

## Lewisham LINK Enter &amp; View Visit Report

## Details of Visit

<b>Premises:</b>  <b>Chestnut Ward, UHL</b>	<b>Enter &amp; View Representatives:</b>  Cathy Collymore, Elsa Pascal, Graham Trice, Miriam Long
<b>Date of visit:</b> 6 May 2010	
Pre visit information:  LINK PALS data report; Patient Welfare Forum Report Visit.  The team met with Matthew, grade 6 Nurse. Chestnut is a large step up/ down medical ward. The ward includes a level 1 monitored bay and shared care beds for patients who have medical and other health care needs i.e. orthopaedics. Since December 09, the ward has direct link to the Single Point of Access and is able to refer patients direct for social care intervention on discharge.	

## The Dignity Challenge

1. How does the service reflect zero tolerance of all forms of abuse?
<b>Comments:</b>  No evidence of abuse noticed.

2. Do staff support people with the same respect you would want for yourself or a member of your family? <b>Mostly</b>
<b>Comments:</b>  Most staff were very respectful. There appears to be good relationship between nursing staff and patients. Staff talking to family, very pleasant, providing good information.  One female patient was in an open back gown and underwear in bay 9 – 12 and another female patient with ulcerated leg had dressings hanging off and was seated on a chair with her feet resting on an incontinence pad.  A doctor who came to see a patient during the visit started to pull the curtain closed before realising that the patient was in conversation. She then apologised and said she would just be a minute. The E & V visitor left the bay and returned after the doctor had finished.  Bay 27- 39: Patient 1 arrived 12.30 am from A&E, admission ward which was very noisy. Appreciates the peace and quiet of the ward, alarm within easy reach. Patient 2 arrived on Tuesday, ward very good but long waiting period for services.  One patient stated that Dr's. and nurses are impatient.  One member of staff was angry.  In general most staff seemed calm.

3. How well do staff treat each person as an individual by offering a personalised service? **Very Well**

Comments:

Most patients very complimentary about staff especially Dorothy.

4. How does the service enable people to maintain the maximum possible level of independence, choice and control? **Well**

Comments:

One patient finds being in bed tedious, she would rather be out in the sunshine but realises she's being treated for her own good as she was re-admitted after discharge 2 days ago.

One patient is unhappy with the transfer procedure from Ladywell.

One patient who asked for a jug of water was brought a cup soon after asking. The nurse gave a good explanation why a jug was not provided as the patient could only have sips of water.

Patient who was admitted the night before could not access the alarm as it was behind the bed. Bay 15 – 18.

Nurses take a long time to respond to calls. Lights left on late at night, disturbs sleep.

A long time to wait for visitors having been up since 6am.

5. How do staff listen and support people to express their needs and wants? **Adequately**

Comments:

Patients say staff are very busy all the time. Staff too busy. One patient was admitted from A&E without any notes and was not offered anything to eat or drink until she asked for a drink at midnight. One patient said that staff are inpatient.

"Staff are nice".

6. How do staff respect people's right to privacy? **Very Well**

Comments:

Staff draw curtains to deliver treatment and knock on the door to patients in isolation before entering the room.

7. Do people feel able to complain? **Not Well**

Comments:

2 people didn't know about PALS. There is lack of evidence of people being informed of how they can complain.

8. How does the service engage with family members and carers as care partners? **Well**

Comments:

Some interaction seen with newly admitted patients.

9. How do staff assist people to maintain confidence and a positive self-esteem? **Well**

Comments:

No evidence to the contrary. One patient said that Drs. **and** Nurses do not have patience. A staff nurse tried to comfort a patient who was distressed and asked patient if a named member of staff should be called.

10. How does the service act to alleviate people's loneliness and isolation? **Adequately**

Comments:

Single sex 4 bedded bays help to alleviate isolation. We saw evidence of patients conversing.

### Environment

Type of room or ward?

A bay with less than 6 other patients

A single room

Comments:

4 person bays

Due to infection control, notice on the door.

How clean was the room or ward? **Clean**

Comments:

All floors, bays, rooms, bathrooms and toilets are cleaned to a good standard every morning. Cleaning in progress in some bays during visit.  
Linen store was very untidy, 2 blankets were on the floor.

How clean was the bathroom and toilet? **Not Very Clean**

Comments:

Cleaning in progress during the visit, 4 toilets/bathrooms we saw in the far end of the ward were perfectly clean – the only problem was one had pull cords tied up and 2 others they were out of reach.

2 toilets were left dirty, one with wet toilet paper on a puddle on the floor and one with wet toilet paper left on sanitary container.

Dirty utility 5 commode chairs: only 1 clean label; 1 reported broken on 10/11/09.

What was the food like during the visit? **Very Well**

Comments:

The food was very good although the wrong meal was sent initially. Not a lot of choice for vegetarians.

### Any Other Comments

Please write any other comments here:

1. The door to the Clean Utility Room where the drugs are stored was not locked and lock was disabled with tape. The team checked 3 times during the visit.
2. Cords in toilets – not all were accessible, some tied up.
3. Inconsistency where alarms are placed.
4. Inconsistency of response time to patient calls.
5. Student nurse took blood from a patient then attended another patient without cleaning hands.
6. Not all nurses had their name badges on or visible.
7. Lack of communication within A&E and between A&E and ward, not all patients had proper notes from A&E. 1 patient went to A&E and had tests: blood; ECG and X-Ray on Tuesday and advised to stay but had to go home to make sure her son was ok but when she returned on Wednesday to A&E there was no record of her visit the previous day and was re-examined. Patient informed nurse at A&E who called the doctor who had seen the patient the day before. He confirmed that she had been seen but that notes had not been kept because she had gone home. Patient was admitted to ward late evening and told she should have been admitted to Beech.
8. Patient complained that she had been refused treatment at A&E last month. Patient has application pending with Home Office but requires treatment for long term condition.
9. It was nice to see a member of the Chaplaincy team was visiting the ward.
10. The ward hostess was very accommodating and hospitable.
11. How does the service engage with family members and carers? Carers Charter is not clearly visible. Good information sharing between a relative and a doctor
12. How are patients informed of PALS? Patient information booklet not clearly visible

### Recommendations

- 1 Audit the staff's response time to patients' call.
- 2 Monitor to ensure that alarm system is within easy reach of all patients.
- 3 Improve communication with patients for example give patients an indication of the likely length of stay.
- 4 Ensure that the drug store is locked at all times.
- 5 Ensure that patients have clear access to patient information including PALS and the Carers Charter.

### Declaration

<b>This checklist completed by:</b>	
<b>(SIGN)</b>	<b>(PRINT)</b>

<b>On:</b>
<b>(DATE)</b>