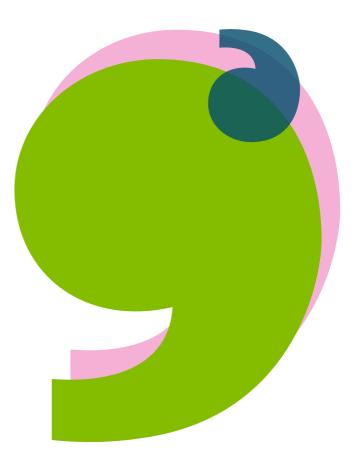


Healthwatch Central West London

Dignity Champions Visit Rainsford Mowlem Ward, Chelsea and Westminster Hospital

February 2018



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1 Introduction

1.1 Details of visit

| Details of visit: | | | |
|----------------------------|---|--|--|
| Service Address | Rainsford Mowlem Ward Chelsea and Westminster Hospital 369 Fulham Road, Chelsea London SW10 9NH | | |
| Service Provider | Chelsea and Westminster Hospital NHS Foundation Trust | | |
| Date and Time | 2 nd February 2018, 1-3PM | | |
| Authorised Representatives | Olivia Clymer, Rachel Barrett, Zivile Adulcikaite, Hannah Cinamon, Jacky Ferguson | | |
| Contact details | Healthwatch Central West London 522 Grand Union Studios 332 Ladbroke Grove London W10 5AD | | |

1.2 Acknowledgements

Healthwatch Central West London would like to thank Chelsea and Westminster Hospital and, in particular, patients and staff members at the Rainsford Mowlem Ward for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date and time set out above. The Enter and View report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed through interviews at the restricted time of Healthwatch Central West London representatives' visit.



2 Executive Summary

Healthwatch CWL champions for better standards of care in health and social care services. Its team of Dignity Champions are volunteers recruited from the local community who work to improve standards of dignity in health and social care services. This report presents the findings of the Dignity Champions' Enter and View visit of Rainsford Mowlem Ward situated in Chelsea and Westminster Hospital. The Hospital is in the Royal Borough of Kensington and Chelsea (RBKC) and run by the Chelsea and Westminster Hospital NHS Foundation Trust.

The Enter and View Visit to Rainsford Mowlem Ward was carried out due to general concerns in the Borough about older peoples' health and social care.

At the time of the Dignity Champions visit, the evidence showed that the ward is operating to a good standard of hygiene and cleanliness. The Dignity Champions observed the clinical team providing a high standard of care in relation to dignity and respect. Patients and visitors had positive opinions about the ward in general and spoke highly about the medical staff and the care received.

Overall, during the visit, the ward team and management demonstrated evidence of good practice. However, the Dignity Champions noted some areas for improvement regarding patients' data protection, medicines storage and maintenance and fixture of some furnishing and equipment.



3 What is Enter and View?

Healthwatch Central West London (Healthwatch CWL) is working to ensure local people's voices count when it comes to shaping and improving local health and care services across the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster.

Under Section 186 of the Health and Social Care Act 2012 Healthwatch has a statutory power to 'Enter and View' places that provide publicly funded Health and Social care services¹. This may be unannounced or through prior arrangement to view and assess a service².

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 - to learn about and share examples of what they do well from the perspective of people who experience the service first hand.

The Healthwatch CWL authorised representatives who carry out Enter and View visits are a group of volunteers referred to as 'Dignity Champions'. They receive training around the Care Act 2014 and the duties and implications in the provision of care around respect and dignity, safeguarding vulnerable adults and health and safety. All Dignity Champions have a current enhanced Disclosure and Barring Service (DBS) certificate.

