

Enter & View Visit: Kingston Hospital

Report & Recommendations

Healthwatch Kingston upon Thames

24/04/2014

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1. Introduction

1.1 About Healthwatch Kingston upon Thames

Healthwatch Kingston upon Thames (from hereon referred to as Healthwatch Kingston) is the local, user-led organisation for involving local people in the design and development of local health and social care services and help improve patient experience. It was established in April 2013 under the Health and Social Care Act 2012, following on from the work of the Local Involvement Network (LINK) for Kingston upon Thames.

It provides reports and updates about local services to Healthwatch England, a body that campaigns on national issues and raises concerns to the NHS and the Department of Health.

Healthwatch Kingston gathers information and feedback from patients and service users about the experiences they have of health and social services, and use this to make improvements and influence the development of those services. It works with health and social care services to make sure that the voice of local people is heard, and it goes out into the community to listen to what people have to say.

In addition, Healthwatch Kingston signposts people to local health and social care services and provides information on how to make a complaint or give feedback about those services.

Healthwatch Kingston is a social enterprise and a company limited by guarantee, and is funded by the Department of Health through the local authority, the Royal Borough of Kingston upon Thames. It is independent, and led by a board of voluntary directors who are local people with a keen interest in improving the health and social care system for local people.

It is supported in its work by Parkwood Healthcare Ltd, which employ the staff and provide HR, finance and office support.

1.2 Enter & View

One of the methods Healthwatch can use is Enter & View, which is a statutory function. This means that Healthwatch can visit any health or social care service in the borough of Kingston upon Thames or any that serves people in the local borough and observe how this service is delivered.

During an Enter & View visit, Healthwatch will talk to patients or service users and members of staff and make observations of the environment to ensure it is safe and clean. After a visit, Healthwatch will prepare a report which will list its findings and any recommendations.

Where there are serious concerns, such as a health and safety issue or a safeguarding issue, this will be reported immediately to the service provider, the commissioner of the service or a relevant body such as the Care Quality Commission.

Enter & View participants receive full training, based on recommendations from Healthwatch England, and are DBS (Disclosure and Barring Service) checked.

1.3 The Enter & View Team

For this visit, we sent a small team of four people to visit Kingston Hospital. Two are members of staff, and two are volunteers; the chair and one of our active affiliates. The team members were:

- Grahame Snelling, Chair of Healthwatch/ Volunteer
- Jenny Pitt, Research & Information Officer, member of staff
- Naushad Ally Suffee, Volunteer and Authorised Representative
- Rianne Eimers, Manager, member of staff

The visit took place on the 24th of April 2014 between 9am and 5pm and this report reflects the views and observations gathered for this specific date and time only.

2. Methodology

As this was our first visit to Kingston Hospital the team wanted to get a general sense of the services provided and the patient pathway as they use different wards at the hospital. Our main focus was patient experience, such as dignity and respect, being listened to and being included in discussions about their treatment or medication.

We visited the wards between 10am and 4pm and we spoke to 17 patients and 8 members of staff during this time. On average we spent 10-15 minutes with each patient and member of staff.

The hospital did not announce the visit to ward staff or patients.

2.1 Patients

We were accompanied by a member of staff who would, upon entering a ward, ask ward staff which patients were free to speak to us. We were given privacy so we could speak to each patient without being overheard.

We made sure that we did not interrupt anyone being examined or treated and that we did not disturb other patients who might be resting. We ensured that hand washing procedures were observed throughout our visit.

We introduced ourselves to each patient and where applicable to their family members or visitors, and explained the purpose of our visit. A brief overview of Healthwatch Kingston was provided, and we gave each patient (in the case of younger patients, their parents) a factsheet with further information.

We used the same set of questions for each patient, some which had some prompts to help the patient understand what we meant. For instance, when we asked if the patient felt they were treated respectfully, we used prompts such as 'privacy during examinations', 'how you are addressed', 'being listened to'. We provided each patient with the option to contact us by phone or email in case they wished to provide us with further information about their stay in hospital afterwards.

2.2 Staff

We also got the opportunity to speak to ward staff. Again, the member of staff that accompanied us would ask if staff were free and gave us privacy so the member of staff could not be overheard by colleagues.

