

Enter and View Report

Medical Assessment Unit at Dewsbury and District Hospital

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Healthwatch Kirklees

Units 11-12 Empire House, Wakefield Old Road, Dewsbury, WF12 8DJ

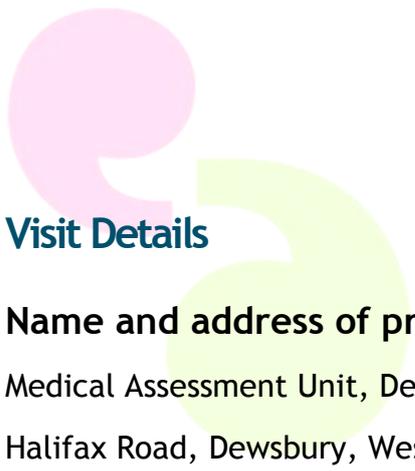
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Visit Details

Name and address of premises visited

Medical Assessment Unit, Dewsbury and District Hospital
Halifax Road, Dewsbury, West Yorkshire, WF13 4HS

Name of service provider

Mid Yorkshire Hospitals NHS Trust
Trust Headquarters and Education Centre, Pinderfields Hospital, Aberford
Road, Wakefield, WF1 4DG

Date and time of visit

Thursday 4th December at 10am

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 Unit (MAU) at Dewsbury and District Hospital is an urgent adult admissions ward. 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 are up

to 48hrs, after which patients can be discharged to different wards in the hospital or to their home.

Staffing/client numbers on day of visit

On the day of the visit, the ward was fully staffed, and the team included:

- 4 Registered Nurses (RN), 4 Health Care Assistants (HCA), 1 housekeeper, 1 ward clerk
- 2 teams of acute Doctors, each team including 1 Registrar, 2 Senior House Officers (SHO), 1 Foundation Year 1 (FY1)

A consultant is available on the ward 12 hrs each day and on call for the remaining 12hours.

A pharmacist visits the ward in the morning to address any queries around medication from staff for the patients on the ward at that time.

On the day of the visit, 26 of the 28 beds on the ward were filled. The beds were laid out in 4 single sex bays of 6 beds with 4 private rooms. One RN and 1 HCA are allocated to each bay, and each team of Doctors takes care of 2 bays of patients and 2 private rooms.

Additional information about the ward

In the initial meeting with the Matron and Ward Sister at MAU, they outlined some additional relevant information about the way in which the ward works:

- There should be a turnaround of 50% of patients each day in order to meet the 48hr target stay, but this is not always possible.
- Visiting times are between 2:30 and 4:30pm, the 6:30 and 8:00pm, although this is something that is under review on a wider scale by the Trust.
- Meal times are set at around 8am for breakfast, midday for lunch and 5pm for tea. As the nature of the ward means patients are only there for a short time, the ward staff order a selection of meals and allow patients to choose from a trolley of options. They are able to order cold food from the canteen outside of the normal mealtimes for patients who might be admitted outside of those times. People's dietary needs are assessed when they come on to the ward and this is discussed with family. A record is kept of whether or not a patient has eaten on a food chart, but there is not a "red tray" system in place, where patients who are struggling to eat are given their food on a red tray to convey that additional support is needed. All nursing staff help at meal times, this is seen as part of everyone's role.

