



Enter & View of John Stacey ward, Paulton Memorial Hospital

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About Healthwatch Bath and North East Somerset

Healthwatch Bath and North East Somerset is the independent champion for people who use health and social care services. We're here to make sure that those running services, put people at the heart of care.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We are here to listen and understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We focus on ensuring that people's worries and concerns about current services are addressed. We are totally independent and can provide you with impartial and independent signposting advice.

We are part of a network of 150 local Healthwatch across England and cover the whole of Swindon.

What is an Enter and View?

One of the ways we meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During visits we collect evidence of what works well and what could be improved to make people's experiences better.

We do this by observing the quality of service, observing the setting and how people are interacting, and talking to people using the service, including patients, residents, carers, staff and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

Details of the visit

Service visited: John Stacey ward, Paulton Memorial Hospital

Visit date: 30th October 2024

About the service

John Stacey is a 28 bed ward, primarily for rehabilitation and managed by HCRG Care Group. It comprises:

- 3 x 6 bedded bays
- 1 x 4 bedded bay
- 6 side rooms (single occupancy)
- The ward is for the rehabilitation of patients coming out of acute wards at The Royal United Hospital in Bath, prior to going back home or into a care home. Some patients may also be admitted from home as a preventative measure to admission to the acute hospital. End of life care can also be provided.
- Patients include those recovering from strokes and from operations. Some patients have dementia or other needs (including issues with mobility).

Purpose of the visit

To listen to and understand patients' experiences of receiving care at the John Stacey ward at Paulton. We were invited to visit by the Matron of wards at St Martin's Hospital in Bath and Paulton's Memorial hospital to the south of Bath.

How the visit was conducted

A date was agreed with the staff and a time set.

The visit was carried out by two authorised representatives. The team spoke to members of staff, volunteers, patients and visitors.

Information was collected from observations and conversations with staff, patients, visitors and volunteers.

At the end of the visit there was a team discussion to review and collate findings and initial feedback was provided to the Nurse in charge of the ward.

Healthwatch Bath and North East Somerset authorised representatives

Sue Poole (staff member)

Ella Langron (Student Placement)

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all patients/staff, only those who contributed. The visit did not include accessing any records. This report is written by a Healthwatch member of staff and student placement who are Authorised Representatives using collated feedback they and the placement student gathered.

Visit overview

After arranging a suitable date, we met with the Matron via Microsoft teams to communicate the purpose of the visit, to explain the process and ask and answer any additional questions. We were aware that the Matron was not available on the date we proposed for the visit but that we were welcome to visit without her being present.

On the day of the visit, we were welcomed by the ward manager. We briefly went over our plans for the visit to check this would not interrupt any care being provided on the ward. We were given a brief tour of the ward and were encouraged to speak to patients and staff. The only guidance was to be mindful of peoples' varying level of communication ability as patients with dementia may be less able to communicate their views. We did not enter bed areas which were curtained off for the provision of care or treatment, and left side rooms if care was being provided. We viewed the Day Room, but did not interrupt the activities in progress

Key Findings

The following are our key findings from the visit and should be considered alongside both our observations and what people told us.

- External signage to the hospital is limited and isn't clear about the services provided on site
- Staff on the ward appear to be happy and work confidently in their roles
- Patients' view of the staff in general is that they work hard and care well for them
- Patients did have concerns about the level of staffing to be able to answer call bells in particular
- Patients were content with the meals on the whole
- The physical environment feels crowded in places, due to a lack of space for storage for example, and would also benefit from some redecorations and upgrading of notice boards
- The ward appeared to be otherwise clean and tidy
- The Day Room, with activities and the option to eat lunch together appeared to be well used, being in use throughout our visit
- Access to TV or radio was dependent on which type and size of ward / bay a patient is occupying and where their bed was in the room
- There were positive partnerships in place between the ward and local providers enabling patients to take part in or enjoy a range of activities and services