We explained why we were there and used another set of questions specifically for staff members. These focused on their responsibilities, how busy staff are and what methods there are for staff to have input in the way hospital services are provided.

2.3 Hospital Environment

As well as speaking to individuals, we looked at the environment and made observations about cleanliness, signage and how staff interacted with patients and safety.

2.4 Programme and Areas Visited

The team was welcomed by Fergus Keegan, Deputy Director of Nursing, who had arranged an introductory session to the hospital with Laura Shalev Greene, the Volunteering Project Manager. Also present were Duncan Burton, Director of Nursing, Anna Dellaway, Head of Midwifery and Reinette Nell, Patient Experience Improvement Manager.

The session included an overview of the hospital and the type of services they provide, health and safety procedures, the different types and colours of the uniforms worn by staff, signs and their meanings and infection control. This helped the Enter & View team orientate themselves and be aware of the different procedures in place to ensure that hygiene and health and safety protocols were observed at all times.

We visited the following areas:

- Accident & Emergency (A&E) (Majors, Minors, Resus)
- Acute Assessment Unit (AAU)
- Medical Wards (Kennet and Blyth)
- Maternity Unit
- Neonatal Unit
- Paediatrics Ward (Dolphin and Sunshine)

The team split into two teams of two with one team visiting A&E, AAU and the medical wards in the morning and Maternity and Paediatrics in the afternoon. The second team visited these wards in reserve.

It was useful for us to observe these wards at different times of the day and compare how busy they were.

3. Findings

3.1 Patients

3.1.1 Quality of Care

All patients we spoke to felt they were treated with respect and dignity and generally privacy was observed.

We spoke to the parents of a young girl on the Paediatric ward, who felt their experience was a positive one, except for one incident where a teenage girl had been brought into the ward and assessed after an attempted suicide. As her assessment was carried out in a curtained bay next to them, they could overhear all that was said. They felt that they should not have been privy to such personal details.

Generally, the comments about the quality of care were positive. Patients felt included in consultations and discussions about their condition and/ or treatment and were given full explanations of procedures.

One patient in A&E who received treatment for a minor injury commented that the Triage nurse “had been great and the reception staff in A&E were very professional”.

A patient in Maternity said she “had been impressed with the quality of care and would recommend Kingston Hospital to others”.

One new mother, whose baby had been born 5 weeks early said “all the staff had done all they could to help but midwives Angela and Karen deserved a special mention”.

3.1.2 Staffing

Overall patients were very complimentary about the staff and thought they did a good job. They felt there were enough members of staff present but most had noticed that staff did seem very busy and some recommended that having an extra nurse or member of staff would reduce pressure on the rest of the staff team.

We spoke to parents of a child who was brought in over the Easter Bank Holiday period and they felt there was an issue with a lack of senior staff. They were told their child needed an urgent scan but had to wait 24 hours until enough senior doctors were available.

In maternity, one patient was not happy that she saw a different midwife each time she came in, however, another commented that she saw the same staff each time she had a scan which gave continuity.

A patient in AAU was particularly pleased with the night staff and said that “they have less back-up than in the day but they still do a really good job”.

One lady admitted through Out-Patients stated she usually had private treatment as she felt that staff attended her better there. She had previously discharged herself from Kingston Hospital due to poor standards of hygiene, but said that on this occasion she was satisfied with the standard of hygiene and that she was treated with courtesy. She felt the staff were slow to respond to the buzzer.

One patient was concerned about the length of time it took to be discharged. It took a long time to see the relevant people (such as the ward pharmacist) and to arrange transport to take him home. He understood that this was partly due to the system in place but also because it was very busy.

3.1.3 Being Consulted and Giving Feedback

All the patients we spoke to felt their condition and/ or treatment had been explained to them and that that they were made aware of what was happening. They felt included in decisions and any questions they had were answered.

One parent, whose wife and baby had been moved to Worcester Ward, was concerned his baby was jaundiced and reported this to staff. He stated that staff dismissed his concerns but when they returned to the Post-Natal Ward, staff there acknowledged the baby was jaundiced. The parent also suggested that although he agreed with the levels of security at the Maternity Unit, it would be helpful for fathers and family members to have an ID card or bracelet so they could access the ward. Often they would have to wait for quite a while to gain entry as staff were too busy to operate the buzzer entry system.

