was low in this group of patients. We observed that staff gave patients appropriate support to eat it if they needed help.

8. Recommendations and response

| Recommendation | Response/action from the hospital |
|---|---|
| <p>Hospital discharge</p> <p>Improve communication surrounding discharge plans with patients and family / informal carers. Consider how to pass on information in a way that the group of patients can understand and feel reassurance.</p> | <p>In February we will commence nursing support session on a weekly basis. One of these will focus and flow and hospital discharge.</p> |
| <p>Communication support</p> <p>A) Ensure that communication is tailored to the needs of the patient – including English as a second language and vulnerable people with a learning disability / autism, stroke and acquired brain injury.</p> | <p>A) We will raise awareness of the resources available to support patient communication for example, pictocom books/language line and promote Multi-Disciplinary Team working with Speech and Language Therapy and Occupational therapy to meet patients.</p> |

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| <p>B) Look at how the 'hospital passport' and/ the 'forget me not booklet' or similar can be used more in supporting patients on this ward.</p> | <p>B) We will ensure that any patients admitted with a hospital passport or who require a 'forget me not' booklet are identified on the electronic handover, and we will ensure that these documents are readily available and visible with the patient.</p> |
| <p>Food</p> <p>A) Identify and implement improved ways to support people who have dietary needs to have a better experience of the food and more varied options.</p> <p>B) Have a clear responsibility for who provides a list of ingredients to patients with allergens.</p> | <p>A) Table menus to be made available to each patient bedside and where the patient is unable to utilise this resource, we will ensure that as part of the Nutrition Guardian role, alternative menus are offered to patients to provide variety.</p> <p>B) The Nutrition Link Worker will liaise with the Dieticians to explore if an ingredients list is available to print and include within the Nutrition Guardian folder, which will aid our workforce in supporting patients who may have allergies or specific dietary needs.</p> |

9. Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at and during the time of our visit.

10. Copyright

The content of this report belongs to Healthwatch Coventry. Any organisation seeking to reproduce any of the contents of this report in electronic or paper media must first seek permission from Healthwatch Coventry.

11. Acknowledgements

Healthwatch Coventry would like to thank the service provider, residents, visitors, and staff for their contribution to the Enter and View visit to UHCW ward 42.

12. Appendices

Appendix 1: more about participants

| Gender | Count |
|--------------------|-----------|
| Female | 8 |
| Male | 4 |
| Grand Total | 12 |

| Age group | Count |
|--------------------|-----------|
| 25 to 49 years | 1 |
| 50 to 64 years | 3 |
| 65 to 79 years | 3 |
| 80+ years | 3 |
| Not known | 2 |
| Grand Total | 12 |

| Religion | Count |
|--------------------|-----------|
| Christian | 6 |
| Other religion | 1 |
| No religion | 5 |
| Grand Total | 12 |

| Ethnic group | Count |
|--|-----------|
| White: Any other White background | 1 |
| White: British / English / Northern Irish / Scottish / Welsh | 11 |
| Grand Total | 12 |

Appendix 2: Information displayed on ward

- A welcome to ward 42 posters on main door entrance with useful information. CQC posters in various languages - How was your experience of the Hospital outside main doors.
- TV screen outside entrance door displaying ward information i.e. opening times, mealtimes etc.
- Safety documents, in the entrance to the ward
- Staff information details on the entrance door
- Picture of all the different uniforms staff wear and their roles.
- Menu choices for this week
- Staffing board showing yesterday's details (adjusted before we left to show today)
- Tissue viability board

- Staff information board
- A how we are organised poster.
- Orientation board displaying the correct day, date etc.
- Fire safety equipment extinguishers,
- International Dysphagia Diet Standardisation Initiative quick reference guide poster displaying the framework to assess food and drinks to support patients.
- Personal protective equipment (PPE) store and pictures relating to use on the wall.



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