



## **Enter & View Report**

Enter and View Report Leicester  
Royal Infirmary Ward 31 and 32

26 October 2014



Enter & View Report



## Report Details

<b>Address</b>	Leicester Royal Infirmary Infirmary Square Leicester LE1 5WW
<b>Service Provider</b>	University Hospitals of Leicester NHS Trust
<b>Date and time of visit</b>	26 October 2014 - 1pm
<b>Type of visit</b>	Announced visit
<b>Authorised representatives undertaking the visit</b>	1 - Visit Leader 2 - Authorised Representatives 1 - Staff Lead
<b>Contact details</b>	Healthwatch Leicester 9 Newarke St Leicester LE1 5SN

### Acknowledgements

Healthwatch Leicester would like to thank the service provider, patients, visitors and staff for their contribution to the Enter & View programme.

### Disclaimer

Please note that this report relates to findings observed on Sunday 26 October 2014. 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.

## What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement or capture best practice which can be shared.

### **Enter & View is the opportunity for Healthwatch Leicester to:**

- Enter publicly funded health and social care premises to see and hear first hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & 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.

### **Purpose of the visit**

This Enter & View visit was triggered through Healthwatch members feedback about their experiences of elderly patient care as well as numerous press articles about the difference in hospital care received in a weekend setting, when compared to a weekday.

What we hoped to get out of the visit is:

- Observe the delivery of hospital care to elderly patients on a weekend
- Observe what support was used by the hospital for elderly patients with Dementia (e.g. Security Guards as one-to-one support.)
- Capture the experience of patients, their families or carers and staff of hospital care for elderly patients on a weekend and the support available for elderly patients with Dementia.

## Strategic drivers

- Department of Health - The Dementia Challenge
- Dementia is a Healthwatch Leicester strategic priority
- Older people are a strategic priority for Leicester City Clinical Commissioning Group

## Methodology

This was an announced visit.

Before the visit was conducted, we met with the Dementia Support Manager, based in the Hospital, contracted by The Alzheimer's Society, to discuss which wards the visit takes place at and what additional considerations we may want to have on the visit.

A pre-meeting was then held with the University Hospital of Leicester's Engagement Manager to discuss the visit. This ensured that we were able to discuss how we would want to conduct the visit and a staff point of contact was agreed for the day. This staff member would meet us on the day and receive initial feedback from the visit on the day before the Enter & View team left.

From an analysis of the wards in Leicester Royal Infirmary and discussion with the Dementia Support Manager and UHL, we identified a number of wards that looked after elderly patients. It was decided to visit Ward 31, 32 and 33. Ward 33 would be visited, only if we were unable to talk to enough patients and their families in Wards 31 and 32. On the day of the visit, we decided to only visit Ward 31 and 32.

On each ward, the visit began with a discussion between the Authorised Representatives and staff members about the ward and the care it provided. Topics such as quality of care, obstacles to patient care, 1-2-1 support of elderly patients with dementia, weekend working and patient profiles.

This was then followed by semi-structured interviews of patients or their family/carer. A question sheet was designed for the visit but its use was left to the discretion of the Authorised Representative. Each time a patient or their family/carer was spoken to, it was explained who we were and why we were there. If an issue was raised which required highlighting, to our staff contact on the day, consent was sought from the patient or their family/carer. A leaflet explaining who Healthwatch Leicester is was left with patients or their family/carer.

- On Ward 31 we spoke to 3 patients (on their own or with their family) and 2 families/carers of patients.
- On Ward 32 we spoke to 3 patients (on their own or with their family) and 3 families/carers of patients.

A key portion of the visit was observational, involving the Authorised Representatives walking around the wards and observing the surroundings to gain an understanding of how the ward actually operates and how the patients and their family/carers interacted with staff and the service.

## **Summary of the Findings**

- Patients and their family or carers told us there was no difference in the care they have received comparing a weekday to a weekend.
- Staff explained and we saw evidence of, the steps they had taken to increase interaction between staff and patients. Regular interaction between staff and patients was observed.
- Patients and their family or carers told us they were asked about background and history of the patients, when they were admitted but they did not know what a Personalised Care Plan was, when asked.
- Staff and patients explained about the Meaningful Activity Facilitators, who engage with patients during the week. Staff also explained that this scheme does not, currently, operate over a weekend.

# Result of Visit

## Initial observations

Walking through the hospital to get to Ward 31, we observed few clinical staff. After being greeted by our staff point of contact, we walked up to Ward 31. Arriving at the ward, we saw much more staff activity. We did not observe the staff data board (A board with information about ward staff levels and how to identify different types of staff) on arrival to Ward 31. We read the notice board, that displayed other information for Ward 31. On arrival food trays were observed being cleared away and the use of red lids for some patients. Throughout Ward 31 we saw examples of completed patient activities, specifically laminated snowflakes hanging from the ceiling.

