

Gerry Bennett Ward (Mile End Hospital) - Enter and View Report

Service: Gerry Bennett Ward (Mile End Hospital)

Provider: Barts Health - CHS

Date / Time: 24th February 2015 / 10.00am -13.00pm

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Purpose of Visit

1. To ascertain feedback from patients about their experience of staying at the Gerry Bennett Ward. The discussions with patients aimed to gather their feedback on the following:
 - How they feel about the care and treatment they receive
 - Staff attitude and behaviour and are nursing staff responsive and supportive, i.e. responding to the buzzer, personal care, talking to patients.
 - Do patients understand information provided by clinician's and nursing staff and is it clear i.e. knows when they will be discharged and the process involved.
 - Views on food and if they get adequate support with feeding if required.
 - What they think about the environment and other patients around them.
 - Overall good and bad experiences of staying at the ward.
2. To ask patients if they have any suggestions for improving the service provided at the Gerry Bennett Ward.

Information on the service

- Gerry Bennett Ward is a 24 bed (mixed) older people's rehabilitation ward. The majority of patients stay at the Gerry Bennett Ward for seven weeks, complex patients can stay longer. Six of the beds are for 'higher needs' patients, these patients need more one to one support and also support with their personal care. Patients are checked regularly (every two hours) to assess if they are in good health or if they have any personal requirements such as going to the toilet.
- The majority of the patients are referred (by a Geriatrician) either from the community or from the Royal London Hospital. At the time of our visit there was only one patient on the waiting list (referred by Royal London Hospital).
- Currently eight beds on Gerry Bennett Ward are funded by the CCG; six of the beds are reserved for continuing care patients and two beds are reserved for respite. At the time of our visit Gerry Bennett had four continuing care patients.
- The ward is consultant led and functions with a multi disciplinary team, patients are assessed by physios, dieticians, nurses, occupational therapists and Social Services. This multi disciplinary team meets on a twice weekly basis to discuss patient progress and any urgent needs that patients may have. The entire multidisciplinary team members are also involved in the patient discharge process and planning.

- Activities offered at the ward include: There is a Breakfast Club, and patients are encouraged to communally eat at other meal times. However due to the nature of the ward all patients are kept fairly busy on a daily basis with their rehabilitation schedule/programme i.e. exercise. The multi disciplinary team also organise a weekly falls group, weekly circuit group and the weekly mindfulness group. Extracurricular activities are provided by outside charities and ward staff.
- Staff work on average twelve hour shifts, and per shift there are four qualified nurses, two healthcare assistant and one ward manager.
- Dealing with patients with dementia: The visit Barts lead present on the day of our visit mentioned that they have a dementia link nurse and that staff attend dementia training (part of Barts Health Dementia Strategy), they also participate in the 'Forget me not' volunteering programme and work closely with the 'Memory Clinic' (at Mile End Hospital), The Memory Clinic staff can also assist in following up on potential patients that suffer from dementia.
- Patient feedback: The Barts visit leads present on the day of our visit mentioned that management get feedback from patients on a weekly basis via the 'Clinical Friday' sessions (managers, clinicians talk to patients about care received, how they are feeling, any issues with the service), they also undertake staff 'Observation on Care' quarterly and report back to staff on the wards. Patient feedback is also collected via the Friends and Family Tests (they average ten responses per month), informal complaints, formal complaints and CAG complaints.
- Challenges: If there are people from different communities (i.e. Bangladeshi older people) than it can be difficult to communicate with them if English is their second language, for example currently there is only one Bengali advocate that serves the whole of the Mile End Hospital site and having access to this one person can be difficult. If the ward staff are unable to access the in-house interpreters or advocates then they get support from 'Language Line'.

Observation of Enter & View Representatives

- The ward was clean and well organised on the day of our visit.
- The nursing and healthcare support staff seemed to interact well (and seemed friendly) with patients.
- Patients seemed to be well cared for i.e. patients seemed clean, well groomed, with clean bed linen.
- There is a 'notice board' on the communal corridor with all relevant and updated information about the ward i.e. number of staff working on the wards day and night, infection control information, Friends and Family Tests results displayed (positive).
- On the day of our visit there were two staff shortages: one healthcare support assistant and also one qualified nurse (we were informed the nurse post is being recruited).
- Admin staff did not seem to be aware of patients needs or engaged with patients. After speaking to them representatives got the impression that they would like to be more involved and would like to be more informed of patient progress.

Challenges

- It was very difficult to engage in conversation with a substantial majority of patients and this was mainly due to health issues related to old age such as frailty, dementia, tiredness, loss of speech.

Patient Comments/Feedback

Patient 1

*I have been here a week, came from the London (referring to the Royal London)...someone comes around and helps me walk...all the staff here are pretty good...when you ring the buzzer they are quite slow to respond, they usually take 5-10 minutes to respond...the food is alright, it's pretty warm when you get...they give a menu the day before and you get to choose what you want, the choice of food is quite good...the environment of the ward is quite nice...It's bright and you get good views out of the window. The patients are ok; we are a bit far away from each other so we can't talk. It's nice and clean here...I am not sure how long I will be here, no one has told me when I will be discharged...so far I happy with everything...
Female/80 / White British*

Patient 2

I have been here nearly two months; the ward would be ok if they had more staff. If you press the bell it takes 10 minutes for them to come, I need a bedpan and sometimes the wrong person comes and if they are busy they would need someone else to attend to me, which can be frustrating...they need more staff!! Most of the staff are ok, however they don't have the time to talk you. I am going home on Tuesday, my social worker came the other day to observe and to check if I can walk...the Social worker is great...the physios and doctors are also great. The food is good, you get four options and it's always hot.