When carrying out Enter and View visit, the Dignity Champions follow the 10 standards set out in the Department of Health's 'Dignity Challenge':

- 1. Demand for emergency and urgent care health services to have a zero tolerance of all forms of abuse
- 2. Support people with the same respect you would want for yourself or a member of your family
- 3. Treat each person as an individual by offering a personalised service
- 4. Enable people to maintain the maximum possible level of independence, choice and control
- 5. Listen and support people to express their needs and wants
- 6. Respect people's right to privacy
- 7. Ensure people feel able to complain without fear of retribution
- 8. Engage with family members and carers as care partners
- 9. Assist people to maintain confidence and positive self-esteem
- 10. Act to alleviate people's loneliness and isolation

² The Health and Social Care Act allows the Healthwatch CWL 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



¹ Apart from Children's Social Services

Healthwatch Enter and Views 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. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

3.1 Purpose of Visit

All Enter and View visits have a clear purpose identified by Healthwatch CWL, to ensure effective evidence gathering and reporting. The purpose might be to contribute to a local Healthwatch programme of work or have a more direct purpose because of an issue that has been identified.

The reason for the Rainsford Mowlem Ward being identified for the Enter and View Visit was due to general concerns in the Borough about older people's health and social care.

3.2 Strategic drivers

Recent CQC report in 2014 did not specifically target this ward but rated the Hospital overall as" Required improvement".³

There continues to be rising demand for health services as people are living longer, often with frailty or one or more long term health conditions

3.3 Methodology

The team of Healthwatch CWL Dignity Champions collected data using the following methods:

- The announced visit was scheduled to be carried out on Friday, 2nd February 2017.
- A meeting with the Ward Manager and two Healthwatch CWL members of staff was arranged to discuss the Enter and View visit.
- The ward manager was provided with information leaflets about the Healthwatch CWL visit to be distributed to patients, visitors, and the Rainsford Mowlem ward team.
- An observation check-list was devised to help the Dignity Champions to record their observations of the environment of the ward.
- Three different questionnaires were developed for patients, visitors, and the clinical team.
- Healthwatch CWL representatives talked to patients, visitors and clinical staff who were willing to share their opinion. It was made clear that they could stop the interview at any time.



³ https://www.cqc.org.uk/location/RQM01

• In total Healthwatch CWL representatives and Dignity Champions spoke to 5 service users, 1 visitor, 3 members of the medical team and the ward manager.

After the Enter and View visit the following steps take place:

- The Enter and View Report is collated and sent to the Ward Manager to review.
- Following up with the Ward Manager to discuss response to the Enter and View Report.⁴
- Ongoing support to the Ward Manager as needed.

3.4 Summary of findings

- During the Enter and View visit, the Dignity Champions observed the clinical team providing a high standard of care in relation to dignity and respect.
- The patient experience of care received at the ward was felt to be positive. The clinical team was highly praised by the patients. However, low numbers of staff on the shift made people feel guilty about asking for support.
- The Dignity Champions did not have any concerns about cleanliness and hygiene of the ward.
- Despite of evidence of good practice, there were some areas for improvement. The Dignity Champions noted some considerations for the ward:
 - Some medicines were not appropriately stored.
 - Patients histories were left unattended and the computer screens were not locked.
 - \circ $\,$ Some maintenance and fixtures of furnishing and equipment were required.

⁴ Healthwatch regulations stipulate that service providers and commissioners have a duty to respond to local Healthwatch reports and recommendations within 20 working days, in writing, to acknowledge receipt and to explain action they intend to take; or if they do not intend to take action they must explain why. Health and Social Care Act 2012: Addendum to summary report: issues relating to local Healthwatch regulations



4 **Results of visit**

4.1 Background

- The Rainsford Mowlem ward is situated on the third floor of the Chelsea and Westminster Hospital, accessible via lift bank C.
- This is a medical ward, providing care of the elderly, frailty, general medicine.
- The ward is mixed sex and there are 6 bays with 36 beds in total in the ward and during the visit all the beds were occupied.
- The ward cares for patients 24 hours per day; visiting times are 2 to 8pm.
- A CQC report in 2014 did not specifically target this ward, but rated the Hospital overall as" Required improvement".⁵

4.2 General Atmosphere

- The atmosphere during the visit was calm and quiet.
- The ward was decorated with pictures above beds and on walls, and pot plants.
- The ward was bright and had adequate lighting in the bays. However, it was slightly darker in the corridor, particularly on the right end of the ward.