## Patient and Staff interaction

We spoke to patients and their family/carers at their ward beds. In discussion with them they were not able to identify if they had completed a Personal Care Plan but did confirm to us, that the hospital staff had captured background information on the patient. All patients we asked did not feel there was a difference in their care from weekday to weekend. All patients, with one exception, informed us that the hospital staff are very helpful. One patient explained, "It had been a pleasure to be a patient". Only one patient expressed a negative experience, this was highlighted to our staff point of contact, to take forward.

## Staff

Staff were observed with a smiling and friendly demeanor towards patients and the Enter & View team. We observed staff sitting with patients and using the workspace within the bed bays. We were able to clearly observe which staff had been through dementia support training, by the Dementia Champion badges on their lanyards. Patient feedback on staff was mostly positive: that they were supportive without being overbearing and that they were positive in their demeanor. Some of the family members informed us that they found it difficult to distinguish between Nurses and Health Care Assistants. One patient did comment that they seemed sometimes too busy to interact properly.

## Care in a weekend setting

From patient feedback received during the visit, on Wards 31 and 32, patients feel there is no difference in the care received over a weekend, when compared to a weekday, although some patients did mention that there were fewer Doctors undertaking tests. There is a key difference in the additional support for the wards over a weekend. Staff advised us of the Meaningful Activity Coordinator role that engages with patients, working directly with patients. Patients also told of the facilitators and how they enjoy their time with them but this service is only available Monday to Friday. An activity trolley was observed in Ward 32 and we observed a member of staff engaging with a patient in an activity.

## Support of Dementia patients

In Ward 31 and 32 there were several examples of support and steps taken by the ward to support patients with dementia. Staff gave us a blank copy of the “Patient Profile”, which is expected to be completed when a patient is admitted to the ward by their family or carer. The staff explained their procedure, if the patient has no family or carer. The use of Dementia Clocks (Clear displays showing the weather, date and time) was observed in both wards but the Dementia Clock in Ward 31 did have some information missing.

As the Dementia Clock is a tool to reduce anxiety in Dementia patients, this may have led to an adverse effect. Staff explained the training programme in place for staff on Dementia awareness. We observed a number of staff members with Dementia Champion badges, on their I.D. badge lanyards, identifying them clearly. Staff explained about the Elderly Care Quality Mark, which both wards were awarded in July 2014, which is an externally awarded scheme, requiring extensive patient and family feedback.

Before our visit, we were aware of the use of security guards to support Dementia patients. During our visit we did not observe the use of security guards supporting patients with dementia. Staff did explain how they are currently putting alternative arrangements into place for 1-2-1 support for dementia patients. Rather than using security guards to oversee dementia patients, we were informed by staff that Wards 31 and 32 are using Dementia care trained agency staff, called “NISE” nurses. A senior member of staff explained to us their plans to create an apprentice scheme, as additional support for Dementia patients.

## Recommendations

Overall there were positive points observed and captured through patient discussions on the visit conducted to wards 31 and 32. In the case of a negative experience from a patient, this was highlighted, at the time, for hospital staff to engage with the patient to attempt to rectify the situation.

1. Our findings would suggest that the ward might want to review how they can ensure a consistent use of Dementia Clocks.
2. Following the positive feedback regarding the Meaningful Activities Facilitators, present during the week, we would ask the Senior Management at the Hospital to support the extension of the service to cover evenings and weekends.
3. To ensure useful information on the Staff Data board is not overlooked due to the presence of two distinct information boards in Ward 31, we would recommend moving the Staff data board in Ward 31.
4. Due to the lack of understanding expressed by patients and their family/carers around Patient Care Plans, we would recommend steps to ensure a clearer explanation, of what it's for, when collecting personal information from patients or family/carers.

## Service Provider Response

No response received.

## Distribution

- University Hospitals of Leicester NHS Trust
- Leicester City Clinical Commissioning Group
- East Leicestershire and Rutland Clinical Commissioning Group
- West Leicestershire Clinical Commissioning Group
- Leicester City Health and Wellbeing Board
- Leicester City Health and Wellbeing Scrutiny Commission
- Leicestershire County Council Health and Wellbeing Board
- NHS England (Leicestershire and Lincoln) Local Area Team
- Care Quality Commission
- Healthwatch Leicestershire
- Healthwatch Rutland
- Healthwatch England

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