

Enter and View Report

Medical Assessment Area at Huddersfield Royal Infirmary

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Healthwatch Kirklees

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Contents

Visit Details	3
Purpose of the visit	7
Methodology	7
Who we spoke to	8
Overall impression	8
Comments on staff.....	10
Comments on information	11
Comments on medication brought from home	12
Additional comments about the ward	12
Comments from staff.....	13
Conclusion	13
Recommendations	14
Provider Feedback.....	14
Enter and View Recommendations.....	14
Feedback from Matron Louise Taylor.....	14
Additional feedback provided by Matron Louise Taylor	15

Visit Details

Name and address of premises visited

Medical Assessment Area - Ward 1, Huddersfield Royal Infirmary
Acre Street, Lindley, Huddersfield, West Yorkshire, HD3 3EA

Name of service provider

Calderdale and Huddersfield NHS Foundation Trust
Trust Headquarters, Acre Street, Lindley, Huddersfield, West Yorkshire, HD3 3EA

Date and time of visit

Wednesday 17th December at 2pm

Authorised representatives undertaking the visit

Katherine Sharp, Helen Wright and Hazel Wigmore

Contact details of local Healthwatch

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Purpose of the Service

The Medical Assessment Area and Ambulatory Care Unit (MAA) at Huddersfield Royal Infirmary is an urgent adult admissions ward, with bedded bays and a seated area for patients awaiting further assessment. Patients can be admitted through Accident and Emergency (A&E) or by referral from the GP

and receive urgent medical care and assessment during their short stay on this ward. Stays on the ward should be less than 24hrs, after which patients can be discharged to different wards in the hospital or to their home.

Staffing/client numbers on day of visit

At the time of our visit, the ward was fully staffed, and the team included:

- 6 Registered Nurses (RN), 2 Health Care Assistants (HCA), 1 housekeeper, 1 ward clerk

Each day there is a Consultant specialising in acute medicine available on the ward from around 8am - 5pm each day. The consultant on the day of our visit was Dr Hoye, who we saw and spoke to whilst we were there. The Acute Physicians who are responsible for MAU cover a period from 8am - 5pm, from Monday to Friday and over the weekend.

There is a pharmacist overseeing medicines reconciliation and ordering medicines for the admitted patients seven days a week.

On the day of the visit, all 26 of the 26 beds on the ward were filled. Beds were laid out in single sex bays, with either 4 or 2 beds in each, plus private rooms for critically unwell people or where infection control procedures are in place. Due to the volume of patients, part of the ambulatory care area had been turned in to a bedded bay with 2 beds. There was 1 person waiting in the Ambulatory Care Area.

Additional information about the ward

In our initial meeting with the Matron and Ward Manager at MAU, they outlined some additional relevant information about the way in which the ward works. We then spoke with one of the discharge coordinators who explained how discharge works from this ward:

- Stays in the MAA should last up to 24hrs. There is an expectation that 7 patients in beds on the ward will be discharged to their home, and that the other 17 will be moved to different wards in the hospital. Often people are on the ward for longer than this, and at the time of the visit, some patients had been on the ward for over 2 days.
- If being admitted through A&E, patients wait in A&E until a bed becomes available for them in the MAA.
- As a stay in MAA is not classed as an admission, referrals from this ward can be processed more quickly.
- Visiting times are quite flexible on this ward. Although there are posters stating specific times, these aren't formally adhered to, as often patients

on the ward are acute unwell and families wish to visit at other times. If families wish to stay with patients, every effort is made to accommodate this. If possible, patients are moved to a side room, and reclining chairs are available for family to sleep in.

