

## Enter and View Report

### Visit details

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Service address:	Royal Derby Hospital, Uttoxeter Road, Derby, DE223NE
CEO:	Sue James
Service Provider:	Derby Hospitals NHS Foundation Trust
Date and Time:	Friday, 14 March 2014
Authorised Representatives:	Rebecca Johnson and Sandra Dawkins
Reason for visit:	Healthwatch Derby Enter and View Programme
Declaration of interest:	There were no declarations of interest on this visit

### Acknowledgements

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Healthwatch Derby would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

### What is Healthwatch

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Healthwatch Derby is an independent consumer champion created to gather and represent the views of the public. Healthwatch Derby plays a role at both a national and local level, making sure the views of the public and people who use services are taken into account.

### What is Enter and View

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Part of the Healthwatch Derby program is to carry out Enter and View visits. Healthwatch Derby authorised representatives carry out visits to health and social care services to see how services are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allow representatives of Local Healthwatch organisations to enter and view premises and carry out observations for the purpose of carrying on of Local Healthwatch activity including 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 they can also happen when services have a good reputation – so we can learn about and share examples of what they do well.

**Disclaimer: This report relates only to the service viewed on the date of the visit, and is representative of the views of the service users, visitors and staff who contributed to the report on that date.**

## Purpose of the visit

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This visit was part of Derby Hospitals NHS Foundation Trust monthly PLACE Inspection (Patient Led Assessment of the Care Environment), and was therefore an unannounced visit.

## Methodology

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Derby Hospitals NHS Foundation Trust carry out monthly PLACE Inspections at each of their sites where they produce an internal action plan. Healthwatch Derby contacted the lead, Debbie Wild, Contracts Monitoring Officer, to arrange for the Enter and View representatives to take part.

## Introduction/summary

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The Royal Derby Hospital is the second largest hospital in the East Midlands and is located near to the city centre. It provides general medical, surgical, maternity, rehabilitation care and accident and emergency services. During the tour, representatives visited the front entrance, Accident and Emergency, the Medical Assessment Unit and Ward 306 making observations and were invited to sample a sample of the hospital lunch menu.

## Observations

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### RDH Front Entrance Area

#### Observations

- The main entrance was clean and bright, the information hub was tidy and filled with leaflets.
- Greeters were visible, friendly and helpful.
- The Baby Change Unit was clean.
- The male, female and disabled persons toilets were clean.
- The disabled persons toilet needed pads under the seat.

### Internal and External Routes to A/E

#### Observations

- The external routes to A&E were generally clean, flower beds and shrubs were cut back and neat and tidy.
- There was visible anti-smoking signage outside A&E.
- The corridors on the internal routes leading to A&E were decorated nicely with pictures.
- Some painted lines on the external routes to A&E needed to be re painted.
- Grey window sills outside needed cleaning.
- The external wall leading to A&E entrance was dirty.
- There were cigarette ends in the shrubbery area outside A&E.
- At the main entrance there was no sign directing patients/visitors to A&E, probably presumed that everyone will access A&E via the external route.

- The lighting leading to A&E via the internal route was very dim – every other light was switched off – this is for power saving, but could possibly pose a problem for the sight impaired.

## A&E

### Observations

#### Main Reception area

- The area was nice and bright with warm colours used for decoration.
- All the toilets were bright and clean.

#### A&E Majors

- The entrance area was clean and bright and had a calm atmosphere.
- Bay E – Clean and tidy, nice and bright with clean linen.
- Patient only toilet was nice and clean.
- Bays 14 and 15 were clean and tidy.

#### A&E Minors

- The entrance area was calm and quiet.

#### Main Reception area

- There were dirty toilet brushes and toilet brush holders in two of the cubicles in the female toilets.
- The water pressure in the female toilets was low and insufficient for people to wash their hands in the basins.
- Temperature controls were positioned quite low, making it easy for people to tamper with.
- An area on the floor was dirty and needed cleaning.
- A bench seating was damaged and in need of repair.

## Medical Assessment Unit

### Observations

- Ambulatory care – “nice setting”
- Dementia friendly coloured bays were available.
- Each patient had a clock on their wall showing the time nursing staff were next due to see them – hopefully this would reduce patients using the buzzer so much (this was a trial).
- A notice board had a chart on it showing a set targets and how the staff had/had not met them (traffic light system used).
- A staff award “ nomination board” was visible.
- On route to MAU several poster were not laminated and needed removing or put right.

## Ward 306

### Observations

- Room 2 was very clean.
- “Overlapping” curtains were provided around beds for patient privacy.
- Anti-smoke posters were visible on each locker.
- Hand wipes were given and tables wiped and cleared in preparation for lunch.
- **Patient - meal interview** - had peas sausage and mash and apple crumble for pudding, - all food was nice and hot, but patient had requested “all day brunch” not sausage and mash.

Patient received hand wipes and table was cleaned and cleared before lunch.

