



Enter & View Report

Freshfield & Clifton Wards

Royal Hampshire County Hospital

23 September 2015

Report Details

Address	Freshfield Ward and Clifton Ward Royal Hampshire County Hospital Romsey Road Winchester Hampshire SO22 5DG
Service Provider	Hampshire Hospitals Foundation Trust
Date and time of visit	Monday 23rd September 2015 11:30 am - 3:00 pm
Type of visit	Announced visit
Authorised representatives undertaking the visit	Libby Thomas, Team Leader John Perry, Authorised Representative Steve Manley, Staff Lead

Acknowledgements

Healthwatch Hampshire would like to thank the Hampshire Hospitals Foundation Trust, staff, patients and visitors for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. 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.



What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 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. 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 – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

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. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform the visiting team leader who will inform the service manager, ending the visit.

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 will be protected by legislation if they raise a concern.

Purpose of the visit to Freshfield and Clifton Wards

Through our visits, we hoped to identify the following information:

- Understand how specialised inpatient care of the older person is provided, focussing on those living with dementia
- Understand the recovery coaching approach developed on Clifton Ward and how it aids staff and patient interactions
- Observe patients engaging with the staff and their surroundings
- Capture the experience of patients, relatives and staff
- Observe and comment on the delivery of care to patients on Freshfield and Clifton Wards
- Observe the physical environment

Strategic drivers

- Dementia care in Hampshire is a priority for the Healthwatch Hampshire work programme in 2015/16
- Planned enter and view visit to find out more about the Hampshire Hospitals Foundation Trust dementia service and the staffs award winning work around recovery conversations in rehabilitation



Methodology

This was an announced Enter and View visit.

During the PLACE assessment at Royal Hampshire County Hospital earlier in this year, Healthwatch came across the innovative recovery coaching work developed by staff on Clifton Ward, an acute older people rehabilitation ward. The project won the Health Education Wessex Shine Award in 2014 in the Wonderful Workforce Solution of the Year category and gained national recognition after being selected as a finalist in the Nursing Times awards. We were interested in finding out more about the approach and more widely the work being done by dementia services at the hospital to improve the inpatient experience for those living with dementia.

Posters announcing our visit were made available and displayed in various locations on both wards several days in advance. During our visit we verbally explained to participants why we were there and handed out explanatory Healthwatch leaflets to patients and visitors

For the duration of our visit we were escorted by senior nursing staff. Much of our visit was observational, involving the authorised representatives walking around public and communal areas in the designated areas of the hospital, observing the surroundings to gain an understanding of the patient experience and witnessing patient engagement with staff members and the facilities. There was an observation sheet prepared for this purpose into which authorised representatives made notes.

We spoke to nursing staff in charge on each ward and a range of other operational staff. Consideration was given to the medical fitness of patients and their capacity to give consent for participation and we checked with the provider which patients would be suitable for us to approach to obtain verbal feedback.

Authorised representatives spoke with two patients, one on each ward to informally ask them about their experiences of the hospital and, where appropriate, other topics such as accessing health and care services to help with our wider engagement work. They explained to everyone they spoke to why they were there and took notes.



Result of visit

Our visit took place on Monday 21st September 2015, World Alzheimer's Day.

Healthwatch Hampshire authorised representatives were greeted at the main hospital reception by the Patient Experience and Volunteer Manager, the Clinical Service Lead for Long Term Conditions and the Dementia Specialist Nurse. We were given an overview of the Hampshire Hospital Foundation Trust dementia service, patient pathways and staffing structure before visiting the Management Office and then being introduced onto Freshfield Ward.

General Overview

There are many forms of dementia, often starting with mild symptoms which progressively get worse over time. Symptoms of dementia include problems with:

- Memory
- Everyday tasks, like eating and drinking
- Communications
- Recognising objects or people

When a person finds that their mental abilities are declining, they often feel vulnerable and in need of reassurance and support. The people closest to them - including health and social care staff - can help them feel valued and good about themselves.

It was explained to the visiting team that every person admitted to Hampshire Hospitals Foundation Trust aged 75 and over is screened for confusion. The Dementia Specialist nurse also checks for those aged under 75 who are admitted and have signs of delirium, dementia or other cognitive disorder by attending the MDT meetings, scanning the computer system and walking round the site every day.