- There are set protected meal times; breakfast from 8-9am, lunch from 12-1pm, and evening meal from 5-6pm. They ask that visitors do not come during protected meal times. The process for ordering food is the same as in the rest of the hospital - a menu is provided to patients which outlines any specific dietary requirement (e.g. gluten free, halal) and an order is taken by a catering assistant. Food comes to the ward on a meal trolley. As patients can come on to this ward at any time, snack boxes are always available, which include a sandwich, yoghurt, fruit, etc... Ward staff can make toast for patients on the ward too.
- An assessment of a patients dietary needs is made and recorded on their arrival at the ward, and there is a “red tray” system in place on the ward, which clearly identifies patients who are struggling to eat or who have missed a meal. The housekeeper makes a record of how much liquid the patient has drunk whilst on the ward, and a record is kept of what a patient has eaten.
- Medication that the patients bring in from home is checked to ensure that it is correct and in date; if it is, it is then stored in a locker beside the patient’s bed. Some patients self-administer whilst on the ward and have a key for the cupboard, others have the medication administered by staff.
- All beds, mattress and the surrounding area are thoroughly cleaned between quickly after patient discharge, to enable the bed to be used by another patient. The hospital is about to start an ultrasound cleaning trial.
- Specialist equipment is readily available to meet the needs of patients. All beds have cot sides, air mattresses can be inflated quickly on the ward for patients in need of them, hoists and commodes are also available.
- All patients are assessed for pressure sores on their arrival at the ward. If there are sores, these are photographed with the consent of the patient, or the consent of the family if the patient lacks capacity, and if in the patient’s best interest.
- There are 2 discharge coordinators on the ward during the working week. One works an early shift and one a late shift to cover a slightly longer period than standard working hours. They are not involved in transfers within the hospital. When the discharge coordinators are not on duty, nursing staff complete the discharge paperwork.
- A 3 page discharge checklist and letter are completed for each patient. If there is no change in medication, patients can be discharged without receiving their discharge letter (reducing delays) which is posted out to them that day. Other patients must receive their discharge letter before being discharged from the hospital. For those patients returning to a care

home, transport is arranged and patients return to the home with a green bag enclosing any new medication and a discharge letter. A follow-up call is also made to the care home to reiterate the care plan and medication for this patient.

- The GP copy of the patient discharge information and take home drugs is sent electronically within 4-6hours.
- There is a stock of the most regularly prescribed medications on the ward so that patients don't have to wait for the pharmacy at the hospital to process their prescriptions before discharge.
- On some occasions, people wait in the discharge lounge following a stay in MAA to allow beds to become available on the ward.
- The coordinator estimated that to complete a discharge properly, it should take around 30minutes. However it can be much longer if the patient has specialist needs and more organisations need to be involved.
- Any patients aged over 60, or who have been re-admitted to the hospital following an admission in the last 30days are referred to the Virtual Ward. This is a team who visit the patient at home to ensure that they are receiving appropriate support.

Acknowledgements

Thank you to all the staff and patients at the MAA at Huddersfield Royal Infirmary for taking the time to speak to us and for being hospitable.

Thank you to Louise Taylor and Shaun Hirst for helping us to arrange our visit and for talking to us about how the service operates.

Please note: This report relates only to a specific visit and the report is not representative of all service users (only those who contributed within the restricted time available)

Purpose of the visit

We visited the Medical Assessment Area at Huddersfield Royal Infirmary as part of a programme of visits to Medical Assessment Units across Mid Yorkshire Hospitals NHS Trust and Calderdale and Huddersfield NHS Foundation Trust. Visits to these wards was deemed necessary after Healthwatch Kirklees, and Healthwatch in the surrounding area, received feedback about patient and carer experience of the MAUs.

On our visit, we asked for general feedback about patient experience of spending time on this ward, with additional focused questions looking at access to medication brought from home, assistance with specialist needs and provision of information.

Methodology

We completed an announced visit of the MAA at Huddersfield Royal Infirmary which took just over two hours. During the visit we engaged with patients who used the service, visitors of the patients and staff who work there.

We agreed that this visit would be informal. We used prompt sheets with questions around interaction with staff, what patients liked and disliked about the ward, and support to meet specialist needs but questions were not asked in a specific order, nor were all questions asked of all clients. It was hoped that this unstructured method of speaking to clients would help to engage them in free-flowing discussion on their experiences of being admitted to MAA. We noted people's comments as they spoke to us, after getting their consent to do this.

In addition, we conducted an observation of the ward to gather an overall impression of the MAA including the atmosphere, appearance and smell and whether clients seemed satisfied to be there.

We provided all visitors and staff with a link to an online survey through which they could anonymously give feedback. We allowed the staff and visitors 1 week to complete the survey (from 17th - 24th December).