3.1.4 Food

We asked all patients what could be improved and the most common answer was the quality of food. One patient thought the food was “good” and another said the food was “ok, but not very exciting”.

One patient commented that she wished for more healthy options. Another patient on a gluten-free diet felt the options were too limited and had her family bring food in for her.

Members of staff acknowledged that food was often complained about. One nurse told us she had been involved in food tasting so they could experience the food themselves, and make suggestions for improvements.

3.2 Staff

3.2.1 General Overview

We asked all staff to tell us about their role, how many patients were on the wards and whether they were at capacity. This helped us to get a picture of what an average day might look like. Most wards were not at full capacity.

Staff recognised that parts of the hospital had been built quite a while ago and needed improvement. For instance Kennet Ward is due to overhaul the electrics and it lacks storage space as well, as equipment has increased over the years.

We spoke to a ward pharmacist, who explained the procedures for checking the drug history of patients, and that changes are underway to share patient details with GP practices and that this will make information about patients easier and quicker to access.

3.2.2 Feeding Back

We asked staff about the mechanisms in place for patients to feed back their views, and several members of staff mentioned the Family & Friends Test. This can be completed using a tablet device, and staff said volunteers would sometimes assist patients. The staff on the ward review this daily to ensure they are hitting their targets. We saw a notice board which showed the number of Friends & Family Tests still needed to hit the target for the day.

One nurse showed us the Family & Friends Test and explained to us how it worked.

We also asked staff if they were encouraged to provide their own feedback to help improve services. All staff said they were encouraged, and that it made them feel involved.

One staff nurse explained that feedback was shared at ward meetings by managers/senior nurses and senior staff are very approachable about concerns. She explained there were systems in place for work prioritisation and time and risk management. She felt well supported to deliver care.

In the maternity wards, nurses observed that the unit was at full capacity and that it needed more beds. In the Neonatal Unit, better facilities for parents are needed. They were grateful for the support from Born too Soon, the charity that supports families with premature babies.

3.3 Observations

3.3.1 Signage

We found that all the wards were properly signposted, and exits were clearly marked. Toilets were well signposted; some bays included toilet facilities. The layout of the hospital can be confusing but there were maps by every entrance and lift area. We were given explanations of different signs used, for instance if a patient was in isolation. All patients we spoke to felt that signage was good and they could find their way to toilet and shower facilities.

3.3.2 Cleanliness and Obstructions

Wards were generally clean and clear of any obstructions or clutter. Equipment was stowed away properly.

We noticed that staff observed hand washing procedures and wore gloves and aprons.

One patient commented that she was concerned that the floor in reception in A&E had been cleaned with the same water and mop that was used to mop up “*bodily fluids*”. We were able to view the delivery suites and birthing pools in maternity which were clean, clear and modern.

3.3.3 Safety and Environment

A&E is using specific forms for patients to register and make the process of being assessed and treated as quick as possible. The department was quiet during our visit so we were unable to observe what it is like when it is at capacity.

One patient suggested that having coffee and tea facilities nearer A&E would be an improvement.

Children’s A&E was clean and bright, with a secure waiting area.

The Paediatric Wards had two locked sets of doors to ensure that children could not get out, and unauthorised people could not get in. The ward had plenty of facilities, which included a room for teenagers and a small outdoor play area. It was bright and cheerful with many rooms decorated in specific themes; feedback from children had been positive.

Several people commented that TV facilities were expensive and that Wi-Fi access could be improved. The parent of one child felt that having better Wi-Fi and internet access would be helpful so he could work as he had to stay with his child for long periods of time. He stated he would be prepared to pay a reasonable fee.

A patient waiting for an appointment in Maternity thought that having a TV in the reception area would make the waiting time more bearable.

3.3.4 Interaction between Staff and Patients

We observed that staff were respectful of patients and provided good care. Staff were happy to answer questions from patients and family members and when people entered an area, such as the maternity reception, staff were on hand to direct them.

3.3.5 Dementia Care

We are aware that Kingston Hospital has a relatively new dementia strategy as nearly 50% of older patients who are admitted suffer with, or will be diagnosed with dementia. They use the blue flower symbol to identify patients with dementia, and staff are being trained to meet these patients’ needs.

