



**Enter and View Report
Ward 41
Darlington Memorial Hospital
Hollyhurst Road, Darlington, DL3 6HX**

26th September 2018



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Acknowledgements, disclaimer and context

Healthwatch County Durham and Healthwatch Darlington would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

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 the time.

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and View are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about, they need to inform their lead who will inform the service manager, ending the visit.



Purpose of the visit

Healthwatch County Durham (HWCD) were asked, as a stakeholder in the County Durham and Darlington Foundation Trust (CDDFT) Quality Improvement Board (QIB) to suggest how they could support quality improvement within CDDFT, linked to the Measures of Success as agreed by the QIB in October 2017.

The HWCD Board reviewed the Measure of Success at a Board meeting in January 2018 and suggested Patient Experience was the most appropriate area to support given the remit and services of HWCD. They proposed Enter and View visits in wards or departments that had done very well or less well in their most recent Friends and Family Test (FFT), to learn from those that had done well and share that learning with others who wish to improve as well as with the QIB for roll out throughout the CDDFT.

This will ensure that the experiences, views and opinions of patients, friends and family are heard in the quality improvement work of CDDFT. By feeding into the QIB patients will be able to influence meaningful change and improvements to services that affect them. Key stakeholders in quality improvement will be informed of the views and experiences of patients and can use what they are told to inform their decision making

The proposal was agreed by the QIB in March 2018 and HWCD met with CDDFT Patient Experience team in April 2018 to plan the visits. They identified three wards at University Hospital of North Durham (UHND) and three at Darlington Memorial Hospital (DMH) with different FFT results. These included; low return rate, high return rate with low satisfaction and high return rate with high satisfaction to give a broad spectrum for comparison. We agreed that Healthwatch would not know which wards fell into each category and that the same 'appreciative questions' would be used to identify trends and areas of good practice, as well as areas for improvement.

HWCD Board met with Healthwatch Darlington (HWD) board in July 2018 and they agreed to take part in the work and to carry out the three visits in DMH.

Planning and preparation

A joint training session for HWCD and HWD Authorised Representatives took place before the visits to ensure consistency. The questions used were carefully put together (appendix A) beforehand to reflect the 'positive approach' to be taken. This was agreed with staff and Authorised Representatives.

We met with each ward manager individually to plan the visits, agree the process and make sure it would work for patients and staff.

We realised that there might be people who would like to make a comment about the ward who were not going to be around on the day of the visit so the surveys were left one week before the visit in the waiting area, on a Healthwatch display table, with a box for completed surveys to be left in. HWD also left some comment cards which would enable people just to make a comment about the service.

We advertised the visit in advance (appendix B) and Natalie Walker (Ward Manager) briefed the staff before the day.

We carried out a preparation visit one week before the Enter and View to do a risk assessment and consider areas such as layout, introductions, venue space and safety procedures, the process for taking photographs and we agreed use of a private space for conversations if needed.

Information and data

Using two of the Authorised Representatives we carried out 17 individual conversations with patients and staff, using a set of appreciative questions to give people the opportunity to describe good practice they had experienced or seen.

0 surveys were completed prior to the visit and 6 comment cards.

Representatives observed activity and spoke to people during our three hour visit, to collect their own independent impressions of the ward and its services, which they recorded during and after the visit. The visit was planned for four and a half hours, but it took less time than anticipated. The comment box was left for those who still wished to complete surveys as per our advertisement; no more were received when the box was collected the day after.

What people told us

People shared their experience and opinions of the ward, all are noted in Appendix C. Some are unique to individuals but there were several trends that we heard numerous times, which include:

Professionalism and empathy of the staff

‘The nurses, they found something to make my circumstances easier’

‘Very friendly staff, more than just doing their job. Seen quickly when needed.’

‘All services are delivered well. The staff are quite pleasant. Adequate staffing.’

The environment and physical layout

‘Atmosphere, so nice’

‘The ward is kept clean and tidy’

‘Room with a views’

‘Windows need cleaning’

‘Less beds in each ward’

Service and positive interaction

‘Staff being helpful’

‘I’m comfortable enough and satisfied with my treatment’

‘I would certainly keep the atmosphere. The cleaning side is also well done’

‘Nurses have been really good, they are there for you when you want to’

Satisfaction

‘Would like a bath’

‘It’s noisy, patients screaming. Food urgh, dietary requirements’

‘Satisfied with everything, can’t complain’

‘More space, corner bed has not got much space but can see out’

What we observed

The patients we observed on Ward 41

Observations considered the physical space and how it was managed, as well as communication with staff, patients and visitors

Key areas of observation were:

Effectiveness of the physical space and layout

When we arrived, we were taken to the ward sister, we introduced ourselves and she advised that she was expecting us. Looking around there were no posters advertising the visit. The ward cleaner let us put our bags and coats into her cupboard. In the lounge the comment box and posters were all on the table. No surveys had been completed. The sister gave us a list of people to talk to and asked us to let her know if we required anything else. Along the corridor the leaflet racks looked untidy.