4.3 Health and Safety

- All members of the clinical team wore name badges.
- The team wore appropriate and clean uniforms. The sign on the wall explained the different colour coding of the staff uniforms.
- The Dignity Champions observed that staff followed the infection prevention control procedures.
- There were gloves, protective clothing and hand sanitation stations available on site.
- During the visit the environment was clean in all areas. The Dignity Champions did not have any concerns about cleanliness and hygiene of the ward.
- Apart from one toilet that was broken and used as a store patients' bathrooms and toilets were accessible and well kept.
- The fire exits were fitted with stops to prevent patients from wandering and all the fire exits were clearly signed. However, during the visit one of the fire doors was left open.



⁵ https://www.cqc.org.uk/location/RQM01

- In general, furnishing and equipment were well maintained, however one cabinet next to the bay A had one door broken and one phone socket was off the wall.
- Equipment were safely kept in the store rooms; however, on the visit, one of the store rooms was unlocked.
- The separate store room for medicines was secured by a lock. Nevertheless, the Dignity Champions observed that some medicines were left out on trolleys.
- There were documents storage cabinets with locks close to the bays; however, some patient records were left unprotected on the top of the cabinet.
- The nurses' stations next to the bays were kept neat. However, the Dignity Champions noticed that the medical team left computer screens unlocked.

4.4 Signage and Hospital Information

- General signs were clear and large at the ward. The bays were clearly identifiable with different colour signs. However, the bathroom sign towards the end of the corridor was misleading as it was placed above the storage room doors not the bathroom.
- Information and Feedback boards were fitted on the walls and had relevant information for patients and visitors.
- A board with limited patients' information (name and bed number only) was fitted at the reception. A board with more sensitive information was fitted in the staff meeting room to protect patients' privacy.
- Patient's feedback and staff recognition and appreciation chart were displayed on the board at the reception.

4.5 General Patients' Feedback

- Patients and visitors had positive opinions about the ward in general. They told the Dignity Champions that the ward was:
 - "well run and well manged"
 - "very good"
 - "better than the previous one"
- Yet, some of the patients found the beds uncomfortable and disliked the fact that they were covered with plastic.
- The patients told the Dignity Champions that the food was satisfactory and there were some choices available. However, some patients mentioned that they would not necessarily get what they ordered and food was rather repetitive.

4.6 The Ward Staff

- Patients spoke highly about the clinical team:
 - "Staff are brilliant"



- "Staff couldn't have been kinder"
- The Dignity Champions observed the staff respecting patients' privacy and dignity. The Dignity Champions witnessed the staff speaking to them in a compassionate and caring manner. The medical team respected peoples' right to choices. Some of the examples observed during the visit:
 - $\circ~$ a member of staff drew the curtain before seeing a patient in the bay;
 - $\circ~$ a doctor knocked on the door before entering one of the side rooms;
 - a patient was given a sheet to cover her back while walking to the examination room in her hospital gown;
 - $\circ\;$ a patient was asked, whether she would prefer to walk or use a wheelchair.
- Patients said they felt comfortable speaking with the clinical team if they needed or did not like something. However, some patients mentioned that they would not necessary get something if they asked for it. Moreover, patients mentioned that the staff would not always return when they said they would. Some of the examples disclosed by patients:
 - a patient did not get a cream for his sores and as a result they worsened;
 - a patient had to wait the whole day to get their broken asthma pump replaced.

4.7 Staffing levels and patients' concerns

- During the visit the number of staff on duty was below the planned number. The staff shift schedule that was displayed on the wall indicated that it was not the first instance that week.
- According to one of the patients, low numbers of staff on duty causes problems during the night, as the ward has many elderly patients and patients with dementia who require attention.
- High staff turnover was mentioned as a reason for feeling that the team did not know patients' medical history.
- Patients mentioned, that due to the clinical team business, notably during the night, they felt guilty asking for support.

4.8 Additional findings

- Members of the clinical team were positive about working in the ward and said it was a friendly and positive place to work.
- Everyone spoke highly about the ward manager, however, they thought that there was a lack of support from the hospital senior management level.
- The clinical team talked about low numbers of the staff on shift. They told the Dignity Champions that there could be more staff to support day to day running of the ward, especially during the night.



4.9 Recommendations

This report highlights the good practice that the Dignity Champions observed on the Enter and View visit to the Rainsford Mowlem Ward. It also reflects the appreciation of the care and treatment received by most patients the Dignity Champions talked to.

