



Enter & View Report

Birch Ward, Whipps Cross Hospital
Wanstead

Thursday 1 October 2015

Promoting
Dignity in Health
and Social Care
Project



This report is available to download from our website, in plain text version, **Large Print**, and can be made available in Braille or audio versions if requested.

Please contact us for more details.

020 8553 1236

www.healthwatchredbridge.co.uk



Service Provider	Birch Ward - Barts Health Trust Whipps Cross Hospital Whipps Cross Road, London E11 1NR
Contact Details	Anna George - Matron
Date/time of visit	1 October 2015 2pm-4pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Graham Welton, Lead Representative Robin Standing, Healthwatch Volunteer Neil Adie, Healthwatch Volunteer
Contact details	Healthwatch Redbridge 5th Floor, Forest House 16-20 Clements Road Ilford, Essex IG1 1BA 020 8553 1236

Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and patients at the Birch Ward at Whipps Cross Hospital for their hospitality.

Disclaimer

Please note that this report relates to findings observed during our visit made on **1 October 2015**.

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 of the visits.



What is Enter & View?

Part of the local Healthwatch programme¹ is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers/staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises.

Enter & View is the opportunity for Healthwatch Redbridge 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 (residents and patients) at the point of service delivery.
- Collect the views of carers and relatives through evidence based feedback by observing the nature and quality of services.
- 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 with 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 a service does well.

Purpose of the visit

A number of visits to residential homes and hospitals have been planned as part of our project seeking to collect people's personal experiences of dignity and respect within health and social care services.

Healthwatch Redbridge recently conducted a local survey regarding dignity and respect in health and social care which received nearly three hundred responses from members of the public. Information from the survey has been used to form the basis for the visits (10 visits were planned to various homes and wards throughout September and October)

The findings from the visits will contribute to a stakeholder conference in December 2015 by presenting a snapshot of how dignity is experienced by service users. The conference will seek to identify good practice and to provide an opportunity to discuss how improvements could be made.

Section 221(2) of The Local Government and Public Involvement in Health Act 2007:
<http://www.legislation.gov.uk/ukpga/2007/28/section/221>



Dignity Action Day - 1 February 2016

Dignity Action Day (DAD2016) is an annual opportunity² for health and social care workers, and members of the public to uphold people's rights to dignity and provide a truly memorable day for people who use care services.

To mark DAD2016, HWR is planning publicity and promotional engagement events to encourage local organisations and individuals to become involved.

Strategic Drivers

- Improving dignity and respect through the quality of services received by local people is one of our key strategic objectives within our work programme.
- Dignity and Respect³ is one of the Fundamental Standards reviewed at Care Quality Commission (CQC) Inspections

Methodology

Prior to the visits, desk based research was conducted including a comprehensive review of inspection reports from the CQC⁴. We reviewed the findings from our dignity survey and spoke at length to Healthwatch members and local voluntary organisations to ask for their feedback and advice on the range of establishments we should visit. A shortlist was produced and discussed by the HWR Enter & View Task Group and visits took place between 24 September and 8 October 2015.

All establishments were informed by email and letter of our intent to carry out the E&V visits. In order to ensure we did not disrupt services, we worked with the establishments to identify a suitable time to carry out the visit.

Individual reports were sent to each provider so that they had an opportunity to request any factual inaccuracies be corrected prior to publication.

Visits were conducted in two parts. Lead Representatives met with the Home Manager or the person in charge at the time of our visit, to confirm the details we were provided with prior to the visit and to provide further information if required.

Representatives took the opportunity to speak with patients or their relatives to gather personal qualitative comments and responses. A question sheet was designed for this purpose but its use was left to the discretion of the representative.

A leaflet explaining the role of Healthwatch was left with each person.

² http://www.dignityincare.org.uk/Dignity_in_Care_events/Dignity_Action_Day/

³ <http://www.cqc.org.uk/content/fundamental-standards>

⁴ <http://www.cqc.org.uk/>



Results of Visit

Visit Notes - Lead Representative

Q - Can you please provide details about the ward/unit such as service user profiles and its referral/discharge processes?

A - ***Birch Ward is a single-sex (female) Elderly Care Acute Medicine ward. Once patients are medically stable and had been reviewed by doctors/Consultant, they can be discharged as appropriate.***

Q - How many complaints regarding dignity have been recorded in the last year?