There seemed to be a difference in the men's wards compared to the ladies. The men's looking more cluttered although this could be down to more medical equipment being used in the men's ward. Each room was clean with a board displaying preferred names above people's beds. The beds closest to the windows did look cramped and tables had to be moved before staff could check on patients. Each room had 6 beds with men and ladies in separate rooms.

Positive social interaction and communication

The interaction between staff and patients was good with questions being answered. Cleaning staff and shop trolley person also interacting well with patients and staff. Some staff did seem confused as to why Healthwatch Darlington were on the ward, we had to explain to a few members of staff what we were doing.

There seemed to be a nice atmosphere in general around the ward although there did feel on occasions that staff helping each other was a need and not a pleasure.

Mobile shop was making its round with the person asking people and trying to get what people wanted. Very friendly and created a buzz on the ward as people chatted to each other.

Dealing with issues that arose

Staff dealt with buzzers as they went off promptly and there was positive interaction with the patients.

Large bins were being moved in the corridor and staff helped to move equipment to enable them in and out.

Recommendations

We have listed the recommendations below for ward 41 and CDDFT based on what we were told and what we saw and heard, during the visit.

Recommendation 1

There were a lot of nice positive comments about staff and the interaction they had with patients, although there were a couple of negative comments. This could have been down to personality clashes of staff and patients. Management team may be able to look at these clashes when allocating workloads.

Recommendation 2

There were several comments about the food with the majority stating that the food was OK. Some comments said that the food was not so good with one comment received saying they weren't assisted with eating and they were unable to feed themselves. To ensure protective meal times are in place along with help when needed.

Recommendation 3

There were several compliments about the service and treatment people received on the ward. Feeling safe, the doctors are good and very dedicated staff. The concerns were about the wait they had in A&E before getting transferred to the ward. Feedback to A&E, plan how this could work better.

Recommendation 4

There were positive comments about the cleanliness of the ward, the only negative was the cleanliness of the window outside. Facilities to look at the amount of times per year windows are cleaned outside.

Service provider response

“Staff on Ward 41 endeavor to provide the best quality of care for all of our patients at all times. The team provide holistic individualised care whilst maintaining an

environment where our patients feel safe and comfortable and are treated with respect and dignity.

Ward 41 team endeavor to provide an environment of mutual trust and respect where each member of the team is valued for their contribution and staff members are encouraged demonstrate these shared values within the delivery and management of patient care.”

Natalie Walker (Ward Manager)

“It is encouraging to see that patients comment on cleanliness and tidiness of the ward as well as positive staff interaction showing staff to be pleasant and friendly. This is shown to be a priority for patients and something that will be reiterated across the Trust when the reports are published and disseminated.

Comments regarding quality of food provided will be shared with facilities staff - regular audits and satisfaction surveys are carried out by facilities team and issues addressed promptly. We will also discuss feedback with the ward team in relation to patients not being assisted when required at mealtimes and to ensure protected mealtimes are maintained. Estates staff will be made aware of comments raised regarding cleanliness of windows

Staff attitude, positive outlook and dedication to patient care.

Feedback comments to appropriate teams and monitor patient comments using ongoing patient feedback processes i.e. friends and family feedback, post discharge surveys.

I have experience of Enter and View visits across CDDFT over the previous 5 years or so, their independence gives us credibility and confidence. They have always been constructive and supportive of the needs of patients allowing us to make improvements where needed as well as share good practice. The process of enter and view lends itself to supporting all services across CDDFT.”

Jill Salkeld (Patient Experience Manager)

(Appendices)

Appendix A

Enter and View Questions for Hospital Wards in Darlington

Thank you for your time today. Healthwatch are here to speak to patients and family members about the hospital ward and to hear the stories behind your views. We will share any examples of good practice with the hospital and make recommendations about any improvements patients would like to see.

In your view, what works well on this ward for patients? Is there a good experience you'd be happy to share with us? (Prompt questions if needed: What made it a good experience? Who was involved? How did your feel?)

What is the best thing about this particular hospital ward? (Prompts: What makes it stand out for you? Why have you chosen this?)

If you could make sure this ward kept one thing, what would it be? Why is that? (Prompt if needed: one thing could be a service, facility, process, behavior or person)

What one thing or aspect could this ward improve, to make things better for patients? (Prompt if needed: why have you chosen? How could it be improved?)

