

**Visit Date:** 26<sup>th</sup> October 2017.

**Service name:** Evelyn Ward, Northwick Park Hospital

## Summary

Healthwatch Brent made a visit to Evelyn Ward which specialises in caring for patients with Orthopaedic trauma at Northwick Park Hospital to engage with patients and to hear their views on the service that they are receiving. On the day we were able to engage with five patients and two carers, five single rooms were occupied by patients who were in isolation and there were three closed beds due to one patient who needed to be isolated. Upon arrival we were made aware we could only engage with patients in two bays.

**Discussions:** Patients and carers have had discussions around their care. Two patients were diagnosed and told what to expect but did not feel they had any discussion on their condition.

**Staff relationships:** Due to some of the patient's conditions they need a lot of assistants whilst they are at Evelyn Ward, this includes being helped from their bed into a chair so they are not in bed all day and then being helped back into bed when they are ready also they need assistance to go to the bathroom. This has enabled patients to build a positive relationship with the staff, patients said the staff are reliable when called upon. Patients said not all staff members introduce themselves when delivering care. Patients said some staff members are not as polite as other staff members.

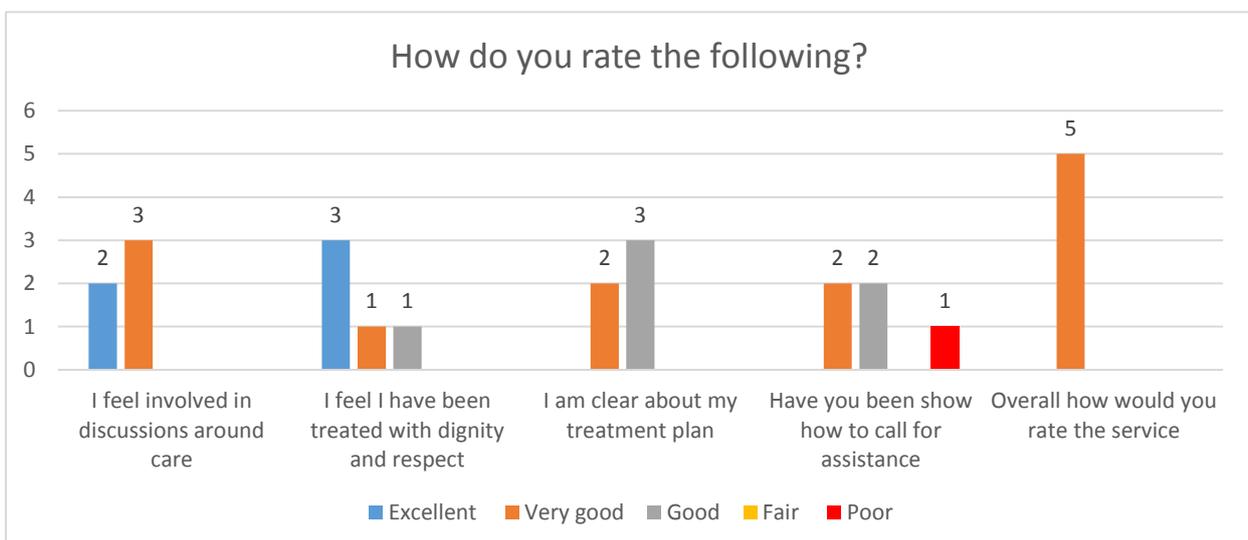
**Treatment plan:** Patients had mixed experiences with knowledge of their treatment plan. Two patients knew they were being treated but not aware of a treatment plan, two patients knew their treatment plan and said staff had explained this to them well. One patient was waiting for their cast to be removed before any further discussions could take place.

**Referrals:** All patients are referred to Evelyn Ward directly from A&E at Northwick Park Hospital.

**Call for assistance:** Patients are aware how to call for assistance if needed, they have a button at the side of the bed. One patient was not shown how to call and had to ask a member of staff, four patients were shown. It was reported that day staff are quicker to respond than night staff, staff are quick to respond once patients have called for assistance.

**Discharge:** None of the patients we spoke to knew when they would be discharged from the hospital, three patients were waiting for news on when they would be discharged and two of the three had been delayed for reasons they were not sure of. A carer told us that the patient was told they could be discharged one week ago but their medications were not ready which caused a delay, both patient and carer were then told that there were some complications which caused a further delay but they were not told what these complications are.

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



**What patients said:**

“Most nurses like and look after my mum, they do a fantastic job”

“There has been a delay to be allowed to go home, don't know why”

“Staff help me to go toilet and to get in and out of bed”

“They are here to take care of you and they do a good job”

“They look after me, when I need something they are there”

“Some staff need to be taught how to speak to patients so they don't come across as rude even if they don't mean to”

“Cleaners use the same cloth to wipe down all surfaces and don't change them, hair needs to be removed from the bathroom”

**Recommendations:**

- To provide patients clearer updates to when they will be discharged and reasons for if they are delayed.
- To provide clear information to patients about their condition, the treatment and care plan and any onward care. As patients are being transferred from A+E, it could be that their experience/condition means that information needs to be repeated or given a few times and in different ways (for example, verbal as well as written) to help them remember and adjust to their condition.
- To ensure adequate training, guidance and monitoring is in place so that staff do not come across as rude to patients.
- To ensure cleaners use cloths to wipe down surfaces and remove hair from the bathroom.
- To show all patients how to call for assistants.

**Overall experience**

On the day of our visit to Evelyn Ward we noticed that the Ward was extremely busy with lots happening all at once, some patients were receiving treatment while other patients were calling for assistants and there were carers speaking to staff members in the corridors. Evelyn Ward was well staffed and managing the demands well. I was made aware by a staff member that all patients are referred from A&E at Northwick Park Hospital and as soon as they discharge one patient, there is another patient ready to be referred to their ward. As the turnover of patients is so high I was concerned that four beds were being occupied by one patient that needed to be isolated.

**Service response**

Thank you for this useful feedback. We were sorry to hear that patients were not aware of their discharge plans. Since the visit, new systems are in place to improve this: there is a daily ward round and board round which is attended by a senior doctor and nurse, discharge plans are agreed with OT. The discharge coordinators and MDT have more clarity about discharge plans and are able to communicate them with patients and families.

We were disappointed to hear concerns about cleanliness. A new housekeeping role has been developed and is being advertised in the New Year. A key part of this role will be to ensure that the ward is kept tidy and clean. There are regular cleaning inspections and the score for October was low at 94%. This has improved since then with scores of 98% in August, 97% in September and 98% in December. Cleanliness is one of the domains reviewed weekly as part of the matron's walkabout and is usually good. The condemned chairs have been removed and commodes are replaced regularly.

We were pleased to see that most patients reported positive relationships with staff. This matches the results from the weekly 'Perfect ward' inspection where nearly 100% of patient say that they are treated with care and compassion. We have shared this report with the staff and reminded them of the positive impact of politeness and kindness.

The ward is keenly aware of the pressure on beds, but patient safety comes first. On the day of the visit, there was a patient who needed to be in isolation but there were no side rooms available at that time. One was created later that day to allow the bay to be cleaned and opened up.

