healthwatch Redbridge

Promoting Dignity in Health and Social Care Project

Enter & View Report

Clinical Assessment Unit, King George Hospital Goodmayes

Thursday 1 October 2015

This report is available to download from our website, in plain text version, **Large Print**, and can be made available in Braille or audio versions if requested.

Please contact us for more details.

020 8553 1236

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Service Provider	**Barking, Havering & Redbridge University Trust** **Clinical Assessment Unit** **King George Hospital** **Barley Lane, Ilford, Essex, IG3 8YB**
Contact Details	**Jack Stevens, Matron** **020 8970 8368**
Date/time of visit	**1 October 2015 2pm-4pm**
Type of visit	**Announced visit**
Authorised representatives undertaking the visits	**Authorised Representative Team:** Suhasini Winter, Lead Representative Thomas Thorn, Media & Volunteer Support Officer
Contact details	**Healthwatch Redbridge** **5th Floor, Forest House** **16-20 Clements Road** **Ilford, Essex IG1 1BA** **020 8553 1236**

Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and patients at the Clinical Assessment Unit, King George Hospital for their hospitality.

Disclaimer

Please note that this report relates to findings observed during our visit made on **1 October 2015.**

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 of the visits.

What is Enter & View?

Part of the local Healthwatch programme[1] is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers/staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises.

Enter & View is the opportunity for Healthwatch Redbridge to:

Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.

- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (residents and patients) at the point of service delivery.
- Collect the views of carers and relatives through evidence based feedback by observing the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made with the service provider, or, if certain circumstances dictate, as 'unannounced' visits.

Enter & 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 a service does well.

Purpose of the visit

A number of visits to residential homes and hospitals have been planned as part of our project seeking to collect people's personal experiences of dignity and respect within health and social care services.

Healthwatch Redbridge recently conducted a local survey regarding dignity and respect in health and social care which received nearly three hundred responses from members of the public. Information from the survey has been used to form the basis for the visits (10 visits were planned to various homes and wards throughout September and October)

The findings from the visits will contribute to a stakeholder conference in December 2015 by presenting a snapshot of how dignity is experienced by service users. The conference will seek to identify good practice and to provide an opportunity to discuss how improvements could be made.

Section 221(2) of The Local Government and Public Involvement in Health Act 2007: http://www.legislation.gov.uk/ukpga/2007/28/section/221

Dignity Action Day – 1 February 2016

Dignity Action Day (DAD2016) is an annual opportunity[2] for health and social care workers, and members of the public to uphold people's rights to dignity and provide a truly memorable day for people who use care services.

To mark DAD2016, HWR is planning publicity and promotional engagement events to encourage local organisations and individuals to become involved.

Strategic Drivers

- Improving dignity and respect through the quality of services received by local people is one of our key strategic objectives within our work programme.
- Dignity and Respect[3] is one of the Fundamental Standards reviewed at Care Quality Commission (CQC) Inspections

Methodology

Prior to the visits, desk based research was conducted including a comprehensive review of inspection reports from the CQC[4]. We reviewed the findings from our dignity survey and spoke at length to Healthwatch members and local voluntary organisations to ask for their feedback and advice on the range of establishments we should visit. A shortlist was produced and discussed by the HWR Enter & View Task Group and visits took place between 24 September and 8 October 2015.

All establishments were informed by email and letter of our intent to carry out the E&V visits. In order to ensure we did not disrupt services, we worked with the establishments to identify a suitable time to carry out the visit.

Individual reports were sent to each provider so that they had an opportunity to request any factual inaccuracies be corrected prior to publication.

Visits were conducted in two parts. Lead Representatives met with the Home Manager or the person in charge at the time of our visit, to confirm the details we were provided with prior to the visit and to provide further information if required.

Representatives took the opportunity to speak with patients or their relatives to gather personal qualitative comments and responses. A question sheet was designed for this purpose but its use was left to the discretion of the representative.

A leaflet explaining the role of Healthwatch was left with each person.

[2] http://www.dignityincare.org.uk/Dignity_in_Care_events/Dignity_Action_Day/?
[3] http://www.cqc.org.uk/content/fundamental-standards
[4] http://www.cqc.org.uk/

Results of Visit

Each time a Patient or their relative was spoken with, it was explained who we were and why we were there. Patients were informed that their responses would be confidential and anonymised prior to any comments being included in the public report. Representatives were asked to confirm with the individual that they were happy to speak with them.