Appendix B



healthwatch
County Durham

healthwatch
Darlington

Wednesday 26th September

11am to 3.30pm

Visit to WARD 41

Healthwatch gathers your views about health and social care services and shares them with those who have the power to make changes.

We would like to hear what you think about the ward. If you're available on the day, please come and speak to us.



If you can't attend during our visit you can complete a survey and leave it in the box so you can still share your views.



Thank
You

Appendix C

DMH Ward 41

Full Notes

In your view, what works well on this ward for patients?

- The nurses. They found something to make my circumstances easier
- Staff
- The staff are pretty good
- Well looked after, staff friendly
- Very friendly staff, more than just doing their job. Seen quickly when needed
- Wife gets looked after but not enough attention
- Slow, get waiting for results. Staff pretty nice, except for one
- The staff are great. They work hard and do their best
- Not satisfied with some things. Swearing, they don't listen enough
- Satisfied with the service
- Been in many times, always satisfied with the treatment
- All the services are delivered well. The staff are quite pleasant. Adequate staffing
- Very nice staff, all very good. Clean and fresh and nothing is too much trouble
- Nurses, so pleasant and helpful most of them
- Nursing staff absolutely first class. Fairly good experience. Long time to get admitted. Only 2 people in A&E before 4pm
- A1 for treatment
- All been very pleasant, staff and patients. Seeing people listening to people. In side ward previously so nice to talk

What is the best thing about this particular hospital ward?

- 1 step closer to going home
- Atmosphere, so nice
- Quieter than used to
- Room with a view
- Patients coughing
- Starting to talk to other patients
- The care home had a bug so had to come to hospital. Misses his wife and would prefer to be in own home
- Disappointed, don't believe I'm getting the attention as far as diet and wellbeing goes
- The ward is kept very clean and tidy
- The best thing is the nurses. They rise to any occasion which can be challenging at times
- The best thing is how quickly they respond to all your needs
- Very gentle, bruise from A&E. Everything has been good, waiting to go home
- The staff have made it as comfortable as possible

- Very dedicated staff
- Well looked after. Dr very good, feel safe

If you could make sure this ward kept one thing, what would it be?

- Staff
- Staff being helpful
- Adjustable beds
- Good to an extent
- I am comfortable enough and satisfied with my treatment
- The ward is clean
- The staff are very pleasant and try to cheer us up as much as possible
- Never had an issue with this ward
- I would certainly keep the atmosphere. The cleaning side is also well done
- My daughter
- Food ok
- Nurses have been really good, they are there for you when you want to

What one thing or aspect could this ward improve, to make things better for patients?

- Food ok, not enough. Would like hours changed. Get woken through the night. Breakfast too early
- Nothing. Staff very helpful and nice to us
- Would like a bath. Food ok
- Tea (drink) is not too good. Not much choice with meals. Windows need cleaning
- Food ok, varied menu. Small eater, so portions ok. Staff could talk more quietly
- Hospitals can't cater for people who can't walk. Level of care disappointing. Staff not ensuring food is eaten (can't feed self) and unable to walk without help, none forthcoming
- It's noisy, patient screaming. Food, urgh. Dietary requirements
- Clean the window and get blinds
- The food is not so bad especially when you are hungry
- I believe there is a lot of favoritism. Not the right attitude
- The food is not so good at times. The staff can be stretched with lots to do
- The overall condition is alright, and I believe there's no need for change
- Satisfied with everything. Can't complain
- Don't think I can think of anything. Toilet roll could be better quality. Staff are very lovely
- More comfortable mattress
- Less beds in each ward. Atmosphere of ward could do with brightening up
- More space, corner bed has not got much space but can see out
- TV free all day. More toilets. Nothing wrong. Staff fine. Food excellent

Observations

Effectiveness of the physical space and layout

The male ward is a bit cramped
Our visit didn't seem to be advertised
Layout of rooms ok
Much better layout
Tidy, smells clean and fresh
Clean but seemed more cluttered
Beds close to window, don't seem to have much space, seems quite cramped
Leaflet rack disorganized

Positive social interaction and service

Good enough staff talking to patients
Lack of positive interaction
Good interaction
Good atmosphere
Very good interaction
Nurse chatting to patients
Mobile shop for people
Nurse having bit of banter with patients
Nurses and staff talking to patients

Dealing with issues that arose

Staff didn't seem to know why we were there had to explain what we were doing
Staff seemed to respond well to patients needs prompt
Bins being moved around corridors staff moving equipment to enable them to get in and out
Fair
Not good enough
Prompt response
Quick response