

Visit Date: 28th March 2019

Service name: Stroke Unit Haldane Ward, Northwick Park Hospital

Summary

Healthwatch Brent visited to the Stroke Unit at Northwick Park Hospital to engage with patients and to hear their views on the service that they are receiving. The Stroke Unit has two wards, Herrick Ward and Haldane Ward. Haldane Ward has 34 beds with 6 bays that each have four beds, ten side rooms and 16 hyper acute beds for new patients to monitor them. Haldane Ward had 29 patients and 5 empty beds. On the day of our visit we engaged with seven patients and three carers at Haldane Ward.

Discussions: Patients and carers reported mixed experiences with mostly being positive when asked about the discussions around patient care. Some patients and carers felt well informed and others felt they needed more information and had to keep asking for updates.

Staff relationship: Staff have developed a good relationship with patients. Some patients require extra support from staff, this includes help to go to the bathroom and receiving a towel wash in their bed this was received well by the patients and carers.

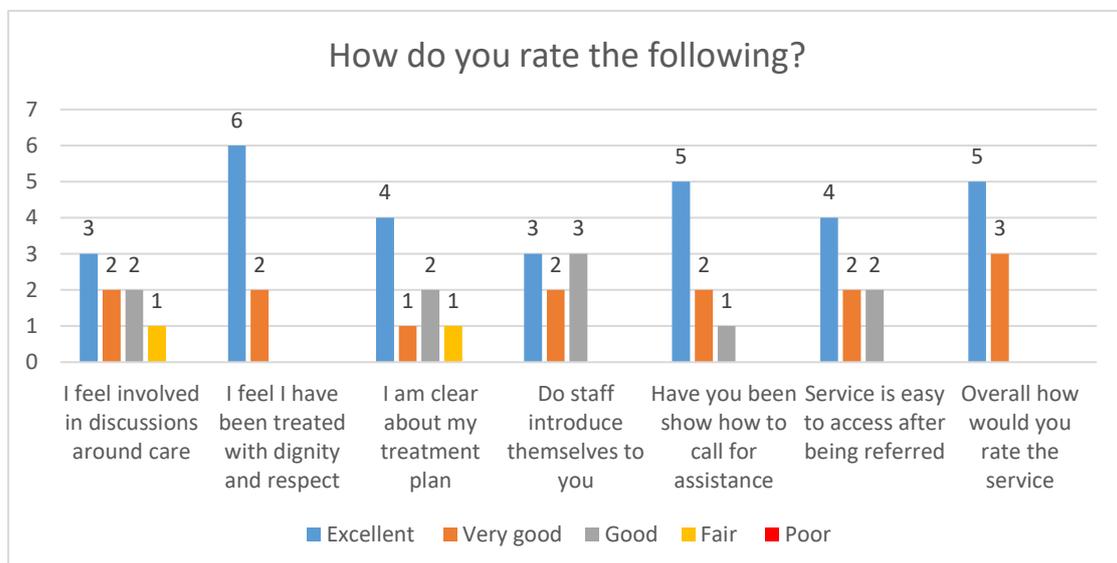
Treatment plan: Some patients and carers were clear about their treatment plan, others felt they needed more information and had to keep asking for updates.

Referral: All patients were referred to Haldane Ward by a hospital and not any primary care services. All patients said they were expected and had a bed ready for them when they arrived. Four patients were referred by a service at Northwick Park Hospital and were brought to the ward by a staff member. Three patients that were referred by a different hospital had transport arrangements provided for them. One patient was referred by Park Royal and had to make their own way, this patient was kept in overnight for observations.

Call for assistance: All patients and carers knew how to call for assistance and said staff are usually quick to respond and the response time can vary. Sometimes a staff member would respond quickly and if it was not an emergency, they would tell the patient they will be back soon.