- A “red jug” system is in place to convey when patients might be struggling to drink enough water.
- Medication that the patients bring in from home is stored in their locked bedside cabinet and can be accessed by nursing staff at an appropriate time for that patient.
- Nurses on the ward are dressed in dark blue, and Health Care Assistants dress in light blue. Doctors dress smartly in their own clothes
- There is always a “green clean” when a patient leaves the ward. Ward staff clean the bed and surrounding area whilst domestics are responsible for cleaning the floor. This happens regularly on the MAU.
- The housekeeper often transfers patients around the hospital from this ward rather than hospital porters, as it is often necessary for this to happen quickly.
- The team at the ward is able to source specialist resources to meet the needs of patients. All beds have cot sides. They can access air mattresses to aid in the prevention of bed sores (a key focus of the hospital at the moment), and don’t accept patients to the ward until the resources are in place. Commodes and hoists are can be sourced when needed.
- All bed sores are photographed (with patient consent) as part of the protocol addressing this issue.
- The MAU is responsive to the needs of other parts of the hospital. Staff are constantly reviewing the demands on the different part of the hospital in order to predict how many beds on MAU may be needed and preparing the onward pathway for the current patients of the ward. If it is necessary, the ward can request additional staff to enable them to move people out of the ward quickly. No one is brought to the MAU until a bed is available for them. The only time that they have seated patients at the ward is if a patient is awaiting transport following discharge in the family room.
- When patients are discharged home from MAU, they are provided with a letter outlining their assessment and treatment. This is sent electronically to the GP, so it can be immediately attached to their medical record, rather than waiting for the post. This can be done on the day during the week, and is completed on Monday morning for weekend discharges.
- Before discharge, a discharge checklist is completed for the patient to ensure that everything has been considered before the patient leaves. In the case of patients returning to a residential or nursing home, an additional document is completed and sent to the home with patients on their return.
- As a stay on MAU is not classed as an admission, any care packages in place in the community will not stop whilst the patient is in hospital.
- A specialist sister works with elderly people on the ward running the Elderly In-reach Pathway, which assists in the coordination of care for elderly people on the wards and their discharge.



Acknowledgements

Thank you to all the staff and patients at the MAU at Dewsbury and District Hospital for taking the time to speak to us and for being hospitable.

Thank you to Andrea Forrest and Wendy 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 Unit at Dewsbury and District Hospital 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 were deemed necessary after Healthwatch Kirklees, and others 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.

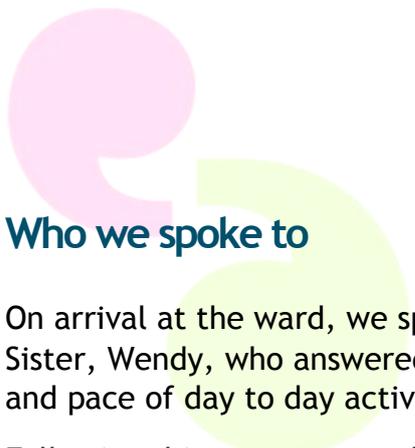
Methodology

We completed an announced visit of the MAU at Dewsbury and District Hospital which took just over two hours. During the visit we engaged with patients who use the service 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 MAU. 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 MAU 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.



Who we spoke to

On arrival at the ward, we spoke with the Matron, Andrea Forrest, and Ward Sister, Wendy, 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 11 patients and 1 relative.

We didn't receive any completed online surveys on this occasion.

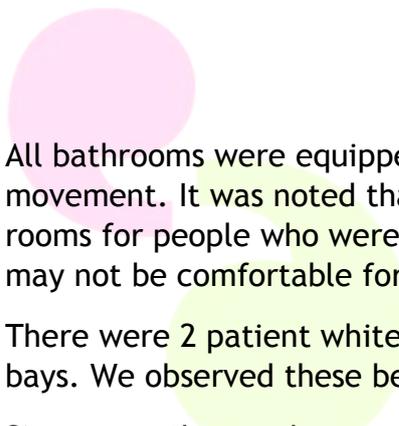
Overall impression

On arrival at the Ridings Building at Dewsbury and District Hospital, a volunteer was available in the hospital entrance to give directions to where you were looking for, and the Medical Assessment Unit (MAU) was well signposted.

As you entered the ward, you came in to the busy central hub where there is a desk and several computers where staff convene to discuss patients, make phone calls, update records, etc... This is at the centre of the horse-shoe shaped ward, and 4 bays, each with 6 beds, lead off from this central desk, with private rooms between. This central hub is connected to the 4 bays and private rooms by one corridor. Although this part of the ward was busy with staff, it was a calm space, noise levels were not too high and it didn't seem hectic. It was possible to overhear telephone conversations about patient care in this area, both between staff and over the phone.

The overall impression of the ward was pleasant. All bays, bathrooms and communal areas were clean and tidy; there were no unpleasant or clinical smells and the temperature was comfortable. There was some low level noise at all times, but no loud noises or anything that would cause any disturbance. Sanitizing hand gel was available at all patient beds and at several other locations in the corridor.