Who we spoke to

On arrival at the ward, we spoke with the Matron, Louise Taylor, and Ward Manager, Shaun Hirst, who answered questions about the general running of the ward and pace of day to day activity, then gave us a tour.

Following this we attempted to speak to all patients and carers on the ward at that time who were awake. Some patients chose not to speak to us, but we received feedback from 8 patients and several of the relatives visiting those patients.

We received 1 completed staff survey on this occasion.

Overall impression

We entered the hospital through the main entrance and looked for signs to lead us to the Medical Assessment Area. As all wards are signposted by their number, not their specialty, it was difficult to know where to go. We asked a volunteer for guidance and were asked to wait at reception for further information. The person on reception was polite and told us to follow signs for Ward 1, and also gave us directions. We didn't see any other people signposting around the hospital at checkpoints.

We were able to easily access the ward when we arrived as our visit took place during visiting hours, however the ward is locked outside of those hours. When we arrived at the ward, we waited in reception for a few minutes before someone asked us who we were and why we were at the ward. The Ward Clerk normally greets people on to the ward, but was not there at that moment, and although other staff were available at the main reception, they didn't speak to us.

The entrance to Ward 1 is at the end of quite a narrow corridor that runs through the centre of the whole ward. Bedded bays and private rooms line either side of the corridor, with the ambulatory area sited across from the reception area near the entrance of the ward. There are nurse's stations at the centre of the corridor and at each end where staff could stop to use computers or to discuss patient care. We overheard some discussion about the specifics of patient care between staff from a short distance away from these areas. There is also a consultation room and small family room in the entrance. There were Christmas decorations in the corridor running through the ward, which were a welcoming touch.

It was clear that the ward was very busy on this day; all beds were full, and visitors were coming in to the ward. There was a slightly hectic feel to the ward; although staff didn't seem flustered, it was clear there was a lot to do and that staff were dealing with things as quickly as they could without that impacting patient care. In one case, a member of staff was heard calling out saying "who is looking after this room?" which highlights the fact that there was a lot to do and that it wasn't completely clear in all cases who was responsible for which part of the ward. Patient buzzers were going off quite regularly, and we saw staff addressing these quickly. At one point, we saw a volunteer who was handing out drinks to patients come over to staff to alert them to a buzzer that had been going off for a couple of minutes. Staff then immediately responded to that buzzer.

With such a full ward, lots of people were being moved on and off the ward for scans and tests; there was lots of activity in the corridor, which was quite narrow, and there was sometimes a struggle to manoeuvre beds and wheelchairs in that space, particularly around areas where there was equipment in the corridor, i.e. a bed, drip stand and blood pressure monitor. We saw a patient in a wheelchair holding a door open so they could be pushed through a very small doorway out in to the corridor. We also saw an air mattress being inflated in the corridor as it was the only space available to do this.

At some points on the ward there was a slight smell of urine, although this was not overwhelming. We did see staff quickly replacing soiled bedding when a patient was out of their bed. It was very warm on the ward; one visitor had opened a window to cool down one of the bays.

All bays, bathrooms and communal areas were clean, however the presence of visitors accentuated that the bays are quite small and cramped. There was little room between beds for visitors to put their chairs whilst sitting with the person they were visiting.

In one of the bathrooms, the loo roll holder was empty, and although there was loo roll available, it had been placed out of reach from the toilet.

There is a day room on the ward which had been recently refurbished, however it was used largely as a storage space for chairs for visitors, as there was nowhere else on the ward to keep these. There were comfortable chairs in that room, footstools were available and there was information on the wall about how the ward is being dementia friendly. In addition to this information, there was use of the butterfly dementia symbol around the ward. The clocks were also dementia friendly, with a large face displaying the time and the date.

There were interchangeable gender signs with pictures and words used on bathroom doors and outside the wards. In one case, the door sign hadn't been

changed, so a female patient was now in a 2 person bay with a male sign outside. The patient expressed a concern that a man might be brought on to that part of the ward to share with her. There were also signs on private room doors that conveyed that additional pre-cautions should be taken when dealing with those patients due to infection control. This was also brought to our attention by the Matron when she gave us a tour.

We saw staff regularly using the hand gel dispensers at the end of each patient bed and the dispensers on the corridor, and staff changing aprons and gloves between dealing with different patients.

