

Enter & View of Sulis ward, St Martin's Hospital

February 2025

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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 Bath and North East Somerset.

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: Sulis ward, St Martin's Hospital, Midford Road, Bath

Visit date: 19th February 2025

About the service

Sulis is a 29-bed ward, managed by HCRG Care Group.

It comprises:

- One 6 bedded bay
- Two 4 bedded bays
- Two 5 bedded bays
- Five side rooms (single occupancy)
- The ward is for the rehabilitation of patients, including those recovering from stroke, and coming out of acute wards at The Royal United Hospital in Bath, prior to going back home or into a care home. Patients may also be admitted from home as a preventative measure to admission to the acute hospital. End of life palliative care can also be provided.
- Patients may have additional needs such as dementia
- The average length of stay is 25 to 30 days but this is dependent on many factors including medical condition and if therapy is needed.

Purpose of the visit

To listen to and understand patients' experiences of receiving care at the Sulis ward at St Martin's Hospital. 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. An Enter and View was completed at Paulton Memorial Hospital in October 2024.

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 accompanied by a new member of staff as an observer.

Information was collected from observations, and conversations between the authorised representatives and staff, patients, and their visitors.

At the end of the visit there was a team discussion to review and collate findings and initial feedback was provided to the Matron.

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

Once the visit date was arranged, we provided the Matron with an electronic poster to be printed and displayed on the ward to give notice of our visit and the invitation for people to speak to us.

On the day of the visit, we were welcomed by the Matron. 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 recovering from stroke or 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 were also able to visit the day room and gym and to speak to patients in these locations.

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 NHS signage at road entrance and on the site was felt to be inadequate, in terms of cleanliness, legibility, and clarity of directions
- 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 mentioned the positive approach and support of the Physiotherapist
- Patients and visitors have some concerns about the level of staffing and the associated availability of time to support their recovery through activities such as physiotherapy. This was particularly noted with regard to weekends
- Patients expressed mixed views about the sufficiency of meals
- The ward areas and corridors appeared clean and tidy, although there were a number of wheelchairs stored by the entrance to the Day Room and display boards at the entrance to the gym area (away from Sulis ward) which could cause a potential trip hazard (one of the visitors caught their feet on the display board legs)

- Displays and information for patients and their visitors appeared rather limited in terms of accessibility and content
- There was a storage cupboard for hoists and wheelchairs, but space seemed to be at a premium due to the size and range of equipment needed
- The Day Room included a TV, some books and games, a display of vintage advertising posters, which looked to be part of a reminiscence activity, and a 'today is' type display (not up to date)
- TVs /radios did not appear to be used on the wards, due to not wanting to disturb patients needing a quiet environment. iPads were said to be available for patients to use but these were not observed during our visit
- Partnership arrangements were in place between the ward and Golden Oldies and Pat a Dog
- There did not appear to be any general pastoral or emotional type support available for patients experiencing distress or low mood, such as might be provided by a chaplaincy service or potentially volunteers



Entrance signage



Sulis Reception



Display and notices

Recommendations

- To consider options for introducing pastoral and/or emotional support for patients experiencing low mood or other distress such as a chaplaincy service or volunteer 'befrienders/ward supporters'
- To explore options to support patients without visitors to access suitable day clothing. This would avoid the need to remain in nightwear or hospital gowns when out of bed
- To explore ways of facilitating access to TV /radio on the bays, perhaps at allocated times of the day to balance the needs of patients for peace and quiet and opportunities for external stimulus and interest
- To continue to search for a visiting hairdresser service for the ward to support patients' wellbeing
- To review meal options with patients to ensure sufficient choice of fresh salads and vegetables and a greater choice or style of sandwiches, and alternative light snacks, particularly for patients with low appetite, ensuring that support is available to assist patients in eating
- To improve patient information displays, ensuring activities and events are clearly communicated to ensure wider awareness of activities for patients and their visitors
- To add to the information on display for patients and their visitors, to include for example, Recondition the Nation and other relevant information displays
- To pursue the work around staffing levels including the necessary investment to match recommended nursing and healthcare assistant staffing levels
- To continue to explore options for making fuller use of the outside space as the weather allows
- To reduce the potential hazard from storage of display boards / other equipment in corridors, particularly adjacent to the gym
- To liaise with NHS site services to improve the external signage at St Martins and consider the installation of marked pedestrian crossing points for safe routes through the parking areas