The corridor that linked all the bays was quite narrow, and there was equipment and various other trolleys lining the walls. We observed one patient being brought in to the ward and the struggle to get the bed in to one of the bays because moveable equipment was in the way. This could impede the ability to move someone quickly in an emergency.



All bathrooms were equipped with grab rails and other equipment to aid movement. It was noted that there were standard plastic chairs in the shower rooms for people who were not able to stand for long periods to wash. These may not be comfortable for patients with mobility issues or for those in pain.

There were 2 patient whiteboards, each with details of patients in 2 of the bays. We observed these being updated with patient information.

Signage on the ward was good, with toilet signs using both pictures and words.

We were asked not to go in to one of the private rooms as the patient was ill with diarrhoea and vomiting, however as we passed that room, we noticed that there was no sign on the door stating that there was an infection control issue. This was rectified around 20mins after the initial concern about the missing sign was relayed to the staff.

There were several noticeboards on the ward, one with information about giving feedback about patient experience, one with information about dementia awareness, and another with some statistical information and the “See Me and Care” campaign poster. Due to the layout of the board, most of the campaign poster was obscured. There were also information leaflets up in racks on the walls, however these were slightly disorganised. This information was set up along the wall of the corridor, with 2 noticeboards actually in 1 of the bays, meaning it is unlikely that you will see that information if you are not in that bay.

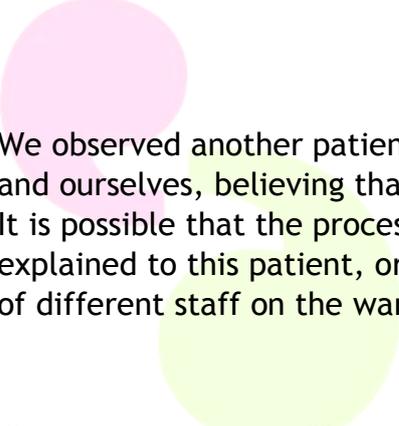
All patients had jugs of water and cups on their table. Staff had explained that a red jug system is in place to identify patients who may be struggling to drink enough water. Some jugs were entirely red, some had red lids, and some had other colour lids which may cause some confusion to staff. There was a hot drinks cart that was available at all times for patient use.

Staff were welcoming, friendly and approachable. They were pleasant with patients, responding quickly to requests for help and being observant of needs of those who weren't asking for help. Patients were escorted to the bathroom by staff, and staff aided in making their beds, and at all times were chatting in a friendly way.

We saw all staff, both clinical and domestic, regularly using sanitizing hand gel.

All staff appeared to be busy, but no-one seemed overwhelmed or frustrated.

In one case, we observed a member of nursing staff speaking with a patient who was hard of hearing; the nurse was very kind and polite, but due to the hearing impairment of the patient, they had to speak loudly, impeding the patient's privacy.



We observed another patient struggling to decipher between ward doctors and ourselves, believing that we were speaking with them to discharge them. It is possible that the process of being discharged hadn't been properly explained to this patient, or that they had misunderstood the different roles of different staff on the ward.

Comments on staff

Patients spoke very positively about the staff working in MAU at Dewsbury and District Hospital.

"The staff are very good and friendly."

"They are wonderful, I feel safe here and respected."

"They're great, they need a medal."

However, several patients expressed a concern or awareness about the staff workload, with one patient explaining that frustrations of that staff were sometimes discussed with patients.

"The staff are overworked - I don't think the moral is always good from statements that are sometime made especially yesterday - the staff member was moaning all the time saying she only had two years to go - you don't need this in hospital when you are unwell. The majority are brilliant though."

"Staff do work under pressure and adversity here at Mid Yorkshire. Everything seems to be running smoothly on the surface but there are other things going on underneath. There's too much pressure for people."

"There was a delay when I needed to have my bag replaced, but that was because they have such a lot to do."

A small number of patients expressed concerns about the Doctors on the ward having a full understanding of their circumstances and being able to understand what they are being told.

"I have problems with my hearing and I struggle to understand the accents over Doctors from overseas."