Interactions between patients and staff seemed very positive; all staff were polite and considerate in the interactions we observed, checking in with patients to see if there was anything else that could be done to help. We saw a catering assistant taking orders from patients and offering an explanation of the different options available, which was very encouraging. A volunteer was handing out drinks at the time of our visit, and although patients weren't able to get their own hot drinks, there was a jug of water available on the bedside table of all patients.

Our interaction with staff was very positive; the consultant, matron, and any other staff we spoke with were welcoming and happy to answer questions.

There was a great deal of information up on the walls around the ward. Some of this was standard information, such as details of the strategy for dealing with pressure sores, and some needed to be updated by staff, e.g. staffing level on the day, names of staff responsible for certain areas on the ward. In some cases, the information that needed regular updating was out of date or left blank. We saw posters for our visit dotted around the ward, and also information on the front desk about giving feedback to the hospital about your experiences.

Comments on staff

Feedback about staff was overwhelmingly positive. Patients were really pleased with the way that they had been assisted by staff and the nature and attitude of the staff.

"The staff have been very good and friendly. I've had very good care."

"Marvellous carers."

"The best thing about this place is how hard people are working - there's not a lot of people who are grateful but I am."

"They've been exceptional, brilliant since we got on this ward."

In particular, patients commented that they felt staff were going above and beyond to meet their needs, and that they didn't feel afraid or embarrassed to ask for that help. They also didn't feel that what they asked for had been inconvenient or a bother to the staff.

"If I need help I just ask. A young guy came and helped me earlier, brought me a commode. It could have been embarrassing but he didn't make me feel that way."

"Extra care and help is given to me as I need it."

"They brought me a commode this morning - I haven't needed it since but I would ask."

Several patients expressed concerns about the welfare of the staff; they could see how busy the ward was and that there was huge demand on the team of people responsible for their care. There was no suggestion that patient care was impacted.

"I worry about the staff; they're always telling me to slow down and have a drink, but they aren't getting their breaks and they need them."

"The staff are helpful and friendly but they are very busy."

Comments on information

Most patients and visitors spoke positively about the information that they had received from staff on the ward. They felt that they were being kept up to date with their assessment and treatment and knew what was planned for their care.

"A doctor has already been and explained to me what they are going to do with me whilst I'm here and then when I'm at home."

"They've given us enough information, and people tell us what they are going to do."

"I feel informed about my treatment."

However, one patient, who had been on the ward for over 2 days, said *"I think there is more communication needed with me and my family."*

Another patient explained that they felt the information that you are given is always offered with some reassurance.

"They've given me information about my treatment, but they give it with a comforting message, saying 'you will live longer' which helps me."

Comments on medication brought from home

Several of the patients we spoke to had brought medication from their own homes, and none of those individuals reported concerns. People seemed to understand what the procedure was for them taking their medication from home, whether that was to administer it themselves, to allow staff to, or to stop taking something.

“I brought my medication in and I’ve been given it when I needed it.”

“I brought in my own meds, but I haven’t needed to take them because they’ve been treating the problem.”

“They took a medication list from us last night, and they’ve adapted it to meet my mum’s needs whilst she’s here.”

Additional comments about the ward

Patient and visitor experience of the ward was positive overall:

“I can’t fault the service here and I think the place is spotless”

“I feel very comfortable here.”

“I feel safe, respected and cared for.”

We received two comments about food. One patient was very impressed, saying *“The food is marvellous, it’s like a hotel. Much improved from when I was here 6 years ago.”* Another explained that they thought the food was ok, but it wasn’t like being at home.

A concern raised by 3 patients we spoke to was about their wait to get a bed on this ward in A&E.

“I’ve been on here for a couple of hours, but I’ve been in A&E since 4 o’clock this morning. It’s really busy so it’s understandable.”

“We came in last night and had a 4hr wait to get a bed.” (from a visitor to an elderly patient)

“I’ve had a long wait in A&E.”

Although the patients and visitors seemed to have an appreciation of the struggle for capacity, they were frustrated that although they needed to be admitted, there wasn’t a bed available.

Comments from staff

We were able to speak to some staff briefly on the day of the visit, and distributed a survey link to staff asking them for their feedback about their experience of working on the ward. The amount of feedback received was very limited, but those who did respond explained that they thought working on that ward was good, and that they had training available to them that helped in their role. This was reiterated by the Matron, who explained that ongoing training for staff is encouraged and is mandatory in some cases.