They have a lot of agency staff at the weekends; the staff force is totally different...they are mostly agency and bank staff...the staff at the weekend don't understand what I say, and they don't want to listen and I keep on repeating myself. Generally the weekday staff are good; it's only the weekend staff that I have had problems with.

As for improving this place, I would suggest that they employ more staff and they respond to the buzzer a lot quicker. I would also suggest that they have regular staff working at the weekends.

Male/ 70's/ White British

Patient 3

I have been here four weeks, the staff are very good they look after you well...its takes a bit of time to respond to the buzzer though, but I guess they can't help that, seems as though they are overstretched and it seems they are always very busy...I like the food, cant grumble...

Female/ late 80's/ White British

Patient 4 (This patient couldn't say much and was slightly confused. Her appearance was of a well-groomed person)

I have been at the ward for a few weeks. The food is good; I like this place, it's nice!...my experience has been good so far. The only thing I would change is to move my bed close to the window.

Female/ 86/African Origin

Patient 5 (This patient was able to describe his experience very well. He graded it as comfortable experience)

I have been at the hospital for about 4 months. I do exercises, but don't I like it because I feel weak and my nerves (pointing to his legs) are dead so I can't walk and I don't see any improvement. The hospital keeps working with me, but there are no improvements! The professionals try their best to make us comfortable. I eat a lot (laughing) and the staff always give me enough food...I like the food. The staff are good, they do everything for you. The nurses usually come when I press the buzzer; however the other day when I pressed the buzzer nobody arrived...I was on the armchair and wanted to move to my bed, I tried to go by myself and I fell on the floor. It wasn't the staff's fault that I fell they were busy and they do not come only when they are busy.

Representative note: The patient had long nails and would like them to be cut.

Male/76/African Origin

Patient 6 (Representative was informed by the Occupational Therapist that this patient can get angry and upset easily. The patient said few words when spoken)

I like this place, have no complaints...I like the staff and my family visit me.

Male/80+ / White British

Patient 7 (This patient was sleepy and confused (or didn't want to speak), her appearance was of a well-groomed person)

I like the treatment, feels alright...

Female/ 80/White British

Patient 8

I feel positive about the care I get here, I am happy as I am being cared for properly, the nurses are nice and the food is alright.

Female/ 70-80's/ White British

Feedback Summary (based on patient feedback and representative observations)

- The majority of patients that were able to provide feedback on the day of our visit generally spoke positively about the ward, some of the patients have mentioned that they feel that they get well look aftered by the staff; they like the staff and feel that the ward staff are doing their utmost to help them with their recovery. A few of the patients mentioned that they like the environment of the ward (i.e. its bright and clean) and some of the patients also mentioned that they liked the food and feel the menu options available are good.
- A few of the patients mentioned that it can take slightly long (more than they expect) for staff to respond to the buzzer, and they feel this is mainly attributed to staff shortages at the ward. It is important to point out that patients did not feel (and also the impression representative gathered) that staff are deliberately ignoring the buzzers, they feel that staff are unable to attend to them more quickly because they feel that staff are too busy attending to other patients and that there is not sufficient staffing levels to attend to them when they need them.

- One of the patients mentioned that the ward staffing (personnel) at the weekend is very different (mostly bank and agency staff) and that he feels that the staff at the weekends are not as helpful as the weekday staff. This particular patient has suggested that in order to improve patient experience the ward needs to use the same staff on a regular basis (consistency in staffing personnel).

Recommendations (based on patient feedback and observations)

- In order to respond to patient buzzers a lot quicker (this could result in potential dignity issues, as patient can potentially soil themselves if staff do not respond quick enough) and also to take the strain of existing staff being overstretched, we would recommend that the hospital management review its staffing numbers for the ward and ensure sufficient staffing levels are always present at the ward.
- It is important for patients to feel comfortable with staff and most patients feel that staff that see them on a regular basis understand their needs a lot better, we would therefore recommend that there is consistency of regular staff at weekend shifts.

Questions for Management

Question 1: How do staff deal with patients request for nail or toe cutting, especially if patients are not able to do it themselves or don't have the relevant equipment? Is this element of physical appearance (toe & nail cutting) part of nursing observation or overall initial patient assessment?

Response to Question and Recommendations:

- Gerry Bennett ward has podiatry sets available and the majority of staff are trained in nail care, patients are assessed for their needs on admission to the ward as part of their skin assessment. If further treatment is required out of the realms of ward staff, patients are reviewed in podiatry which is on site at Mile End.
- Staffing numbers are reviewed on a daily basis and shortfalls are escalated to the Senior Nurse. Shifts requiring fulfilment by temporary staff are escalated in advance to our provider Bank Partners with escalation to external agencies as required. A review of Gerry Bennetts ward establishment has recently been undertaken and recommendation is currently with the Trust board. We currently have x2 Staff Nurse Vacancies on Gerry Bennett and recently interviewed without success, the advert has been re-advertised.

Important Information for Management

- We expect management to provide an '**Action Plan and Response**' on the raised issues under the '**Recommendations and Suggestions**' and '**Questions for Management**' headings.
- Copies of this report will be circulated to the CQC, Tower Hamlets Clinical Commissioning Group, Barts Health Management, and will also be available to the public via Healthwatch Tower Hamlets website.

Healthwatch Tower Hamlets representatives and staff would like to thank Sarah Capsey (Senior Nurse) for making all the necessary arrangements in organising the visit and for helping us during our visit.

DISCLAIMER:

- The observations made in this report relate only to the visits carried out at the Gerry Bennett Ward on the 24th February 2015, which lasted for a total of three hours.
- This report is not representative of all the patients at Gerry Bennett Ward; it only represents the views of those who were able to contribute within the restricted time available.