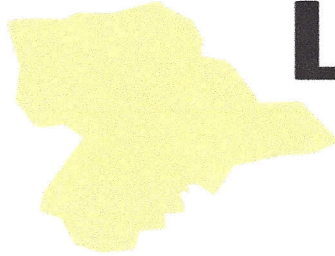


HAVING LINK



Unannounced

Enter and View Visit

To

Sunrise A & B Wards

Queen's Hospital

**Barking, Havering and Redbridge University
Hospitals NHS Trust**

On

Sunday 22 April 2012

A report compiled by Havering Local Involvement Network

Introduction

Havering Local Involvement Network (LINK)

Havering LINK was established to help local people influence or change the way their local NHS and social care services are planned and delivered.

Havering LINK's role covers the following areas.

- Promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services.
- Enable people to monitor and review the commissioning and provision of local health and social care services relating to the standard of provision.
- Obtain the views of people about their needs and experiences of local health and social care services.
- Make these views known to those responsible for commissioning, providing, managing or scrutinising local care services.

Havering LINK can exercise, its power as conferred under the Local Government and Public Involvement in Health Act (2007) to:

- Carry Enter and View Visit to local services to see whether the services are working well.
- Ask for information from service providers who must give a response within 20 working days.
- Make reports and recommendations to service providers.
- Referring issues to the Havering Council's Health Overview and Scrutiny committee if it seems that action is not being take

Havering LINK is made up of individuals and community groups who work together to improve local health and social care services. The job of a LINK is to find out what people like and dislike about local services, and to work with the people who plan and run them to help make them better. This may involve talking directly to health and social care professionals about a service that is not being offered, or suggesting ways that an existing service could be made better.

Purpose of this Enter & View Visit

Havering LINK conducted an Enter and View visit to Sunrise A & B Wards on Sunday 22 April 2012. This visit was a follow up as Havering LINK had carried out an Enter & View visit on 24 October 2011. That visit had been prompted by a request from Havering Council's Health Overview and & Scrutiny Committee. The main aim of the visit in October was to ascertain if the "Red

Tray System" was being implemented for patients who were vulnerable in the elderly wards.

Following feedback regarding poor experiences of elderly patients admitted to Sunrise A & B wards, Havering LINK had concerns that patients were not being assisted adequately during mealtimes and the red tray system for indicating which patient needed assistance at mealtimes was not working effectively.

After the Enter and View visit in October, Havering LINK identified some issues and made recommendations. This visit was made to ascertain if our recommendations had been implemented as was indicated in the response from BHRUT in January 2012.

Overview of the Service

We visited Sunrise A & B wards which are located on the fourth floor and in the orange zone. Both wards are specialised in the treatment of elderly patients. The wards are under the management of a Matron and a Senior Ward Sister for each Ward. Each ward has 30 beds and both were full on the day of our visit.

Barking, Havering and Redbridge University Hospitals NHS Trust operates across two main sites at Queen's Hospital and King George Hospital serving a population of around 750,000 from a wide range of social and ethnic groups in Essex.

The Visit

The Enter & View team consisted of Co Vice Chairs: Emma Lexton, and Cliff Reynolds, Havering LINK and they were supported administratively by Joan Smith, Co-ordinator Havering LINK.

We carried out the visit on 22nd April 2012 from 11.30am to 1.10pm. We observed the serving of the meals and how patients were being assisted. We talked to patients, staff and visitors.

What is the Red Tray System

The Red Tray System was introduced in many NHS Trusts including Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) to help in reducing nutritional risk in hospitals. It provides a signal that vulnerable patients need help and support from staff, or has a poor dietary intake. This is used to ensure all nutritionally at risk patients are identified, supported and assisted with their feeding to improve their nutritional status.

Red lid on jugs and red tray system has been introduced for people who need assistance with eating or are no longer able to eat or drink normally.

There is now a meal manager on duty every day from 10am to 6pm. The meal manager is a healthcare assistant who has been identified to fulfil this role on the staffing rota. The role incorporates helping patients to complete their menus, identify patients who may need assistance with eating and drinking, ensuring that the red tray and red jug system are being utilised and preparing patients for their meals. They also undertake a "Complan Round" at 10am and 3pm, for those patients with a Malnutrition Universal Screening Tool (MUST) score of "1" and who may not have eaten well at breakfast or lunch time. This is a recent initiative within these areas.

