



Fleet Hospital

Quality Assurance Report

November 2019



Quality Assurance - Fleet Hospital

In November 2019 Healthwatch Hampshire took part in **Quality Assurance Visits** on three wards at Farnham and Fleet Hospitals. During these visits Healthwatch staff spoke to patients, carers and family members to gather their views and experiences about their time on the wards. We asked patients to comment on;

- Care and treatment
- Communication and information
- Opportunities to discuss their medication
- Therapies and activities on the ward
- Involvement in discharge planning

Methodology

The following hospital was visited:

- Calthorpe Ward, Fleet Hospital

The Quality Assurance visits were organised in advance, and in some cases, hospital staff had distributed leaflets to patients providing information about Healthwatch Hampshire.

While on the wards it was important that Healthwatch was sensitive to the needs of patients, many of whom were frail and unwell. Therefore, hospital staff advised on which patients had consented to participate and informed us which patients were too unwell to take part.

Healthwatch staff were aware that some of the more vulnerable patients were not able to talk to us, we therefore endeavored to talk to carers and/or family members so they could advocate on their behalf.

Everyone who answered the questionnaire was informed of its purpose and told that their comments would be presented anonymously in a report that would be available on Healthwatch Hampshire's website.

It is important to note that these visits capture a snapshot of patient experience, rather than being representative of all service user experiences on the wards.

Calthorpe Ward

Healthwatch Hampshire spoke to 8 patients,
carers/family members on Calthorpe

Care and Treatment

Every patient that we spoke to felt that the care on the ward was very good. Some explained that staff went the extra mile to make them comfortable during their stay.

“The good thing about the ward is the nurses care, it’s obvious that they are competent at what they do and are well trained.”

“I had mislaid my shoe just now and they have gone out of their way to find it for me to make me as comfortable as possible during my stay”

“Everyone is fabulous - the care and help from nurses, they are very good at what they do”

“There is always someone there to care”

“Staff are very caring, always very willing to come and see you and talk to you”

A family member of one of the patients commented that they felt that the ward had taken very good care of her father, who had a high fall risk and had on occasion, tried to get up and go to the toilet on his own. She said she felt reassured that on Calthorpe Ward, staff were watching out for him and that he was being kept safe. Her father said; “All the nurses are excellent; they really do their best for you. They keep an eye on me, if I try and get up, they catch me and make sure I am safe”.

When asked if there was anything that would improve their stay or make them more comfortable patients said “No”. One patient suggested that they would like more to do on the ward such as newspapers or magazines to read.

The majority of patients felt that staff were “Always” available when they needed them. A few did say they might have to wait a short while at busy times.

“Always available, they are good at making sure I am not in any pain”

“Always there if I need them”

“It depends on what duties they are doing - it can be quick or can be sometime if they are occupied with an important task with other patients”

“Good, may wait a minute then they come”

“It gets busy, but they always come”

Patients were unanimous in saying they were “Always” treated with dignity, respect and understanding while on the ward.

“They have always been there if I need them, if I need something they try and get it for me”

“Always, they are very patient”

One patient told us they had suffered a bereavement the previous week, they said staff were very caring and supportive.

“They came and held my hand, it made me cry, they were so sympathetic”.

During conversations with patients Healthwatch staff were made aware that one had no clean clothes and no jumpers with him in hospital. He was wearing his coat as he said he was cold. He told us that he had no family to collect his washing or extra clothes for him. He seemed embarrassed that the clothes he was wearing were stained and dirty. While Healthwatch recognises that this is not a ward specific issue, having access to clean clothes is important when upholding people’s dignity in hospital.

Communication and information

Transfer onto the ward

Most of the patients spoken to felt that their transfer onto the ward was well coordinated, saying they were well prepared for the move, that friends and family were informed, and in some cases, they were given a preference as to which rehabilitation ward they were transferred to.

“Came from Frimley Park, were well prepared, gave me a choice of Fareham or here. I came here as it’s close to home”

However, one patient felt that their transfer had been rushed and that they had not been kept informed. He said that his transfer had happened very quickly and that he had been told by the Vascular Team at Frimley Park that he would have a follow up appointment with them later that week to discuss what was happening with his treatment, but then he was transferred to Fleet Hospital and did not get the follow up appointment he was promised. He said he felt like he had been “dumped here” and was concerned that the swiftness of his transfer had meant that staff on the ward weren’t sure of his needs for the first few days of his stay.

Staff roles

When asked if they had been given information on different staff roles, answers were mixed, with most patients indicating that they had been told some of the staff roles on the ward. However, some patients said staff roles and uniforms hadn’t been explained to them and they had “worked it out” themselves.