At the time of our visit, across all three Trust hospitals in Andover, Basingstoke and Winchester 98 in patients were identified as living with dementia. This equates to approximately 10% of the total bed population (900 in beds) across the Trust.





Staffing

Hampshire Hospital Foundation Trust (HHFT) have two specialist nurses and two Band 4 nurses, so that two specialist nurses are on site at any time. Core working hours are 8am till 4pm, 7 days per week.

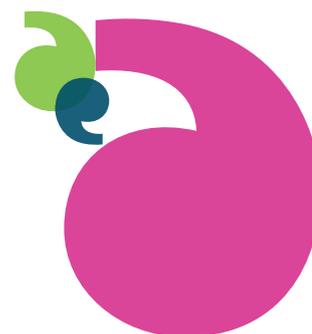
Staff work closely with the Older Persons Mental Health Team provided by Southern Health. Joint working between the trusts has been funded since April 2015 and staff have found that working together particularly discussing new admissions saves time and benefits patients.

In addition a number of new staffing roles have been introduced in HHFT over the past year to improve quality of patient care and outcomes, particularly for those living with dementia which are highlighted in this report.

Most notably both Wards we visited have a dedicated full time Activities Coordinator, distinguishable by their orange polo shirts. The visiting team had the opportunity to speak with both staff. The Coordinators run a wide range of activities and events to involve the patients as much as possible, either one to one or in groups to suit the individual and as appropriate to reduce the risk of isolation from being in hospital and to meet patients pastoral needs. Recent theme weeks have included the Battle of Britain, pirates and rugby.

The Activity Coordinators also lead a lot of reminiscing activities. The Nurse in Charge on one of the wards we visited commented that since the Coordinators have been in post staff had found patients were sleeping better, particularly those who had lost sleeping patterns and were generally more tired. We were told that Activity Coordinators are going to be introduced onto medical wards shortly.

In conjunction with the RVS the Trust is recruiting for and have trained a number of specialist dementia volunteers. Currently 29 are working alongside clinical staff to provide social support for dementia patients. These are managed by a designated Coordinator and receive 2 days training including dementia skills. The volunteers provide between 300 - 400 hours per month supporting patients, relatives and carers on the wards.





TTraining

All staff and volunteers receive some form of dementia training to ensure everyone has the appropriate level of knowledge and confidence to work with people with dementia. HHFT provides 3 levels of dementia training:

- Level 1 - Trust induction, ½ hour
- Level 2 - community care/support, 2 hours
- Level 3 - whole day

In addition to which it is also possible to study NVQ level 1 to 3 at Basingstoke College of Technology (BCOT)

To date, 1275 people have received accredited 'dementia friends' training across the Trust. One of the resources used is the video 'Barbara's Story' as part of the training.

Environment

The overall impression of both wards was good. They appeared to have been recently decorated and were clean and bright. Furniture and fittings were in good order and our observations suggest that a high standard of hygiene is being maintained. Areas were free of obstructions.

Dignity and Respect

At the time of our visit, the evidence is that the wards were operating to a very good standard of care with regard to Dignity and Respect

- Patients appeared tidy and clean, we saw no evidence of dignity not being respected.
- We saw evidence of staff interacting with patients positively and regularly
- Patients we spoke to told us that they were happy with the food.
- We saw evidence of a variety of social activities both one to one and in groups





Dementia Initiatives

- ☺ Sunflower scheme in use to denote patients diagnosed with dementia. A small picture of a sunflower is discreetly placed above the patient's bed to highlight that they have dementia and need extra time/attention. Staff reported that relatives view this positively and often assist neighbouring patients displaying the symbol.
- ☺ 'This is me' booklet produced by the Alzheimer's Society is in use to aid communication between patients and staff and reduce distress.
- ☺ The Trust is trying different methods of using the Abbey pain score, which is a measurement scale of pain in people with dementia who cannot verbalise. It's an observational assessment tool which looks for physical, behavioural and physiological changes, scoring these between absent and severe.
- ☺ John's Campaign is in operation across the whole Trust since April, not just elderly care. It enables carers to stay with people with dementia in hospital. Staff said they are the only trust in the country to do this.

Dementia Activities

- ☺ Orientation boards are on display in each bay that we visited showing the day, date, weather and meal times to help reduce patient agitation and increase independence.
- ☺ The 'twiddlemuff' is a knitted hand muff that has been designed and developed to provide simple stimulation for restless hands and to promote increased brain stimulation. The Trust is calling for volunteers to put their knitting skills to good use, a pattern is available on the website.