Our findings

- We started our visit at 11.30am on Sunrise B Ward by talking to nursing staff and a tour of the wards just before lunch was served. We observed that both wards were clean and tidy and had a general feeling of calm.
- Sunrise B Wards had 7 staff on duty that day, 3 qualified nurses and 4 support workers, one of them being the Meal Manager.
- We noticed that the water jugs were full, even those with red lids on. All the jugs were accessible and there were drinking cups nearby
- We observed the red tray system and that patients were assisted with feeding
- Patient A had the Complan sign by her bed and said that she had received it that day. She said that the staff were great, the food was ok and if they did not want anything from the menu she is given a sandwich
- Patient B informed us that the food was ok but they were not given a choice. She was not given the option of a baked potato
- Patient C's relatives said that the hospital had improved immeasurably since 4 years ago. They told us that there had been an issue recently where the buzzer was not answered but this had been quickly resolved to their satisfaction. They were confused as to what actions need to be taken when their relative is discharge. They were not sure about the process to follow
- Patient D said that she had Macular Degeneration but we did not see a sign above the bed indicating that the lady had sight problems. We spoke to the Staff Nurse on duty who immediately located such sign and displayed it.
- Patient E had a sign saying "hearing aid" and "to speak to the patient on the left hand side". This patient's relative said that she was very happy with her father's treatment

Sunrise A

- The ward had 6 staff on duty, 3 nurses and 3 care assistants. One member of staff had reported in sick. The Meal Manager was identified
- We noticed that the water jugs were full but once again the patients all had access to the water with drinking cups nearby

- Patient A said that the food was “horrible”, she never likes anything on the menu but did not know that she could order something else
- Patient B’s relative told us that his mother was on a soft food diet but was given roast potatoes which we observed. The staff did not appear to be aware that the roast potatoes were unacceptable.
- Patient C said that sometimes the food was not good and cited the food given on Friday where the chips stuck to the plate and the fish was poorly steamed
- Patient D had a sign saying “needs feeding” but there was no red lid on their water jug
- We observed one patient having their food cut up for them and she was then able to feed herself
- One relative said that her mother had been in the hospital for 7 to 8 weeks and she is fed by the staff. This relative said that “I cannot fault the staff”
- We observed one charge nurse gently feeding a patient
- We spoke to some of the relatives and they were confused as to what happens when their father was discharged. They said that they had to fight with a social worker who said that their father was well enough to go home. The relatives were confused and felt that the information forthcoming from the social worker was confusing.
- Relatives being able to visit earlier and help with the feeding can only be beneficial to patients and staff.

What the Staff said

- The staff were forthcoming and said that caring for the elderly is a pressurised job both demanding and challenging. They said that recently things had improved; there are more Care Assistants on the wards, now four as compared to two in the past. This has only been implemented on elderly wards as the Trust recognises the need. This need was identified by Havering LINK when the visit took place in October 2011. We would like to enquire whether the expansion of employing more Care Assistants is carried out on other wards where the majority of patients are elderly
- The red tray system is working, the domestic staff will report to a nurse if the patient will not eat. Patients are prompted to eat and one Health Care Assistant on the ward oversees all the patients who refuse to eat
- Training has been given and patients with dementia are easily identified, we were offered sight of the records of training
- The staff now had enough uniforms
- The Ward Sister on Sunrise B ward said that she had been under pressure in the past due to time taken up on the telephone dealing with discharges/ admissions but two weeks ago a new member of staff was employed to co-ordinate the process. This member of staff is a qualified nurse and the Ward Sister said that this helps hugely. The Co-ordinator frees up the time which the Ward Sister used to have to devote to the discharge process. The pressure on the Ward Sister

having to devote their time to paperwork was highlighted when Havering LINK carried out the previous Enter and View visit in October