Communication regarding care/treatment

Most patients said they “Always” or “Often” knew what was happening next with their treatment and that staff explained things to them if needed.

“Very clear, only got to ask and they explain”

“Good communication on the ward”

“Nurses are around all the time. They are very friendly and forthcoming - they say hello and ask who you are here to see, we get good updates on how my father is doing, that I can share with the family. They also ask if you need anything.”

One person said they felt unhappy with communication about their treatment. This patient said that since his move from Frimley Park he had not seen the Vascular Team, and he had not had the follow up appointment with them that had been arranged prior to his transfer. He said that he was worried about how his wound was healing. He also said that as different staff had dressed it each time, they were unable to give him reassurance about how it was healing. He said that the staff on the ward had responded to his worries quickly and had tried contacting the doctor, and had left messages for him, but had no response. He said that he had been told this morning that the doctor was due to visit the hospital later this week and seemed satisfied with this outcome. He commented that this lack of communication had made him worry over the last 2 weeks on the ward.

When asked if staff considered their opinion on their care/treatment and gave them choices, responses were mixed. Half of respondents asked said they felt they were “often” consulted and given choices, they sighted quick responses to their needs concerning medication, and flexibility over therapy timings as examples.

“I asked to come off some constipation medication as it was causing me problems and they stopped it straight away.”

“I asked for extra exercises for my upper body and they went and got me something to use in the chair”

“If I am visiting Dad and they come to do therapy they say don’t worry we can come back later, to give me time with him”

However, just under half of respondents said they were “Rarely” asked their opinion or offered choices.

“Never been asked”

“Rarely - If I say I am not ready to the OT, they say they will come back - but they never do - they promise but don’t turn up”

One person said they felt there was “no need” for them to be asked their opinion on their care.

Raising a problem or making a complaint

Regarding knowing how to raise a problem or make a complaint, most patients knew who to speak to, saying they would report it to a nurse. Two patients said they were unsure.

Medication

All the patients who answered this question said they had discussed their medication with staff while on the ward and said that the information given had been clear.

“Yes, it’s clear, the doctor explained it”

“Yes, I know what I am taking, and they explained it to me”

Therapies and activities on the ward

Social Activities

Patients said the social activities on the ward were a breakfast club and eating their lunch together.

“Yes, lunchtime we have a nice meal together and talk to other patients”

Therapy

All of the patients were undertaking physiotherapy. Most said that they felt the standard of the therapy was good, saying that it was “Very” or “Extremely” useful for preparing them for discharge. Two patients felt that it had not been that useful, one sighting that it “had not been consistent enough to do any good”.

“In the morning they popped in and asked if I wanted to do my exercises, I was a bit nervous, but they encouraged me so I said yes and I really enjoyed it”

“I asked for more and they brought a leaflet of exercises I can do in my chair”

“I do exercises in my chair and the gym, I walk to the lounge three times - I really enjoyed it - I am beginning to feel that the leg is mine again!”

Discharge planning

At the time of the visit four patients said they were ready for discharge. Most knew what follow up treatment and care had been put in place for their return home and were satisfied that it would meet their needs. Most patients also felt that their ideas and suggestions had been listened to during the planning process.

“They have been really good with advising my family and getting all the equipment for my home. Occupational Health went for a visit today. The Hospital helped a lot with the planning, as a lot of alterations are needed at home.”

“They have spoken about two carers coming in one in the morning and one in the evening”

“The hospital has made sure that my dad has all the equipment he needs”

One patient said that they had not had the chance to talk about their discharge and were worried about how they would cope at home. They explained they would “like more discussions about what I need when I go home, as I’m worried about how I will cope with a catheter”.

Other comments

“The staff at the hospital are all lovely”

“The nurses are very good. They are very helpful - they help me with cutting up my food in the dining room when I need it. Plenty of variety on the menu.”

“Staff are wonderful and patient”

Acknowledgments

Healthwatch Hampshire would like to thank all the patients, carers and family members who took part in this survey. We would also like to thank the ward staff who made us welcome and facilitated our visits.

Provider Response:

[Information] Boards are produced trust wide not specific to rehab, we will look into producing rehab specific staffing boards, to include our therapy colleagues.

We don't wish to rule out rehab for patients whose first language isn't English. We will always try and utilise family/staff members. A picture board was in place to assist with everyday ADLs.

The plinth in the gym is being changed to a desk asap

The out of date training on the training board has been removed

The main purpose of the ward is Rehab, however dependant on the pressures being felt on the acute site pts waiting ongoing care at home or placement maybe moved to fleet to await this.

Washing machines were removed from the acute site due to infection control. Advice has been taken and it is still considered not a safe option in the community setting.