Recommendations

We would like HCRG to consider the following recommendations for improvement. These are based on our findings from the visit:

- To review staff capacity to respond to call bells promptly, particularly their ability to assist patients in getting to the toilet
- To review meal options with patients to ensure sufficient choice of fresh salads and vegetables
- Provide and display a weekly programme of activities to ensure wider awareness of activities for patients and their visitors
- To consider inviting patients and volunteers for their input on the range of support volunteers are able to provide e.g. volunteer support to patients to use digital devices to support their ongoing communications with family and friends and their ability to engage in online interests
- To extend the provision of consistent dementia friendly signage throughout the ward, especially in all patient and visitor facing areas, including bathrooms, toilets, day room and conservatory (which is also labelled 'quiet room')
- To ensure that all Staffing Level information is updated daily, and that other public facing information is kept up to date on a weekly or monthly basis as required. We were advised that the staffing information that is displayed behind the ward clerk is updated daily, but the notice board in the corridor was not up to date when we visited.
- To consider an upgrade to the information notice boards and leaflet displays to make it easier to find key information.
- To schedule redecoration of corridor areas in particular, and wards to maintain a bright and welcoming environment;
- To consider potential for extending the call system to the conservatory to enable more use to be made of this valuable space.

Observations and findings

General Observations

Accessing the hospital

- External signage at the entrance to the hospital is limited and does not list the services available.
- External signage to the 'Main Entrance' is not clearly visible as you arrive in the car park.
- Car parking was limited.



Accessing John Stacey ward

- Signage to the John Stacey ward is not visible as you enter the main entrance; although the reception is very close to the entrance and was staffed when we arrived, and we were easily directed to the ward.



John Stacey ward:

- John Stacey is busy ward with staff that were observed to relate well to patients and to work well together.
- Staff appeared to be happy in their work and confident about how they provided a range of services to patients in their care. The ward was also supported by volunteers.
- The environment appeared quite 'busy'. Whilst the main corridor and access to the nurses station was clear of trolleys and any excess equipment, the working areas around the nurses station, bays and Day Room felt more crowded. This was in part due to a fire safety inspection / contractors being on site leading to some equipment being temporarily moved out of a store room into the corridor and also a moveable trellis providing a barrier to discourage some patients from walking out of the ward.
- There was no space to store the medication trolleys in the treatment room, so they were 'parked' in the corridor to the Day Room. We were later advised that these trolleys are locked to the wall, so they are secure.
- All areas observed appeared clean and tidy. There was a cleaner on duty.

- Decorations appeared 'tired' in some areas, with one door being noted to have deep grooves in the woodwork that needed filling and repainting.
- There were a number of different styles and types of notice boards and displays, including HCRG quality service information, a 'you said /we did feedback' board and general leaflets, as well as information displays on 'preventing falls' and 'recondition the nation'. The HCRG quality information and associated feedback and leaflet displays could possibly be better arranged in the same area, rather than in different parts of the corridor.



- It was noted that the staffing level chart for Registered Nurses and for Healthcare Assistants was a couple of days out of date, (dated 28/10/24 at which date actual staffing levels equalled the establishment level)
- The Day Room was a welcoming space providing for exercise, group activities, space for patients to lunch together and a dementia friendly area. We were advised that it had been redecorated and refitted earlier in the year through support of the League of Friends.
- The main bays especially were light and bright with big windows. Some beds had colourful crocheted blankets which brightened up the wards.
- Each of the main bays had a TV or radio. Music was playing at a reasonable volume in some bays.
- There were some items and signage in the ward to support a dementia friendly environment such as signage for toilets and showers on some of the doors, large analogue clocks in each ward and a dementia friendly area in the Day Room.
- The conservatory, located near the entrance of the ward and a little away from the main nursing areas, was only able to be used by patients when a member of staff was present, due to the lack of a call bell system in this area.



