

Wandsworth LINK CONFIDENTIAL

Older People's Enter and View report following our visit to a service, including our observations and pulling together the comments made to us in interviews with patients/residents, their family and friends and with staff

Hospital ward/care home visited: Mary Seacole Ward, Queen Mary's Hospital
Date of visit(s): 13 September 2011

Interviewer(s) : Alison Tomlin, Annie McDowall, Jenny Purkis, Peter West

Summary - What we found that patients/residents think of the service :

All 9 patients we spoke to had positive things to say about the care they were getting. They were generally very complimentary about the professionalism and attentiveness of the staff (particularly the therapists), the cleanliness, the food, the pleasant environment and said that their dignity and preferences were respected within the constraints of the situation they were in.

A few had only very positive comments to make but most, particularly those with more complex needs, raised issues of varying seriousness.

These included comments about the pressures on the staff to complete paperwork rather than spend time caring for and communicating with patients, the lesser skills of Healthcare Assistants and, for a few, specific negative views of staff who were felt to have the wrong attitude to responding to their individual needs – for example a partially sighted patient.

The food did not suit one person at all and others said they did not like the television on at lunchtime. One patient with visual impairment said that her specific needs had not been addressed. When patients had been moved to or from St George's, one had experienced a 5 hour wait for a bed at St George's and another, after a long wait, was returned to Queen Mary's at 1230am at night.

Summary - What we found that family/friends think of the service :

We spoke to friends or spouses of half the patients we had interviewed.

They too were very complimentary about the overall service, quoting the positive character and attitudes of staff and cleanliness in particular. However, the majority observed that the nursing staff were overstretched which they believed had a negative impact on the care being given.

The difficulty of trying to find out how their friend or spouse was getting on and who to talk to was another specific problem referred to.

Summary - What we found that staff think of the service :

We spoke to a wide range of staff, 13 in all – the consultant, doctors, therapists, nurses, a healthcare assistant, administrators, facilities managers and a volunteer.

Overall they had very positive views of the facilities and the service being

provided. Good team work, a willingness of managers/senior staff to listen to concerns and make changes were quoted as positives. A common concern related to the skills of the nursing/care staff group to respond to the changing, more medically acute needs of patients coming to the ward. A recent increase in permanent rather than bank staff was welcomed.

Specific changes needed to improve the experience of patients were also shared with us - a more sensitive and personalised approach to the range of incontinence aids given, rather than the universal issue of large nappies; the indignity for some patients using the gym in their hospital gowns because they did not have their own clothes; no call bell in the day room which restricted its usage as a staff member always needed to be there; the absence of locks on toilets and more awareness of the needs of patients with visual impairment.

(We have been subsequently advised that there are call bells in every day room and that all toilets and bathrooms on the ward have locks)

Summary of our general observations :

We made specific observations at lunchtime and as patients were going to bed. During these periods we observed and took notes.

Lunchtime observations:

+ve: Food was hot, looked appetising and only a few patients left much. Tables were reasonably attractively set out and patients were able to sit with whom they liked. A volunteer was present to help two patients who had specific dietary needs, denoted by red trays. A nurse sat down at another table to encourage eating and socialisation.

-ve: No handwashing or wiping of patients was observed. The television was on throughout lunch which was disruptive and few were able to watch. In serving up, no account was taken of which table patients were sitting at. This meant gaps of several minutes for patients getting their food at the same table. Plate collection was a bit abrupt, was noisy and without consultation as to whether the patient had finished

Bedtime observations:

+ve: Flexibility around when patients "turned in" according to their own preferences. Generally prompt responses to call bells. Kindly conversations to and about patients.

-ve: Nurses and HCAs pre occupied with paperwork. No one in a bay for 20 minutes and some call bells left out of reach. One staff handover at 9pm took place in the bay which was potentially disruptive for patients who had already settled for the night.

Other observations:

-ve: a member of staff inappropriately interrupted our discussion with a patient, publicly challenging her account of her toileting needs