We saw the blue flower symbol in use on the patient boards across the medical wards, and also at the head of patients’ beds.

Members of staff told us they felt dementia care had improved as a result of the new strategy.

4. Recommendations

The overall feedback we received was positive. We are encouraged that both patients and staff feel that they are treated well and that there are good methods for feeding back to the staff and into the service.

However, a number of issues were raised that we feel could be improved and we would like to make the following recommendations:

- Cleanliness - to check that cleaning equipment, such as mops and water for mopping, is regularly refreshed or replaced to maintain hygiene
- Privacy for patients - we recognise that during busy times there might not be enough facilities to ensure the privacy of all patients, but there are ways of providing privacy on wards such as sound-proof partitions or cubicles
- Review staffing cover during Bank Holiday periods to ensure there are enough senior doctors to deal with urgent cases
- Provide family members of women in maternity with an ID badge or bracelet to give them access to the unit to ensure they are not left waiting for too long; this will also reduce pressure on staff
- Better access to Wi-Fi or internet for those who are required to stay with family members for a longer time

5. Next Steps

This report will be presented to Kingston Hospital and we will provide adequate time for staff to respond. We expect that not all recommendations will be implemented straight away, but we anticipate that the management will provide us with a plan to address these issues.

We are planning our schedule of Enter & View visits and will return to Kingston Hospital to see other wards and departments, and in future to revisit the wards to see if our recommendations have been implemented.

6. Acknowledgements

Firstly, Healthwatch Kingston would like to thank all the patients, their families and hospital staff we spoke to during our visit. We very much appreciate their time and recognise that without their valuable input we would not be able to produce this report. Their comments and insights have provided us with a snapshot of the patient pathway, their experiences and their relationship with staff at Kingston Hospital.

Secondly, we wish to thank Kingston Hospital for their warm welcome and full cooperation during our visit. In particular, we wish to thank Fergus Keegan and Reinette Nell who coordinated the visit and ensured staff were available to show us around the hospital.

We would like to thank the following people from Kingston Hospital for their support, time and feedback during our visit:

Duncan Burton - Director of Nursing
Laura Shalev Greene - Volunteering Project Manager
Jane Wilson - Medical Director, Consultant Obstetrician and Gynaecologist
Anna Dellaway - Head of Midwifery
Jackie Latimer - Matron of Maternity Ward
Sarah Shade - Senior Nurse, Paediatrics
Pauline Woods - Born Too Soon Co-ordinator
Mary King - Matron, Neonatal Unit
Fergus Keegan - Deputy Director of Nursing

Reinette Nell - Patient Experience Improvement Manager

Finally, Healthwatch Kingston is particularly grateful to Grahame Snelling and Naushad Ally Suffee who, as volunteers, gave us a full day of their time to conduct the visit.

7. Further details

This report was produced by Healthwatch Kingston upon Thames and will be made available to the public on our website, and hard copies will be made available on request. Should you require this report in a different format, please contact the Healthwatch Kingston office at:

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The Healthwatch Brand

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Kingston Hospital

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8. Appendices

Appendix A

Questions for Patients

Please introduce yourself, saying your name, what you are doing and why - and show them your badge and the Factsheet about HWK.

“I work for Healthwatch Kingston which is an independent watchdog that keeps an eye on health and social care services. We get feedback from local people to find out what works well and what doesn't, and we use this to improve services.

We're visiting today to find out about the experience of patients, and when we are done we'll write a report that will be published. All the comments we receive will be kept anonymous, but we would really like to put them in the report.

Can we ask you a few questions?”

It might not be appropriate to ask all the questions bearing in mind the patient's condition, willingness to talk to us, reason for stay and time available.

- Why are you in the hospital today?
- Have you had an explanation about the procedure or treatment you're receiving?
- If you had any questions about the procedure or treatment, were they answered/ explained?
- Do you feel you have been treated respectfully?
Prompts if needed:
 - Given privacy when needed (during examination, getting changed/ washed)?
 - The way people are addressed?
 - Do people listen to you and make sure your needs are met?
- Is there anything you think needs to be improved?
Prompts if needed:
 - Staffing?
 - Food?
 - Layout of the ward?
 - Signposting to wards?
- Is there anything you are really pleased about?
- Is there a member of staff that you think does a really good job, and why?
- Would you be prepared to talk to us again once you have been discharged, so we can find out how the whole experience was?
- Would you like to receive a copy of the report/ become a member? If yes, they can fill in a form, which we will take back with the reassurance they will only receive a copy of the report and newsletters/ e-bulletins.