- We were advised that the chairs in the conservatory were new, having been provided by the League of Friends, and that the room was used on occasions for activities. Also, if visitors bought in patients' pets to visit and for the 'pat a dog' sessions. Books were provided in bookcases.
- It was noted that the room was labelled both Quiet Room and conservatory. It provided a useful space to wait before our visit started and was also being used by volunteers at the time.
- There was a garden area accessible from the conservatory, however, as explained and noted it was unsafe for patients without staff supporting them due to the paving being uneven in places.
- We were advised that the garden area was due to be improved so that patients could more easily make use of this area in good weather.

Observed Challenges

- Space was limited for storage of all equipment away from corridors.
- A patient in a side room nearest to the nurses station was constantly calling for help during our visit. Staff on duty explained they were able to calm her by spending time with her and providing reassurance, but that even when they did sit with her she would still call out. The nurse in charge said she sometimes took her work into the room with the patient so she had some comfort from the presence of another person. The room being nearest to the nurses station meant that they were able to keep a watchful eye on her.

Nurses station

- As the hub of the ward, with all corridors leading from it, it was observed to be a busy area, and with limited space.
- There was a moveable trellis style barrier partially across the entrance corridor near the nurses station, this was to provide a deterrent to a patient prone to walking out of the ward area, whilst retaining visibility to everyone coming in and out of the ward.
- The nurses station appeared to be staffed at all times, with at least one person present.

Privacy and dignity

- We observed whiteboards above patient's beds with names visible but no other details.
- In the nurses station, the white board behind the desk showed initials as identifiers not full names.
- Whilst speaking with a patient on the male bay we were aware that the curtain around the next bed was not fully closed for some time whilst care was being provided. It was closed however, after a few minutes. In other ward areas, curtains were seen to be fully closed.
- All patients who were sat in chairs by their beds were appropriately dressed and appeared clean and tidy. One lady was noted to have lovely looking hair and she said the hairdresser had been.

- One patient said she had had an accident in her chair as she had not been able to get help to get to the toilet in time. She had felt undignified from soiling herself and her clothes.
- Another patient said she estimated that a third of the patients all wanted to go to the toilet at the same time and there were simply not enough staff to support this as everyone needed staff assistance.



Patient Care

- In most cases patients were observed to have access to drinks and other personal items with tables being within reach, whilst they were sat in bedside chairs.
- In one case the patient's table was a long way from them, whilst we were present in their room. Although they had been receiving care recently.
- One person said they found the timing of mealtimes and medication disruptive. They would settle down to sleep after the early supper and then be woken up to have their medication later in the evening when they had been sound asleep.
- They found the lighting in the ward could also make sleep difficult.
- The issue most frequently mentioned in relation to patient care was the feeling that there were not enough nurses, this related particularly to response times to call bells.
- All the patients we spoke to could access their call bells and appeared to be confident in using them, if not in the response time.

Day room and activities

The day room is the main centre for activities on the ward. At our visit it was decorated for Halloween, pumpkins were being carved and also made into soup. There was a large screen TV on the wall which could be used in combination with activities e.g. for the Olympics or the coronation.

Staff described how patients benefitted in multiple ways from using the Day Room – if they were able to walk using a frame this formed part of their exercise routine, it gave them time to socialise with each other and keep their minds active through the activity.

A number of patients were served their lunch in the Day Room.

In asking patients about the Day Room

- Most patients were aware of the Day Room and the opportunity to take part in activities.
- There was no obvious programme of activities on display, so patients only recently arriving or their visitors, would not necessarily be aware of what was on offer and whether these were regular or one-off activities.
- One patient who had been in Paulton for about 2 weeks said she was not sure what activities took place and there was no timetable for activities.

Mealtimes

Meals are provided by Apetito, who deliver frozen meals. These are then prepared in the ward kitchen. Sandwiches, fruit and snacks, cheese and biscuits are provided from the kitchen at St Martins Hospital. Patients can request a salad if they would prefer and the nurse in charge advised they also keep tins of soup on the ward.