- The main doors were left open (fire doors that should have been kept shut).
- Posters on the door were not laminated, doors looked a bit tatty with remnants of blue tack.
- It was noted that a patient looked “slumped” in his bed and wasn’t in the right position to sit and eat his meal properly, he had to sit himself up ready to eat with no help from staff.

### Concerns Addressed During Visit

- Pads were requested to replace worn ones under the disabled persons toilet seat at the Main Entrance.
- New toilet brushes and toilet brush holders were requested in A&E.
- Water pressure was requested to be checked in A&E.
- Various posters which weren’t laminated were removed.

### Food Tasting – The Enter and View Team tasted the full lunch menu

- Team tried a variety of meals and puddings

### Food Tasting

#### Observations

- Generally the meals were good, portion size was good, food temperature was good and observers enjoyed their meals.
- The gluten free rice pudding was not enjoyed, it lacked taste and didn’t look appealing.
- Ackee and saltfish (Caribbean menu) wasn’t enjoyed, it didn’t look, taste or smell anything like it should do.

### Interview/Survey findings

During the visit, Healthwatch Derby left patient, visitor and staff surveys for service users, their friends and family, and those who provide care to complete anonymously. A total of 6 surveys were returned within a two week timeframe.

#### Patient Surveys

- 4 out of 4 responses said the doctors and nurses talked to them about why they were in hospital.
- 3 out of 4 responses said they knew what was wrong with them enough to be able to explain it to a close friend.
- 2 out of 3 responses said they felt involved in deciding what treatment they got for their medical condition.
- 1 out of 3 responses said they had been offered information and leaflets about their medical condition.
- 3 out of 4 responses said they had seen a patient handbook.
- 0 out of 3 responses said they had been told where they or their family could get more information about their medical condition.
- 2 out of 4 responses said they were aware of the dignity champion for their ward.
- 3 out of 4 responses said there was always someone to help you when they needed it.
- 4 out of 4 responses said they received help at meal times when they needed it.

- 1 out of 3 responses felt their relative or friend had been told they could help at meal times if they needed it.
- 3 out of 3 responses said they always got help with washing and bathing if they needed it.
- 4 out of 4 responses said if they needed help toileting, they always got it on time.
- 1 out of 3 responses said a family member or someone close to them has had the opportunity to talk to a doctor with their permission.

### Visitor Surveys

- The respondent said they were made to feel welcome when they come to visit the hospital.
- The respondent said they didn't know if they felt visiting hours were flexible at this hospital.
- The respondent said they didn't know if they felt visitors were supported by staff at this hospital.
- The respondent said they felt that staff were friendly and helpful at this hospital.
- The respondent said they were happy with the service of physical and medical care provided at this hospital.
- The respondent said they were happy with the service of emotional care provided at this hospital.
- The respondent said they were happy with other aspects of service at this hospital, such as food.
- The respondent said they didn't know if the patients care plan is followed successfully.
- The respondent said they feel fully informed and kept up to date with the health and care of the patient.
- The respondent said they felt that the patients were treated with dignity and respect.

### Staff Surveys

- The respondent said they didn't feel there were enough nurses on shift at this hospital to meet the needs of the patients.
- The respondent said they felt there were enough care assistants on shift to meet the needs of the patients.
- The respondent said they felt there were enough housekeeping staff on shift to meet the needs of the patients.
- The respondent said they felt satisfied with their present jobs.
- The respondent said they didn't feel they were asked to do things against their better judgement.
- The respondent said they felt they had enough time to fulfil their duties on shift.
- The respondent said they felt they received adequate support at this hospital, both physically and emotionally.

### Conclusion

During the visit it was apparent that trends were emerging, namely issues around:

- Signage, at the main entrance there was no sign directing patients/visitors to A&E
- Power saving lighting was used on the internal route to A&E which could possibly pose a problem for the sight impaired.

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- Cleanliness of toilet brushes and holders in cubicles in A&E.
  - The water pressure in the female toilets in A&E.

### **Evidence of best practice**

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Evidence of best practice include:

- Monthly PLACE Inspections are conducted at this hospital site by the trust in addition to the annual PLACE Inspection, involving patient representatives to produce an internal action plan.
- The information hub at the main entrance was tidy and filled with relevant literature.
- Volunteer greeters were visible, friendly and helpful at the main entrance.
- There was visible anti-smoking signage outside A&E in line with the Trusts drive to deter people from smoking on the hospital grounds.
- A trial in the Medical Assessment Unit provided each patient had a clock on their wall showing the time nursing staff were next due to see them in an effort to reduce patients using the buzzer so much.
- A notice board in the Medical Assessment Unit had a chart showing how the Trust was meeting set targets.
- A staff award “nomination board” was visible in the Medical Assessment Unit.

### **Recommendations**

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Recommendations include:

- A&E Majors, A&E Minors, the Medical Assessment Unit and Ward 306 should consider applying for Derby City’s Bronze Dignity Award.
- Signage at Main Reception should include directions to A&E for family arriving at hospital.
- All equipment in the hospital should be free from dirt in an effort to improve infection control.
- Water pressure should be monitored to ensure that facilities are available for patients/visitors and staff to wash their hands.