At the end, it might be useful to go over what was said, so we know we have the right comments.

Appendix A - cont.

Questions for Staff

Please introduce yourself, saying your name, what you are doing and why - and show them your badge and the Factsheet about HWK.

“I work for Healthwatch Kingston which is an independent watchdog that keeps an eye on health and social care services. We get feedback from local people to find out what works well and what doesn't, and we use this to improve services. We also work with health and social care services so we can share our findings and help to make positive changes.

We're visiting today to find out about the experience of patients, and when we are done we'll write a report that will be published. We are interested in finding out about your role so we can get a better understanding of how things work.

This is not an inspection and we're not here to judge clinical treatment, just to get a sense of what patients think of their experience whilst they were here.

Can we ask you a few questions?”

- What is your role?
- How many patients are on this ward today?
- How many patients do you see or treat on an average day?
- How many staff work here?
- What are the current mechanisms for patients to feedback, and what happens with the feedback?
- Is there anything in your view that could be done to make the patient experience better?
- Do you get the opportunity to make improvements or have input in the way things are run?
- Can you give us an example of some good practice you have adopted here?

At the end, it might be useful to go over what was said, so we know we have the right comments.

Appendix B

Observations

Premises: Kingston Hospital	Date: 24/03/14
Area/ Ward:	Observations
Is the ward properly signposted? Is it easy to identify where the toilets/ exits are?	
What is your first impression upon entering (i.e. well organised, chaotic, clean/ messy)? Does it look safe?	
How do members of staff come across - are they busy, efficient, organised?	
How do members of staff communicate with patients and relatives? Do they listen? Do they involve the patient? Does the patient get the opportunity to decide for themselves?	
Are relatives/ carers involved in discussions about treatment/ procedures/ next steps?	
Do staff treat patients with respect and dignity?	
Any other comments/ observations?	

Appendix C

Healthwatch Kingston upon Thames - Factsheet

What is Healthwatch?

All health and social care services must give the people that use those services the opportunity for their views to be heard, and take them into account when they review and plan them. Healthwatch is the independent consumer champion created to do just that; we gather and represent the views of the public and use this feedback to influence, improve and shape services. Healthwatch England is the national body that works on government level, and each area has a local Healthwatch that focuses on local services. Healthwatch Kingston upon Thames is the local body that focuses on services in and around Kingston.

What do we do?

Healthwatch has a number of ways of working.

- Gathering feedback & evidence- we collect views and evidence to help improve services
- Representation - we represent the view of local people on health and social care committees and contribute to strategic health and social care work
- Involving local people - we have local people involved in our work including task groups, research, Enter & View and to help gather feedback
- Task Groups - we invite local people to join us to use their experiences of specific health and social care issues to work towards making improvements
- Information - we keep local people informed of developments in health and social care through newsletters, website, outreach work and meetings
- Engagement in the community - we go out in the community to promote what we do, gather feedback and get people to join us
- Signposting - we signpost people to local health and social care services,

and provide advice about how and where to make a complaint

Who runs Healthwatch Kingston?

Healthwatch Kingston is funded by the local authority but it is an independent organisation.

It has a board of directors, who are volunteers and local people, which is responsible for setting the strategy. There is a small staff team that carry out the day-to-day work and who provide support to the Board, volunteers and people involved in our activities. It is a local organisation for local people.

About Enter & View

Enter & View is one of the mechanisms that we use to get feedback; it allows us to go into any health and social care service to observe what happens and to talk to patients and service users about their experience.

It is less about the clinical treatment, and more about making sure that people are treated with respect, that they are safe and that they are given options and choices about the services they need to access.

We will share our findings with the service provider, their commissioner and the public and make recommendations for improvement or share good practice.

Want to know more?

Joining us free and you can decide how much involvement you want.

Our website has more information, or you can call our office or email.

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