- We observed meals being distributed from the kitchen, with each bay being served separately. This presumably helps keep food hot, with the distance from kitchen to each bay also being short.
- Meals were identified by serviettes with the patient's name marked in pen. We observed courses being served separately, with desert being served sometime after the main course.
- We observed patients feeding themselves and saw one patient being assisted by a member of staff.
- A number of patients were eating lunch together in the day room.
- In asking patients about the food, the majority of people were either content, or said it was good. One patient did not like the food and felt there was insufficient fresh salads and that vegetables were overcooked. Another patient did not like all the gravy as it was so easy to spill and make a mess.
- The timing of mealtimes and drinks was mentioned by one patient. With only limited access to hot drinks when the trolley was coming round. Tea/supper being very early at 5pm. However, we were advised that staff will always make drinks for patients should they request it.
- At the RUH there was potentially more option for patients to purchase or request the purchase of items from the shop or cafes.



Rehabilitation support

- We observed some patients with floor based digital 'pedal exercisers' – one patient was using his whilst we were there, and their niece who was visiting said it showed how much exercise had been completed. Another patient had it by his feet.
- We observed exercise equipment in the Day Room, but it was not in use at the time of our visit.
- We observed 2 members of staff supporting a patient to walk during our visit
- One patient said they felt there was too much time with nothing to do, and this meant a lot of sleeping. They felt more physiotherapy and rehabilitation support was needed to give people the best chance of getting back home.
- One person said there was no plan in place for their rehabilitation to continue at home, so this was a concern.

Discharge

- We spoke to a member of staff on the ward who explained to us the process of being discharged from the hospital.
- He said that patients are all given an estimated date of discharge when they arrive at Paulton (usually within two weeks), but this will often be extended due to the social work processes that need to be completed.
- We were told that some patients needed to be assessed by a social worker and have a plan put in place for them to be able to be moved into a care home, if a move back to their own home is not possible.
- We were told that due to the high numbers of patients and limited number of social workers (currently around 160 patients to 7 social workers), the time that it took for patients to be assessed was lengthened and discharge could be delayed.
- We were also told about self-funding patients (those who can pay for their own care in a care home). The process for these patients was different.
- These patients are given a capacity assessment and then referred to the 'self-funding team' at the Royal United Hospital which can help to find and place them in a care home.
- The staff member told us that these patients are often able to leave Paulton sooner as they do not have to wait for social workers to assess them.
- Another factor that may impact the wait time to be discharged was how able the patients are to be rehabilitated.

- We were told that patients who have more potential to be rehabilitated are placed at the top of the priority list in terms of getting them back on their feet and out of the hospital, while those who are less able tend to spend more time at Paulton.
- It was also stated that patients coming to Paulton are less able to rehabilitate than in the past.

Comments from nurse in charge of the ward

- The process of referring to care homes and using social workers takes a long time.
- Most of the recommendations made in the last CQC report have been completed, including daily checks of the equipment being implemented and changing the documentation the staff use to make care plans more personalised and rehabilitation focused.
- The ward now has a more stable leadership team and can make more long-term sustainable changes.
- The ward is almost fully established in terms of staff.

Engagement and partnerships

- There was significant positive support from the League of Friends providing for decorations in the day room, new furniture for the conservatory and specific pieces of equipment including X-ray equipment and specialist chairs.
- Partnerships with external groups and services were also visible or described. E.g. a poster was visible on the ward wall for the local hairdresser who visited the ward. Staff described how the local Village Agent visited regularly, 'the pub choir' and 'pat a dog'.
- The OT had also arranged for 6 places on a festive craft Wellbeing Course, which was being held in a room elsewhere in the hospital to be reserved for patients on the ward to attend, with staff support. The relationship with Wellbeing Courses was an on-going relationship.
- 8 volunteers provided regular support for group activities, one to one support and practical support. We observed a young volunteer helping with the Halloween activities in the Day Room and afterwards making pumpkin soup for patients to try. Another volunteer was constructing small 'flat pack' tables that had been delivered. Members of staff had attended the Volunteer Fair earlier in the month to recruit ward volunteers at Paulton and St Martins.