- The use of volunteer(s) is valued. There is a volunteer on both Sunrise Wards who helps with the feeding and answering the telephone
- The nursing staff now do shorter days as paper work does have to be caught up on, this practice only takes place on Sunrise Wards. Previously staff were unable to take their breaks as they had to catch up on the administration
- They said that they felt engaged with the Trust; there is one representative from each ward who attends meetings and is able to report back to the other members of staff on the wards.
- The staff showed us Fluid Balance Charts and said that after a patient is given a drink the form is updated. During the day, patients are offered a drink every hour
- We were shown the Comfort Record Charts when a patient is asked every two hours if they want to use the toilet, change position in bed or are in pain
- They ask the doctors to write up the prescription forms the day before, when it is known that a patient is going home the next day but admitted that they "had to convince" the doctor to write the prescription
- They agreed that the prescriptions are still not timed
- They reiterated that all dirty crockery was removed quickly
- When questioned on both wards none of the nursing staff were aware of the butterfly system. This system uses a butterfly logo to identify patients who have dementia and Havering LINK was informed by BHRUT that this will be introduced in the future

Our Recommendations

These are actions that we expect the Trust should take to ensure that consistent and continuous care is delivered to meet patients needs and expectations.

1. Water jugs should not be filled to the top; some patients may find them too heavy to lift.
2. The Butterfly Scheme be introduced in the near future
3. Some patients did not have the sensory deprivation signs displayed by their beds when they quite clearly needed them. This should be addressed.
4. Nursing staff should not have to coerce doctors to complete prescription forms. This should be an automatic process.
5. The time the prescription is ordered should be automatically recorded as this will assist the tracking of the prescription
6. Our observations showed that some patients are not aware that they can order something different from the menu, this should be rectified.
7. Patients on "soft food" should not be given roast potatoes and more care should be given when offering such food.

8. Some relatives appeared confused as to what was going to happen when their relative is discharged i.e. going into care homes, the process of a Care Plan. We suggest that a 3rd party be utilised i.e. the Voluntary Sector for advice and signposting.
9. The use of volunteers on the ward to assist in answering the telephone and feeding should be expanded.

What we saw as a result of our recommendations from the Enter and View visit in October 2011.

As a result of Havering LINK carrying out the Enter and View visit in October 2011 we made the following recommendations. Havering LINK is pleased to note that these recommendations have been implemented by BHRUT.

- The Senior Ward Sister and her team should ensure that the Red Tray System is working in practice and staff are ensuring that vulnerable patients are assisted with feeding and benefit from a good diet including sufficient fluids.
 - Havering LINK notes that Fluid Balance Charts are maintained and regularly updated. The Red Tray System appears to be working well with some reservations as we have pointed out i.e. "soft food diet" The employment of a Meal Manager should be acknowledged as beneficial to patients and staff.
- Dirty crockery needs to be removed as soon as the patient finishes their meals to ensure welfare of people admitted.
 - No dirty crockery was in evidence and nursing staff acknowledged that removal of dirty crockery was a priority
- Staffing requirements in Sunrise A & B wards need to be reevaluated and should be based on the dependency level of patients admitted. An increase in the number of Health Care Assistants will be helpful to ensure that patients who require assistance with eating are fed in a timely manner.
 - Havering LINK is pleased to note that the number of Health Assistants on the ward has doubled. This has proved to be an efficient tool in streamlining the day to day operation of the ward. Both in assisting patients to eat and to alleviating the time spent by the nursing staff on such practices.
- It is not cost effective for a skilled Senior Ward Sister to perform simple clerical tasks. The Trust should make more effective use of the Ward Sister's time to improve patients' care. The Trust should consider employing a well trained volunteer to assist with paperwork is required.
 - Havering LINK is pleased to note that a Discharge/Admittance Co-ordinator has been

employed who is responsible for the paperwork. This was clearly identified by the Ward Sister on duty as a major improvement, giving her the time to concentrate on her clinical duties.

Acknowledgements

Havering LINK would wish to compliment BHRUT on some of the actions taken as a result of our recommendations in particular the increase of staffing levels of Care Assistants, Meal Managers and the implementation of a Discharge Co-ordinator.

We would like to show our appreciation to all the patients who engaged with us during their visit and we thank them for their valuable feedback. We would like to express our thanks to the Senior Ward Sister, Staff Nurses and all the staff on the wards for their warm welcome and assistance during the enter and view visit.

**Emma Lexton
Co Vice Chair
HAVERING LINK**

**Cliff Reynolds
Co Vice Chair
HAVERING LINK**

**Joan Smith
Co-ordinator
Havering LINK**

24 April 2012