

Visit Date: 12th October 2018

Service name: Carroll Ward, Northwick Park Hospital

Healthwatch Brent made a visit to Carroll Ward at Northwick Park Hospital to engage with patients and carers to hear their views on the services that they are receiving. Carroll Ward has 22 beds, four bays with four or five beds in each and four single side rooms. On the day of our visit we engaged with 10 patients and three carers, two patients we approached did not speak English.

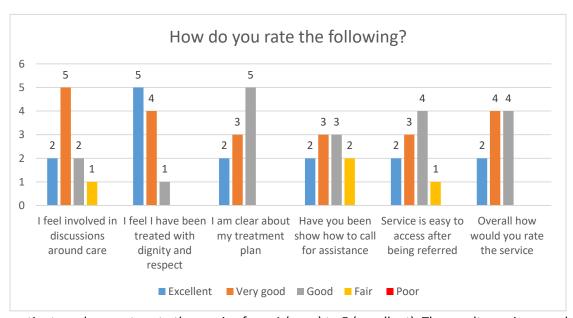
<u>Discussions</u>: The majority of patients felt involved with discussions around their care, one patient felt the communication could be better with healthcare professionals about their care.

<u>Staff relationship</u>: Staff have developed a good relationship with patients treating them with dignity and respect. Staff were described as friendly and caring.

<u>Treatment plan</u>: Most patients were waiting for results, therefore, at the time, of our visit they had not been made aware of a treatment plan. However, these patients had discussed with staff about their condition.

<u>Call for assistance</u>: Two patients were not shown how to call for assistance. Those who had used the button to call for assistance said staff responded quickly. Some patients had not used the call button and said staff are always around and easy to get their attention if needed.

**Referral:** Nine patients were referred to Carroll Ward by a different service at Northwick Park Hospital, five from A&E and four from a different ward. All patients referred by a service from Northwick Park Hospital said Carroll Ward was expecting them and had a bed ready. Two patients who were referred by a different ward said they were only given a five minute warning before being moved and felt rushed. One patient was referred by a different hospital and said staff at Carroll Ward were not expecting them. The patient gave a letter that they had received from their previous hospital to reception at Northwick Park and then waited for almost 12 hours until a bed was ready.



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:

- "Most nurses are absolutely brilliant"
- "Everything has been excellent, the way they treat me, look after and speak to me"
- "I have always been kept informed and my questions have been answered"
- "They were quick to respond when I used the call button"
- "The nurses attention and how they respond when you call them has been excellent"
- "Staff have been good to me, they try hard"
- "Staff are attentive, not so much doctors but nurses are very good"
- "I am happy with staff but not happy with communication and not knowing when I will go home"
- "Communication has not been good"
- "I have been given medication but not explained why I am taking it"
- "Got my food order wrong. They didn't tell me what I ordered wasn't available replaced it without giving me any other options"
- "No food menus"
- "Was referred by a different hospital and had to wait 12 hours for a bed, staff were not expecting me when I arrived. I handed in a printed paper at reception and then had to wait"
- "Can get really cold at night"
- "Seeing this really sick patient has made me destressed"

## **Overall experience:**

A few patients said the ward gets really cold at nights, especially for the patients who are next to the windows. One patient asked for an extra blanket and this was refused by the first member of staff asked, however, they were given a blanket after asking a different staff member later in the day. Two carers struggled to find the ward, one carer was given instructions printed out at the main reception but still found it difficult to locate. Patients with more serious health conditions who require extra care share bays with patients that are in a more stable condition, some patients felt uncomfortable seeing other patients who are clearly unwell. One patient said there was another patient needing treatment at night and the lights in the bay were left on until roughly 11pm. The patient was unable to sleep and felt distressed seeing someone in their condition. Beds are in high demand in Carroll Ward, therefore staff face challenges in securing bed space in the bays for incoming patients. The space is dependent on another patient being discharged. Therefore, patients can be left waiting on a bed in the corridors for a space in the bay.

## **Recommendations:**

- Pass on positive feedback to staff
- To praise staff for positive comments received.
- Investigate why several patients are reporting that the ward is too cold at night time.
- Explore the possibilities of having seriously ill patients on a separate bay to those who are in a more stable condition.
- The sign at the main entrance needs to be updated. In big letters the sign reads 'Carroll Assessment Unit and ED Observation Unit' with an arrow and note saying 'please ring bell for attention' but the bell has been moved and the ward name has been changed.
- Explain to all patients what the medication they are taking is for and ensure they understand why they are taking the medication.
- Ensure all patients are given a food menu and made aware if their selection is not available and offer them a different choice.
- 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



## **Service Response:**

We would like to thank you for this very encouraging report. We were glad to hear that patient feedback was so positive. We will share this feedback with our staff at monthly staff team meetings and daily nursing handover meetings.

Investigate why several patients are reporting that the ward is too cold at night time
 This was due to an automated temperature regulated system on the unit. This was escalated to senior
 management and reported via datix. Consequently, this issue has been resolved and acceptable temperature
 levels are being attained. We also ensure that extra blankets are available to those who need may need it

Explore the possibilities of having seriously ill patients on a separate bay to those who are in a more stable

- condition

  Carroll ward is currently considered as a short stay unit along with the lone care providers for sickle cell patient group. We receive patients from A&E and AMU (acute medical unit) on a regular basis. Due to scarcity of speciality beds, Carroll ward accommodates all patient groups. Patients' severity of the disease is well assessed prior to moving to our unit and continues to moving the design of the disease is all patients.
  - prior to moving to our unit and continues to monitor closely during their stay in our unit. Hence all patients require close supervision. In case of deterioration in their health status, they will be moved to areas where enhanced care could be provided.
- The sign at the main entrance needs to be updated. In big letters the sign reads 'Carroll Assessment Unit and ED Observation Unit' with an arrow and note saying 'please ring bell for attention' but the bell has been moved and the ward name has been changed
- We are working towards the visible signs to the department, as the Carroll ward went through many transitions during the last few years, but our signage has not been changed yet. We have raised this concern to the higher management and using your report as a tool to escalate it again in achieving this target.
- Explain to all patients what the medication they are taking is for and ensure they understand why they are
  taking the medication
   Staff have been reminded to adhere to the NMC code of conduct about the medication administration and
  reiterated the importance of explaining mediations in detail to patients and relatives
- Ensure all patients are given a food menu and made aware if their selection is not available and offer them a different choice
- We were sorry to hear that there were no food menus. These are usually kept at the patient's bedside. We have spoken with the catering department about the importance of explaining the various choices available to patients.
- 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
- This has been done.