Language: Some patients that were approached did not speak English and could not engage. Two patients communicated through their carers. One patient said he communicates through google translate. Another carer said the patient would not want to bother staff and wouldn't ask for anything whilst the carer is not there.

We asked the patients and carers to rate the service from 1 (poor) to 5 (excellent). The results are in a graph below:



What patients and carers said:

“Staff have treated me as an individual”

“I am currently receiving physio to help me walk again”

“Nurses are excellent, they have gone the extra mile to help”

“Staff have made my experience excellent, they smile a lot”

“Staff have made sure I have understood all the information”

“Staff have been respectful but feel they need to be more patient when giving information”

“I would have said the service has been excellent but I have had to keep chasing for information”

“friendliness from staff has been excellent, they have shown compassion”

“I have not been provided with much information and have had to keep asking”

“I was supposed to have been referred to a different service yesterday, all I know is that this did not happen and no one has giving me any explanation”

“Apart from the lack of information staff have been excellent”

“I have not been involved with discussions”

Overall experience:

Patients were happy with the staff and said this contributed to them having a good experience at Haldane Ward. However, patients and carers felt there was a lack of information provided about their treatment. There is a large gym with a therapy kitchen for patients at the end of the ward and a spacious day room with plenty of seats, a couple of carers said it would be nice access to drinking water whilst in the day room. There are leaflets with information kept in the day room for patients and carers to help themselves to. Some patients feel the wi-fi signal is weak and often cuts out. They felt this needed improving as it is their only source of entertainment. One carer gave feedback that staff need training when it comes to mouth care when they are cleaning the mouth, the patient eats through a tube and leaves a lot of white marks on the tongue and around the mouth which does not always get cleaned.

Recommendations:

- Pass on positive feedback to staff
- Post a summary of this report with trust response on the relative department’s public notice board in the form of 'you said, we did' documents
- Ensure patients and carers are clear and kept updated with the treatment plan
- Ensure information about treatment and condition is provided to patient and carers
- Install a water dispenser in the day room

Service Response:

Thank you for the wonderful feedback on the staff on Haldane ward, it is good to hear that we are patient centred and providing an excellent experience. This feedback will be circulated to staff and will be presented in the quarterly stroke clinical governance meeting.

Communication between staff and patients about their medical plan has been identified previously by patients and their families and it is disappointing to hear people feel they have to chase staff for information. In the April stroke clinical governance meeting we discussed, as a team, communication pathways and how we can make it as effective as possible. We discussed how we can direct patients and families to the information they require and how in meetings we may need to adjust our communication methods to elicit understanding. Based on patient focus group feedback on improving communication, we have updated our ward booklet to utilise all forms of communication.

Over the years the stroke unit has been refining the stroke pathway from arrival in to the emergency department to admission to the ward to ensure the admission process is as seamless as possible during a distressing time. It is positive to hear that the patients felt that their admissions were well organised and that they were expected by the

team. Having patients feel that they are welcomed to the unit and the ward is ready to receive them is a top priority, to minimise any stress and anxiety the patient may be feeling.

- **Pass on positive feedback to staff**

We have shared the results of the Healthwatch report with the staff. We will also share the report with senior management at the stroke board meetings.

- **Post a summary of this report with trust response on the relative department public notice board in the form of 'you said, we did' documents**

We have also updated the 'we said, you said' noticeboards based on your report and placed a copy of this report on the quality noticeboards.

- **Ensure patients and carers are clear and kept updated with the treatment plan. Ensure information about treatment and condition is provided to patient and carers**

As mentioned above, the communication between staff and patients is very important and we are working to improve this. The MDT are working on a project assessing how patients are involved in their care currently and how this can be improved. This is to ensure patients are at the centre of their care and have meaningful and productive discussions with the MDT about their treatment and rehabilitation plans.

- **Install a water dispenser in the day room**

We will explore whether installing a water dispenser in the day room is possible. Currently families can have access to the water fountain in the ward kitchen if they liaise with a member of staff.