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-  Staff run a weekly support group for carers. This operates on Wednesdays between 2 and 3pm. Everyone is given a leaflet and encouraged to attend.
 -  Afternoon tea for patients, relatives and carers is held every Thursday.
 -  Staff are proud of their success in winning a bid from Wessex Arts Society which enables a member of the Bournemouth Symphony Orchestra to come in every Tuesday and play violin, bringing with them a range of percussion instruments for others to take part. We were told how much patients and relatives love the music therapy and reminiscing, given the example where recently a patients wedding march had been played.
 -  Joint funding has been awarded to HHFT and Southampton University Hospital NHS Foundation Trust by the Wessex Heritage Trust to fund a National Lottery reminiscence box project. Good example of joint working dementia services. It's a 4 year project that will fund treasure chest type boxes with stories of the local area, containing various artefacts.
 -  Production of a reminiscence newspaper for patients, on this day in history "The Weekly Sparkle".
 -  Run Dementia Friend sessions at the hospital for members of the public.



Freshfield Ward

Freshfield is a 26 bedded older person's ward, located in Nightingale Wing, level D. Patients are high dependency and the ward has predominantly more dementia patients. We were told by the nurse in charge that three quarters of patients won't use the call bell.

Staffing

Staffing is planned over three daily shifts. At the busiest time in the morning, staffing levels are 4 nurses plus 1 supervisory staff member and 4 Health Care Assistants (HCA). The ward was fully staffed on our visit. The patient's day starts at 7am with washing and dressing. Planned staffing on the late shift is 4 nurses and 3 HCA and the night shift 3 nurses, though we were told this is more usually 2 and 2 HCA. Staff take staggered breaks to ensure coverage levels.

Environment

Doors are locked for patient safety using a hand scanning system, designed to prevent patients roaming off the ward but allowing them out otherwise.

The Ward has a clearly signed reception desk in a recessed area as you enter. As part of a recent small refurbishment the nurse's station has been removed, encouraging nurses back into patient bays and creating more space for a communal patient area.

Notable observations are that Bay A has one bed removed to make space, and therefore has 5 beds.

Bay B has six male beds and is opposite the reception desk. We were told that this bay is used for very sick patients or those who continually get up and disturb others. Beds are lowered as much as possible to minimise risk of injury and crash mats are put on the floor night. The nurse in charge told representatives that on occasions low beds need to be hired for which a charge is incurred whilst they're in use.

Bay C has 6 female beds. We saw some of the patients sat together around a table with their carers. Bay D also has 6 female beds.

The 4 single patient side rooms are used for infectious patients or those with very challenging behaviour.

Patient toilets have large text and picture signage on the door. Red grab rails were also pointed out to us against white fixtures in the shower room as these are said to reduce the number of falls.



Food & Hydration

Authorised representatives observed the lunchtime meal service. Protected mealtimes are in operation and the Ward is excused from admitting patients around 12:30 and 17:30 so as not to take away from mealtimes.



All staff join the trolley service. It was explained to us that patients requiring assistance received their food on a red tray. On delivering a red tray, the nurse, health worker or volunteer stays with the patient and their intake is monitored. Dementia volunteers are used to assist at lunchtimes on Monday, Tuesday and Wednesday.

Adding onto the red tray system, the Nutrition & Hydration Assistant (Band 3) is a new role, originally started on orthopaedics and has since been introduced onto Freshfield Ward. They ensure patients get the right dietary intake and can arrange for certain foods, for example finger food through to chips to suit differing patient needs such as altered swallow and preferred palates.

The new communal space outside of the bedded areas previously mentioned, we saw being used at lunchtime by a male patient and their carer. We also saw a group of diners in the female bedded bay C. Social dining is encouraged, though the Activity Coordinator commented that it tends to be more common among female patients.

We were shown a fluid chart which are on each patient's bedside locker. These are shared with visitors to prompt patient drinking at frequent intervals. Charts displaying the differing cup volumes in millilitres are posted on bay walls so this can be written onto charts.



Clifton Ward

Clifton is a 26 bedded (flexing up to 28 beds) older person's rehabilitation ward.

Staffing

Staffing levels for the early shift are 3 nurses plus 1 supervisory staff member and 4 Health Care Assistants. The ward was fully staffed on our visit.