"I'm frustrated that I see a different Doctor every day with a different opinion. I don't know who MY Doctor is, and I wish I could just have the same one see me each day."



Comments on information

There were mixed feelings amongst patients about the information that they had received whilst on the ward. Some felt like they had been well informed, and if they weren't they could ask questions.

"I can talk with the nurses and doctors, I spoke to someone just now."

"I would feel ok to ask for additional help if I needed it, the Dr has given me all the information I have needed so far."

"The Doctors have been alright, I've had to be here to translate to make sure that she gets the information."

Others felt that they hadn't been told what they needed to be told, or that they might have misunderstood what they have been told (as explained in the staff section).

"I don't feel well informed, good information hasn't been provided."

"Yes I get the information I need but as I'm happy to ask if I don't get told and I inform them of my needs. I feel like I'm telling them sometimes but I know best about me."

"There's been no information available."

One patient reported a difference in the amount of information they had received after moving out of a private room and in to a bay.

"At first I was in a private room and I was stuck for space, now I'm on a bay I do get more information."

Comments on food

Reviews of the food were varied, with positive remarks about breakfast.

"I had coffee and toast this morning, and I could have asked for more if I had wanted it."

"She has Weetabix and a cup of tea for breakfast so she's had the food she needs."

"Toast is really good, tried to make it the same at home but it never is as good."

For the most part, patients seemed to think food was ok and that there was something that they wouldn't mind eating available at each meal, but that choice was restricted.

"The majority of the time I find something to eat I don't have a big appetite so that's okay."

"There's not much choice."

We observed ward staff aiding a patient to get the nutrients they need through a special energy drink, as that patient was unable to eat due to sickness.

Drinks were readily available to patients which they appreciated.

"We get good meals and tea, coffee and orange juice provided on request."

"Drinks are provided 6 times each day."

One patient gave very negative feedback about the food.

"The meals are a joke - you would think with all the facilities and equipment they have they'd be able to make something good but it's all atrocious. It doesn't taste like it should."

Comments on medication brought from home

Prior to visiting the ward, patients had reported to Healthwatch Kirklees that they had difficulty accessing the medication that they brought from home when having an inpatient stay at the hospital. At MAU, medication was stored at each patient's bedside in locked storage, to be accessed by staff. Patients understood this procedure, but felt it limited them as staff were only available to access medications at certain times.

"My own medication was checked and locked in my cabinet, then it's been provided by staff appropriately."

"I have no access to my own medication without asking - this is frustrating as I know when I need to take them and sometimes I get them much earlier than I needed them or have them normally. I understand why this happens and I just save them until it is time to take them."

Additional comments about the ward

Overall, patients' impressions of the ward were good, and their experiences were positive.



“Good hospital - no problems”

“This has been a positive experience, I feel cared for”

A couple of patients mentioned some delays in their care.

“Very good and they tend to your needs - slower than normal but eventually”

“This morning I mentioned to the doctor that my lips and throat were sore, and they said that is because I am on oxygen, but they haven’t been back to offer me any treatment” (Comment was taken a couple of hours after the patient spoke to the Doctor).

One patient felt that the ward was *“very busy and noisy, day and night”*, and another explained that although they felt safe on the ward, they weren’t sure that older people would.

“I feel safe here because of my independence but it might be different if I was older - but it’s okay.”

Although Healthwatch Kirklees were made aware that the maximum length of stay was ideally 48hrs, most patients we spoke to had been on the ward for 2 or 3days.

Comments from staff

We were able to speak to a small number of staff during the visit, and they were very positive in their reports of the ward.

“Although I live in Huddersfield, I choose to do bank work here at Dewsbury because I like to work on this ward.”

“I’ve not worked here for very long, but I think there is good team work and good leadership here on this ward.”

There was some concern expressed by senior ward staff that the process for getting specialist equipment for patients for the ward was a little disjointed. Staff had to contact a team at Pinderfields, who sent the request to an office based in Dewsbury and District Hospital. This could lead to delays, and due to the fast paced and transient nature of this ward, it was felt that the system could be more responsive.