A - ***None as to date***

Q - Bed numbers and layout of the ward/unit

A - ***18 Beds, 2 side rooms (1+2 bedded) and 3 Bays with 5 beds in each***

Q - Average occupancy levels since July 2015

A - ***18 patients***

Q - Current occupancy level

A - ***18 patients***

Q - Current staffing numbers and ratio to patients

A - ***Daytime: 3 qualified staff and 3 Health Care Assistants (HCA) (6 patients per 1 qualified)
Night-time: 3 qualified staff and 2 HCA***

Q - Average agency staff usage split between care and ancillary staff.

A - ***5-7 agency staff may be used in a week, depending upon sickness or emergency leave.***

Q - Available facilities (dining facilities, choice of menu and access arrangements, bathroom and toilet facilities etc.)

A - ***1 toilet for staff, 2 toilets for patients on first bay, 2 toilets and bath each for 2nd and 3rd bays. 1 kitchen (not for patient use), 1 staff office, 1 staff room with lockers (small room), choice of patient menus during meal time.***

Q - Can you provide any details of any Dignity related event the ward/unit has organised in the past? When?

A - ***A patients' sexual, cultural and religious beliefs are respected. Staff ask permission before attending to a patients personal needs. When curtains are drawn, staff ask if they might enter.***



Q - Do you have any planned Dignity related initiative between now and end of January 2016?

A - *Staff were not aware of any events being planned but would ask their manager.*

Visit Notes - Representatives

Spoke to three women patients

Q - When you first came into the unit, were you asked how you would like to be addressed, e.g. Mr/Mrs, first name; nickname?

A - *Some respondents said they were asked while others said they were not.*

Q - Are you given a choice about what clothes you wear daily or are clothes chosen for you?

A - *Not all respondents were given a choice as to the clothes they wore. Some were never asked what they wished to wear.*

Q - Can you decide when you want to get up or go to bed?

A - *All respondents were able to exercise their free will.*

Q - For residents unable to go out: Are you given a choice about how you spend your day? i.e. In the lounge, privately in your room, taking part in an activity?

A - *All respondents said there was no choice or offer to do any activity.*

Q - Are your dietary requirements being met? i.e. preferences, intolerances, cultural?

A - *All respondents were generally positive about the food provided.*

Q - Are you given any necessary help to eat your meal? i.e. help to be comfortably seated, food cut up if needed, help to eat if needed?

A - *The respondents who needed assistance with eating their meals were provided the required assistance.*

Q - Have the staff made an effort to know a bit about your background? E.g. your likes and dislikes, family, working life?

A - *All respondents were engaged by the staff in order to learn more about them.*

Q - Do staff listen to you and take the time to chat when possible?

A - *All respondents said staff did talk to them whenever they could.*

Q - When staff are helping you in a personal task do they talk to you or do they talk over you to colleagues?

A - *All respondents said the staff talk to them directly when providing assistance.*



Q - Do staff willingly take you to the toilet when you need to, or are you kept waiting for a long time?

A - *Those respondents needing help were provided assistance speedily.*

“The staff here are fantastic and wonderful, when I need to use the toilet they always come quickly”.

Q - Are your religious needs being met? Do you have the option to attend services outside of the hospital?

A - *One respondent said they were not asked what their religious needs were. The others were content with the service or happy to listen to services on the radio.*

Q - Do staff check with you before discussing things about you with your family members?

A - *All respondents said they assumed this would be the case. None had experience of this so far.*

Q - Do you have a quiet or private area where you can talk to visitors?

A - *None of the respondents were aware of the availability of any quiet areas.*

Q - Where appropriate, are family members consulted before any decisions are taken about a patient's care?

A - *All respondents said yes they would be consulted.*

Q - Are the patients in clean clothing, their own clothing?

A - *All respondents were in clean clothing.*

Examples of good practice to share

The patients had praise for the responsiveness of and approachability / engagement with the staff.

Notable concerns

Although it may be the nature of the service, the apparent lack of stimulating activities was noted.

Some patients told us they were not always given a choice of clothing when being helped to get changed.

Recommendations

The ward should look into the practicalities of providing patients with activities to stimulate mind and/or body. Meaningful interaction with patients is important; allowing time to make choices about the clothes they wear enables patients to feel in control. Some patients felt staff were rushed and only spoke with them to ask questions or clarify something.



Service Provider Responses

There was no response received from the Service provider within the agreed period.

Distribution

- Birch Ward, Whipps Cross Hospital
- Barts Health NHS Trust
- Care Quality Commission
- Redbridge Clinical Commissioning Group (CCG)
- Redbridge Health Scrutiny Committee
- Redbridge Health and Wellbeing Board
- Healthwatch England
- Parliamentary and Health Service Ombudsman



Healthwatch Redbridge

5th Floor, Forest House
16-20 Clements Road
Ilford
Essex IG1 1BA

020 8553 1236

www.healthwatchredbridge.co.uk