The observation and interview findings also provide some insights for improvement to make the experience even better for patients at the ward.

Therefore, Healthwatch CWL recommends the following based on the Enter and View visit to the ward:

- The lighting in the corridor is reviewed to ensure that it bright enough to ensure patient, visitor and staff safety.
- Staff should be encouraged to make sure all the fire doors are closed at all times to ensure patient, visitor and staff safety.
- Staff should be encouraged to keep store rooms locked at all times to ensure patient, visitor and staff safety.
- The bathroom sign placed above the storage room doors rather the bathroom should be removed so that it does not confuse patients or visitors
- Staff should be encouraged to keep medicine locked at all times to ensure patient safety
- Maintenance needs should be reviewed to ensure that broken furnishing and sockets are repaired or replaced to ensure patient, visitor and staff safety.
- Staff should be encouraged to make sure patients' data is protected by locking the files and computer screens each time they leave them
- Consideration should be given to how to ensure that staff can return to patients when they say they will

4.10 Recommendations - service provider response

Chelsea and Westminster NHS Foundation Trust would like to thank Healthwatch CWL for undertaking the Enter and View visit to Rainsford Mowlem Ward. The report recognises areas of good practice and in particular notes the respect shown for patients' privacy and dignity. We were also pleased that the high standards of cleanliness of the ward were noted.

The report notes the CQC result published in 2014 in relation to the Trust but the Trust had been inspected by the CQC again in December 2017. The report of this was not published until April 2018 which was after the Enter and View visit but before the publication of this report. The 2017 Inspection noted that the Trust had demonstrated an improvement journey which had moved the rating from "requires improvement" to "good". The CQC report recognised the excellent development of a 10 bed frailty unit on Rainsford Mowlem ward.

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The positive feedback from patients was well received by the Trust. Our catering offer has been revised since the visit and the feedback received through the PLACE inspections shows greatly improved satisfaction in the choice and quality of the food available.

| Recommendation | Provider Response |
|--|----------------------|
| Staff should be encouraged to make sure all the fire doors are closed at all times to ensure patient, visitor and staff safety. | No response provided |
| Staff should be encouraged to keep store rooms locked at all times to ensure patient, visitor and staff safety. | No response provided |

| Recommendation | Provider Response |
|--|---|
| The lighting in the corridor is reviewed to ensure that it bright enough to ensure patient, visitor and staff safety. | Our estates team welcomed the feedback on signage and the general keeping of the area. They will be undertaking a review of the area in line with the recommendations in the report and will complete work as identified to address issues. |
| The bathroom sign placed above the storage room doors rather than the bathroom should be removed so that it does not confuse patients or visitors. | |
| Maintenance needs should be reviewed to ensure that broken furnishing and sockets are repaired or replaced to ensure patient, visitor and staff safety. | |

| Recommendation | Provider Response |
|---|---|
| Staff should be encouraged to keep medicine locked at all times to ensure patient safety. | The safe storage of medication and ensuring the safeguarding of patient data are taken very seriously by the Trust. The feedback in respect of both of these areas will be used by the department to ensure staff practice |
| Staff should be encouraged to make sure patients' data is protected by | |



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| locking the files and computer screens each time they leave them. | safely in respect of the issues the visit identified. |
|---|---|
| Consideration should be given to how to ensure that staff can return to patients when they say they will. | The report raised some concerns about the availability of staff and the responsiveness of staff returning to assist patients with specific needs. At the time of the inspection the ward had reduced number of substantive staff, relying in part on temporary staff to fill these. |
| | There has been an increased amount of recruitment in the area and there are now two substantive ward sisters in post. The number of staff on duty at night is now the same as on day shifts for this ward. |
| | The safe staffing levels of the ward are set in line with national guidance and monitored daily by the Matron and monthly by the Trust board. Where staffing falls below the predicted level s assessments are in place from the senior nursing team to assess and mitigate that risk. |
| | The senior management team for the ward are continuing to support the staff in this area. |

Chelsea and Westminster NHS Foundation Trust welcome the feedback and recommendations in the report and will work to addressing the issues raised.