Although staff explained that they were able to access specialist medical equipment, such as air mattresses, they did struggle to retain drip stands, which often left the ward when patients were discharged to other areas.



Conclusion

Our overall impression of the ward was good; the feedback received from patients, visitors and staff was largely positive, and included a great deal of praise for staff. It was clear that the ward was busy, but staff were calm and approachable, giving the ward a pleasant atmosphere.

Some patients expressed concerns around their understanding of their care and the amount of information they received, with some stating that they hadn't understood their doctor or that there was too much change in who their doctor was, and one other feeling they had to ask for information or tell staff what they needed.

Some patients spoke more broadly about the hospital and Trust, and concerns that they had about the morale of staff in times of changing service provision, although the staff we spoke to seemed content to be working on this ward.

The hectic nature of this busy ward and constraints on staff time led some patients to comment on delays or a slower response than they would have liked, however they were not frustrated with staff about this, understanding that they were very busy.

Recommendations

1. As some patients felt unsure of the plan for their care, it is important to ensure that information is available to patients in appropriate formats (such as written down for later reference) and that all patients feel able to ask more questions to gain clarity around the plan for their assessment, treatment and care
2. Consider the information that is given to patients during the early part of their stay on the ward, such as some details about the types of staff that dress in different uniforms, encouraging people to ask questions about their care and to give feedback
3. Wherever possible, consult with patients about their care in a way that maximises their privacy, e.g. closing the door in private rooms, asking mobile patients if they would like to speak in a private room rather than at the bedside
4. Ensure that there is no room for confusion surrounding the use of different types of "red jug" used to identify patients who are struggling to drink, by using a single type of "red jug" (either all red, or clear with a red lid)

5. Review the way in which specialist equipment, e.g. air mattresses, is ordered for the ward, in light of the fact that the need for timely responses to patient needs are particularly key in this ward

Provider Feedback

Enter and View Recommendations	Feedback from Matron Andrea Forrest
<p>As some patients felt unsure of the plan for their care, it is important to ensure that information is available to patients in appropriate formats (such as written down for later reference) and that all patients feel able to ask more questions to gain clarity around the plan for their assessment, treatment and care</p>	<p>Comments accepted. Clearly we need the staff on the MAU to focus on the information given with regards to their treatment plan and not take for granted that patients will know and understand their plan. Action - Sister Slack to disseminate this comment to staff. All staff to ensure that timely and accurate information is given throughout a patient's stay and that this is given in the most suitable format for each individual patient. Consider the development of written materials for standard medical conditions which could be individualised for patients.</p>
<p>Consider the information that is given to patients during the early part of their stay on the ward, such as some details about the types of staff that dress in different uniforms, encouraging people to ask questions about their care and to give feedback</p>	<p>Action - The corporate nursing team are currently developing a visual display for all wards and departments Trust wide to demonstrate what each of the different uniforms signifies.</p>
<p>Wherever possible, consult with patients about their care in a way that maximises their privacy, e.g. closing the door in private rooms, asking mobile patients if they would like to speak in a private room rather than at the bedside</p>	<p>Comment accepted. Action - Sister Slack to disseminate this comment to staff, reminding them that care needs to be taken at all times to maintain the privacy and dignity of all of our patients.</p>
<p>Ensure that there is no room for confusion surrounding the use of different types of "red jug" used to identify patients who are struggling</p>	<p>Comment accepted. Sister Slack to ensure that system is changed to a uniform approach. This will provide clarity and avoid confusion.</p>



<p>to drink, by using a single type of “red jug” (either all red, or clear with a red lid)</p>	
<p>Review the way in which specialist equipment, e.g. air mattresses, is ordered for the ward, in light of the fact that the need for timely responses to patient needs are particularly key in this ward</p>	<p>As discussed, this issue has been improved upon recently. Patients are highlighted in the ED (Emergency Department) as requiring a pressure relieving mattress, which is ordered and delivered to the MAU prior to the patient’s arrival. We did acknowledge that difficulties can sometimes arise when there is not an empty bed available on the MAU for the pressure relieving mattress to be inflated on. We are working towards having and maintaining a stock of equipment (such as intravenous fluid pumps) on the MAU for use in emergency situations.</p>