Patient Feedback

We spoke to 7 patients and 2 visitors, all on the bays or in side rooms. Patients told us how long they had been on the ward, with times ranging from as little as 2 days to as many as 13 weeks. All those we asked had come from the Royal United Hospital in Bath.

All the patients we spoke to were appreciative of the hard work and care of the staff and the majority were positive about their care and treatment.

A selection of quotes from patients are provided below:



- “The call button is helpful, but staff do not always answer calls for help quickly – it’s important as sometimes patients need to use the toilet”
- “I’ve been to the day room, but I’m not sure what activities are taking place there and I’ve not seen a timetable for this information”

- “I have a mobile phone but I cannot use it very easily – I would like support for this but is not sure how to get it / who to ask”
- “The food is decent and there are choices for what to eat as well as a drinks trolley”
- “90% of the staff are friendly and do anything to help”
- “Staff are overrun and there are not enough to meet all the needs of the patients. The call button is slow and you sometimes have to wait a long time before going to the toilet”
- “All patients require someone to go with them to the toilet, so there can sometimes be large numbers of people waiting after using the call button to go to the toilet”
- “Potato pie – potatoes and pastry is not a healthy meal !”
- “I can use the walking frame to get around and use the day room” (although he needed someone with him when using the frame)
- “I can’t wish for anything better in terms of the care being given”
- “The staff are excellent and always do what they can to help”
- “The food is okay, but not great”
- “The care is good and staff are helpful but I would prefer there to be more staff to help”
- “The other evening, I arranged to watch the football with the man in the bed opposite, as we’re quite close to the TV. I also watched a whole film another evening as the timing worked out”



Next Steps

Healthwatch will:

- Share the report with the provider for their comment and input.
- Share the comments about signage with Paulton Memorial Hospital.
- Publish the report on Healthwatch Bath and North East Somerset's website.
- Share the report with the CQC.

Acknowledgements

The Healthwatch Bath and North East Somerset team would like to thank the Matron, Nurse in charge and all staff, volunteers, patients and their visitors for a friendly welcome and access to the ward.

Provider Response

Staffing

"We ensure to the best of our ability that the wards are at safe staffing levels. The head of nursing and the matron are in the middle of completing a staffing review".

"It is important to highlight that we endeavour to ensure maximum staffing levels are adhered to daily and will use agency to achieve these".

"Patient dependency can vary which may sometimes make patients feel it is short staffed, but we back-fill sickness and vacancy with agency workers to ensure wards are safe. The needs of the patients on the ward are always prioritised which means sometimes a patient may wait a little longer for the bell to be answered if staff are otherwise occupied (for example, with other patients, drug rounds, with families, or MDT meetings)".

Activities

"We are going to put a whiteboard up outside the day room to display the menu and activities."

“The activities available are displayed behind the nurses' station but this will be moved to make it clearer for patients”.

“The League of Friends has funded several outside organisations to come onto the ward and complete activities with the patients. This information should be displayed more clearly”.

Food

“The matron, ward managers, speech and language therapists, and housekeeping regularly have meetings to discuss the food, changing the menus and having more choice”

“Unfortunately, there is no cafe or shop on site”.

Discharge from the hospital

“All patients have a discharge plan, including rehabilitation therapy at home with our community rehab team as appropriate”.

Technology

“We have iPads on the ward for patients to use, however due to the nature of the patients, digital technology is not always appropriate. We have a mobile phone that patients can talk to their relatives on”.

Signage

“We will engage with our facilities manager to share your observations to review signage both in and outside of the hospital and with our landlord NHS property services”.

(Vicky Whittock, matron for the John Stacy ward at Paulton hospital)



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