As has been reiterated in patient comments, staff explained that time is taken to involve patients in their care.

“We encourage a holistic approach so patient and family views and wishes are taken in to consideration.”

It was also felt that staff were the strongest asset of the ward, from consultants to nursing staff, etc... and that there was a strong cooperative attitude.

As we observed, some staff expressed frustration with the cramped layout of the ward, and felt that additional staff could only strengthen the service provided by the ward.

“More nursing staff at senior level. High senior doctor staff in Ambulatory Care area, particularly in to the evening.” (In response to being asked about what changes could improve the ward)

Staff also explained to us that discharge from the ward is focused during the week, because that is when there is the resource available to discharge people, and that fewer people are discharged at the weekend.

Conclusion

Our overall impression of the ward was good. We could completely appreciate how busy the ward was on the day of our visit, and although it was a little hectic, we were very pleased to see, and hear from patients, that there was still a high standard of care being provided by the staff on the ward. Patient care and hygiene seemed to be at the forefront of the minds of the staff.

As you may expect during a busy time for the ward, some things that are less critical to patient care had not have been completed, such as some signage being out of date, and one of the bathrooms not having toilet roll in reach of the toilet.

The ward was clean and well appointed, but quite cramped and warm. Because the bays were tightly packed, the day room was partly being used as a store room for visitor chairs, which meant that this wasn't the most inviting space.

We were really pleased to hear that there are 2 dedicated discharge coordinators working from the MAA during the week, as it is crucial that people move through the MAA quickly and receive appropriate care either at home or elsewhere in the hospital. However, as patients should ideally spend up to 24hrs on this ward, it was unclear whether a weekday discharge team meets the needs of this type of ward, and whether some patients might spend longer on the ward than they should because a coordinator is not available.

Recommendations

1. Ensure that all staff are getting breaks when needed to allow them to continue to provide services to such a high standard.
2. Review discharge procedures to ensure that the presence of specialist discharge coordinators during the week isn't negatively impacting patient discharge at the weekend, and establish whether on this type of ward it is necessary to have discharge coordinators available during the weekend as well.
3. Regularly review notices, signs and information around the ward to ensure that everything is current and necessary.

Provider Feedback

Enter and View Recommendations	Feedback from Matron Louise Taylor
Ensure that all staff are getting breaks when needed to allow them to continue to provide services to such a high standard.	This will be monitored by the Senior Sister on duty on a daily basis with a weekly assurance update given to Matron.
Review discharge procedures to ensure that the presence of specialist discharge coordinators during the week isn't negatively impacting patient discharge at the weekend, and establish whether on this type of ward it is necessary to have discharge coordinators	A weekend rota is being developed to ensure there is a discharge co-coordinator working every weekend. This will commence week commencing 23/03/2015

available during the weekend as well.	
Regularly review notices, signs and information around the ward to ensure that everything is current and necessary.	<p>The Matron for Estates and Facilities has been asked to review the signage for the unit.</p> <p>Charge Nurse Hirst has reiterated the importance of changing gender signage to the nursing team.</p> <p>Charge Nurse Hirst has spoken to senior nursing staff to remind them to update the white boards on every shift. There is a senior nurse on duty each shift and part of their role is coordinating patient care and allocating nursing staff to patients. This information is recorded on the white boards so the multi-disciplinary team are clear who is caring for individual patients.</p>

Additional feedback provided by Matron Louise Taylor

Matron Taylor has responded to some of the other feedback provided in our report; this is outlined here:

- Charge Nurse Hirst has reminded all ward staff that:
 - It is important to greet all patients and visitors on entering the unit
 - It is unacceptable for staff to discuss specifics around patient care in a communal area, and of the importance of maintaining patients confidentiality at all times
- The Trust is in the process of reviewing its policy for locking doors on ward areas
- The Trust has recently been successful in securing funding for additional Acute Physicians to ensure that the MAU is covered up until 8pm
- The Trust are developing a plan on new ways of working which would include the provision of an Emergency Floor; this would include the Medical Assessment Area and this would give them the opportunity to look at the environment at that time