



Enter and View

(Unannounced)

7 January 2020

South Tyneside District Hospital
Ward 20 (Care of the Elderly)

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Healthwatch South Tyneside - who we are, what we do:

Healthwatch South Tyneside is one of 148 local Healthwatch organisations across England launched in April 2013 to give users of health and social care services a powerful voice.

As set out in the Health and Social Care Act of 2012, Healthwatch South Tyneside has the following statutory activities:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known.
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Providing advice and information about access to local care services so choices can be made about local care services.
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

As an independent Community Interest Company (CIC), it is your dedicated consumer champion, working with users of local National Health Service (NHS) and social care services to hear about your experiences identify any issues or problems and helps generate improvements.

Healthwatch South Tyneside has the power to enter and view services; can influence how services are set up and commissioned by having a seat on the local Health and Wellbeing Board (HWB); and provide information, advice and support about local services.

It also produces reports which influence the way services are designed and delivered and can share information and recommendations to Healthwatch England (HWE) and the Care Quality Commission (CQC).

Context:

On the 7 January 2020 Healthwatch South Tyneside (HWST) carried out an unannounced Enter and View visit to Ward 20, the elderly care ward at South Tyneside District in response to concerns raised with Healthwatch South Tyneside by two families within weeks.

Conducting the visit were:

- Sheila Scott - Healthwatch South Tyneside Manager
- Joy Curry - Healthwatch South Tyneside Director
- Arthur McKean - Healthwatch South Tyneside Volunteer

On arrival at Ward 20 we were met by the nurse in charge. We were informed that we could move freely around the Ward and speak to patients, visitors and nursing staff.

Opposite the nurses' station there was a notice board where a chart showed how many staff should be on duty and how many were actually on duty that day, below is what was shown on the date of the visit:

Required Staffing	AM	Afternoon	PM
Registered Nurses	3	3	3
Healthcare Assistants	3	3	2
Staffing Today			
Registered Nurses	2	2	2
Healthcare Assistants	4	3	2

The Ward was very busy and as you can see from the chart above, they were short staffed on the date of the visit.

The notice board also named the Matron as June Lawson and the Ward Manager as Lynn Jones

Summary:

Staff's responses to questions:

Patients files, where are they kept?

A nurse said they were kept in the Doctor's office and current files on a PC. There were a few historical patients' files in pigeonhole storage in office.

Patients files, how often are they updated?

Every day - morning, afternoon and evening.

How often are patients checked/is it documented?

Patients should be checked every two hours and should be documented after each check.

Incident forms (Datix), who completes these?

Three different levels of nursing staff told us that everyone knew how to report an incident. This is recorded on the Datix system and the nurse responsible will complete the forms with the member of staff who reported the incident.

Is there a Falls Policy?

There is a falls policy in place which is kept at the Nurses' station.

Are falls monitored?

Previously there was a monitor board on the wall but that had been taken down due to the name change of the hospital, it has not been put back up. After a fall has been recorded a new risk assessment takes place.

Criteria for use of bed rails

There is a risk assessment in place and reviewed each week on the beds that have rails on. Crash mats are used on low beds.

Patient transfer

When a patient is transferred from another Ward or hospital there is usually a telephone conversation and the porter would bring the patients records with the patient. Current information is also on the Meditech system.

Nursing staff, are there enough staff to cover the Ward?

Staff shortages are constant for one reason or another. In the summer months staff is set for 16 patients, in the winter for 24 patients. At the time of the visit there were 29 patients on the Ward.

Staff training

Presently completed online by E-Learning, this includes all mandatory training plus any other related training needed. Staff can request training if they feel they need to upgrade their skills.

Patient's, visitors and relative's responses to questions:

Are you happy with the care your relative is receiving?

- Fairly happy, the nurses spend a lot of time on the computer and ignore the buzzer the patient has pressed
- Generally happy, buzzer is left in the holder over the bed where the patient cannot reach it
- When a nurse takes the bed table away to attend to a patient, they very often do not put it back
- Fairly happy, hygiene care is very poor, not shaved when visitors arrive, pyjamas not changed - this is left to the visitor/family member
- Felt the space around the bed is badly designed, visitor could not move a very heavy chair to access her husband's locker
- Buzzer not available as it was in the holder above the bed so the patient could not reach it, quality of food very poor, catheter bag often left on the floor when it should be taped to the patient's leg
- Cannot reach buzzer as it is in the holder above the bed
- Have lost items of clothing, glasses case
- Pad not changed often enough, breakfast tray given when patient was flat in bed so difficult to eat
- Care is so so, has fell out of bed twice, buzzer is ignored, has had water and other liquid poured over him whilst he slept by another patient, family member feels the level of care is poor
- Family feel they do not get any information, communication from other Wards very poor when patient was transferred, relative brings pads and other equipment from home for her father
- Husband is supposed to be repositioned every 2 hours, his wife had been visiting for over 4 hours and he was not repositioned in that time
- Yes, well looked after and informed of treatment
- Generally happy but wait a while for buzzer to be answered
- Yes, it is all good

Is there any member of staff you would like to mention?

- One nurse but I cannot remember her name

Any other comments about Ward 20

- Short staffed
- Mediocre care
- Communication is very bad

Recommendations:

- 1) Nurses to ensure the buzzers are accessible to patients at all time
- 2) Bed table to be returned if it has been moved thus enabling patients' access to drinks to aid hydration
- 3) Look at the positioning of visitor's chairs which are too heavy for the elderly to move to access lockers
- 4) Better communication between nursing staff and patients/visitors
- 5) Correct level of staffing for the beds occupied
- 6) Improve catheter care with bags attached to the leg with support straps and night bag holders for patients confined to bed for long periods
- 7) Incontinence pad usage to be updated with staff to control infection

Trust response:

The Trust responded to the report of the unannounced visit to Ward 20 at South Tyneside Hospital on 7 January 2020 and advised that some changes have been made.

Nurse staffing

The Trust has made efforts to improve nurse staffing levels, which have included recruitment from overseas and nurses graduating from local universities, as well as ongoing general recruitment.

The Trust is now in a much-improved position in terms of staffing; this is kept under continual review by the Director of Nursing, Midwifery and AHPs.

Ward 20 has been relocated to Ward 2.

The recommendations made within the report have been acknowledged and have been shared with staff as points of learning.

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