Another new role introduced in 2014 is the Patient Facilitator who serves as the point of contact for family and carers in readiness for patients discharge. Their role is to provide a single point of contact in order to support patients and relatives, linking with the community. In particular they phone GP's.

All the staff we saw were smartly dressed in uniform. They were all very friendly to us and to the patients that we saw them interact with.

Patients are taken from all parts of the hospital once deemed clinically stable. Being an acute ward some patients may not be as well, for example have drips. The aim is to get people back to their previous level of independence ready for discharge. Care is tailored to patient needs as staff don't know how long a rehab is going to be and the Nurse in Charge told us that if patients become unwell whilst on the ward, staff try and keep them for their continuity. The ward has a waiting list and it was stressed they NEVER have an empty bed. Numbers of dementia patients vary, though we were told "if the environment is alright for dementia then it's alright for everyone".

A Representative asked the Nurse in Charge about devolved budgetary responsibility and she said this was for items like dressing and medication.

Recovery Conversations

Two years ago whilst an Occupational Therapist was working on Clifton Ward the opportunity arose to create a new sense of partnership with patients in their rehabilitation and improve staff and patient interactions. Recovery conversations approach was developed which is a language based technique to enhance patient participation in their care and encourage them to be as independent as possible. By using statements such as "let's do this together" rather than patients being passive participants and creating a dependence whilst an inpatient, "changing the natural culture of nursing" as described to us. Staff work with patients to create manageable patient centred goals so they're ultimately more engaged in their rehabilitation.





Goals take into account patient's safety, dignity, respecting and acknowledging the resident's and families' wishes. Similar tools are used in mental health. Nurse in Charge commented that the two days training in coaching conversations is particularly good for new staff.

Facilities

The ward gym is used as a multipurpose space and also houses a reminiscence room used by the ward Activity Coordinator, set up with a wallpapered screen and retro television to create a familiar scene from the past. One of the Authorised Representatives sat in with a group of patients having afternoon tea and biscuits with the Activity Coordinator. Observed the end of a crossword/quiz activity themed on summer holidays. All the patients (4) talked freely about their favourite seaside towns and beach holidays.

Clifton Ward is located on the ground floor and looks onto a large inner courtyard area. Staff are keen to renovate the outside space into a garden area for the benefit of patients. They have begun fund raising as a first step and have created a mood board with their ideas.

Additional findings

Although out of the scope of this report, staff commented that following community diagnosis people with vascular dementia people don't always get the support they need.

Wider feedback gathered by Healthwatch Hampshire highlights issues in the community around inconsistencies in care, signposting and information which can cause confusion and distress for those living with dementia and their carers.



Summary of findings

This report highlights the good practice that we observed around improving dementia care in an acute setting for older people.

- We saw evidence of staff interacting with patients in a friendly and positive way.
- We were told about measures that are in place that take account of the individual's needs and provide a range of ways for caring with people living with dementia that take into consideration the patient's whole health and wellbeing.
- The trial and adoption of the coaching conversation approach demonstrates staff's openness to change and recognises the importance of a partnership approach to care involving the patient and their families/carers.
- The ambition to transform the outdoor space adjacent to Clifton Ward provides one example of the ways in which staff are looking for ways to improve patient care.
- We noted high levels of staff commitment and teamwork.

Representatives felt that the visit provided a valuable insight into the forward thinking by hospital NHS professionals involved in the assessment, diagnosis and treatment of people with dementia in the way the disorder is approached and hope that others see this as good practice and learn from it across all care settings.

Service provider response

"Dementia care is a priority for the work of Healthwatch Hampshire and it is a priority for us at Hampshire Hospitals NHS Foundation Trust. We are delighted to be able to share our award winning work around recovery conversations in rehabilitation and our approach to caring for older people, particularly those living with dementia during an Enter and View visit at the Royal Hampshire County Hospital.

It was a pleasure to be able to introduce the Healthwatch team to our staff on the wards and provide the opportunity for them to observe the care we provide and talk with patients, their families and carers to hear first hand about their experience. It is always satisfying to hear about the extraordinary commitment our staff demonstrate every day to providing person centred care. We are proud that the report has highlighted the many aspects of good practice that have been developed by our teams and we know make a real difference to our patients, their families and carers.



We remain ambitious in our approach to improving the care we provide as we continue to develop our services for older people and for patients living with dementia and look forward to sharing our developments with you in the future.”

Mary Edwards, Chief Executive



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