Visit Notes – Lead Representative

Q – Can you please provide details about the ward/unit such as service user profiles and its referral/discharge processes?

A – The unit is for adult patients (16+) with acute medical problems. Patients are admitted directly from the Emergency Department (ED). It is expected that patients will either be transferred to an appropriate medical speciality bed or if the expected admission is less than 48 hours they will remain in the unit.

Q - How many complaints regarding dignity have been recorded in the last year?
A - One. Nurse failed to introduce herself.

Q - Bed numbers and layout of the ward/unit
A - 28 beds this is divided into (3 x 6 bed bays, 1 x 5 bed bay, 3 side rooms and 1x2 bedded room)

Q - Average occupancy levels since July 2015
A - Consistently full

Q – Current occupancy level
A - Full

Q - Current staffing numbers and ratio to patients
A – One Trained nurse to 8 patients

Q - Average agency staff usage split between care and ancillary staff.
A – This has been fluctuating across the past year as the staffing establishment within the unit has been improved and recruitment has been on-going

Q - Available facilities (dining facilities, choice of menu and access arrangements, bathroom and toilet facilities etc.)
A – Hospital environment. Currently no day room therefore patients staying by bed area. Toilet & shower facilities. Choice of 16 menus to cover different diets & cultural needs.

Visit Notes – Representatives

Spoke with four patients (2 male, 2 female)

Q - When you first came into the unit, were you asked how you would like to be addressed, e.g. Mr/Mrs, first name; nickname?

A - Some respondents were asked while other were not or could not recall however, representatives were aware of notice boards at each bedside which indicated given and preferred names.

Q - Are you given a choice about what clothes you wear daily or are clothes chosen for you?

A - All respondents were given a choice or were able to wear their own (appropriate) clothes.

Q - Can you decide when you want to get up or go to bed?

A - All respondents were able to exercise their free will but this was limited as lights need to be dimmed at night.

Q - Are your dietary requirements being met? i.e. preferences, intolerances, cultural?

A - All respondents were able to express their choice of meals from a menu in advance

Q - Are you given any necessary help to eat your meal? i.e. help to be comfortably seated, food cut up if needed, help to eat if needed?

A - The respondents who needed assistance with eating their meals were provided the support required.

Q - Have the staff made an effort to know a bit about your background? E.g. your likes and dislikes, family, working life?

A – Out of the four respondents, two were asked, two were not.

Q - Do staff listen to you and take the time to chat when possible?

A - All respondents said staff talked to them when they could.

Q - When staff are helping you in a personal task do they talk to you or do they talk over you to colleagues?

A - All respondents said the staff talk to them directly when providing assistance.

Q - Do staff willingly take you to the toilet when you need to, or are you kept waiting for a long time?

A - Those respondents needing help were provided it or offered.

Q - Are your religious needs being met? Do you have the option to attend services outside of the hospital?
A - All respondents said they were not asked what their religious needs were.

Q - Do staff check with you before discussing things about you with your family members?
A - The respondents said either there was nothing to discuss or did not know if anything was discussed.

Q – Do you have a quiet or private area where you can talk to visitors?
A – All respondents were limited in choice as there was no day room.

"I always close the curtains around my bed when I have family visiting."

Q - Where appropriate, are family members consulted before any decisions are taken about a patient's care?
A - All respondents said yes they would.

Q - Are the patients in clean clothing, their own clothing?
A - All respondents were in clean clothing.

Examples of good practice to share

The patients had their official and preferred names clearly noted above their beds.

Notable concerns

One notable concern was that the patients were not aware that their religious and cultural needs could be better met had they been asked.

Recommendations

From our findings we believe the following recommendations would be useful:
A patients religious and cultural needs ought to be solicited to minimise the risk of inappropriate service and to make them feel valued as a person.

If practicable, the ward should identify a communal area for patient interaction and for patients to meet with relatives in private.

Service Provider Response.

The service provider's responses have been incorporated into the report where applicable in addition to which the previously unanswered question has been clarified.

Distribution

- Clinical Assessment Unit, King George Hospital
- Barking, Havering & Redbridge University Trust
- Care Quality Commission
- Redbridge Clinical Commissioning Group (CCG)
- Redbridge Health Scrutiny Committee
- Redbridge Health and Wellbeing Board
- Redbridge Safeguarding Adults Board
- Healthwatch England
- Parliamentary and Health Service Ombudsman

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