Observations and findings

General Observations

Accessing the hospital

- External NHS hospital signs at one entrance were in need of a thorough clean with some wording barely visible
- Parking was available in two car parks accessed via the different routes into the hospital. On street parking was also available. On the day of the visit the car park was clear and paths easily accessible/flat for wheelchair use, although there were no designated crossing points such as zebra crossings. Parking also appeared to be available for bicycles
- On site 'finger post' signage directing people around the site was unclear and at a height that could make it difficult for some people to read

Accessing Sulis ward

- On entering the main building there was no signage initially visible for the Sulis ward, however, the building reception is very close to the entrance and was staffed when we arrived, and we were easily directed to the ward
- To access Sulis ward required gaining the attention of a member of the healthcare team at the nurses' station to be 'buzzed in'
- There did not appear to be a designated receptionist or staff member at the nurses' station although at a busy point in the ward there was mostly a member of the healthcare team nearby

Sulis ward:

- Sulis is busy ward with staff that were observed to relate well to patients and to work well together
- Corridors were generally clear of clutter and unnecessary objects, although at the entrance to the gym (which was off the ward itself) there were display boards being stored, with the 'feet' extending slightly into the walking area which could present a trip hazard, especially where people were walking side by side (one of the authorized representatives did catch their feet at the entrance)
- The entrance to the Day Room also appeared to be 'quite busy' as many patients required wheelchairs of various sizes and types to move around the ward

- A cleaner was observed to be working on the ward at the time of our visit and there were clear signs of cleaning, and upkeep on the ward, in bays and toilets. Toilets and bathrooms were all visibly clean.
- The standard of decoration in the ward areas were generally good
- There did not appear to be much information for patients available on notice boards in terms of any activities, such as 'open gym' or visits happening. (it was noted that there were posters advertising our Enter and View visit)
- 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.
- It was noted that the 'How are we doing' chart which includes staffing levels was undated
- Clear team-working and organisation was observed on the ward, with staff observed to be talking in a friendly manner with each other whilst undertaking their work. They appeared to support each other as and when needed
- Staff smiled and said hello during our visit and those who did not were clearly occupied or on their way to another task. They were very responsive on the main door for when someone rang or needed letting out
- Staff appeared to be happy in their work and confident about how they provided a range of services to patients in their care
- All staff had name badges. One member of staff with a sticky label for their name had done so due to the magnet part of their regular badge being mislaid
- Signage was provided on the ward explaining the uniform colours worn by different staff, however, this was not very visible due to the size of the text and location in the corridor
- Staff were observed to sanitise their hands when entering the ward from the main hospital corridor. Food preparation staff were also observed to wash their hands
- The main bays were light and bright; some beds had colourful crocheted blankets which provided a more homely touch
- Each of the main bays had a radio, however these were not in use during our visit and patients reported that there was no TV / radio on the wards. Side bays were provided with Radio and TV. It was explained that the issue was securing the agreement of all patients in a bay about what was to be screened or listened to, and that for some patients this might be overstimulating or have another adverse effect.

- We were also advised that a number of iPads were available for patients to use, although these were not in evidence during our visit. It was noted the internet was also not working at the time of our visit.
- Signage for toilets and bathrooms was clear and included dementia friendly signage. Large analogue clocks were present in each ward. There was a display of old advertisements in the Day Room, presumably, to provide talking points for patients
- There was an outside area to the Day Room, which was not in use at the time of our visit in the Winter. This was apparently used in warmer weather

Observed Challenges

- There was a storage cupboard near the Day Room for hoists and other equipment but some time was needed to manoeuvre equipment in and out of the space due to the amount and size of equipment
- We were advised during our visit that the computer and internet were not currently working across the HCRG hospital estate, which was restricting access to patient details via System 1. (Primarily a GP based system). Where this could have an impact on patient care or discharge, e.g. medication, appropriate paper systems were being used and phone calls in place of online forms or emails. Records would need to be backed up once the computer and internet were back working. The necessary steps were being taken to ensure that patient safety was not compromised
- There appeared to be limited options for activities and ways to pass the time during our visit, and for patients without regular visitors this would be a more significant issue



Toilet signage



Equipment store

Nurses station

- The nurses' station was located at the entrance to the ward and visitors needed to be buzzed in and out
- Whilst it did not appear to be staffed during our visit, there was a fairly constant passage of nurses and other staff in the area able to answer the door or phone
- A staffing whiteboard was located behind the desk area and the patient whiteboard on an adjacent wall
- An HCRG sign on the desk notified visitors of the ward manager and nurse in charge

Privacy and dignity

- We observed whiteboards above patient's beds with first names visible but no other details
- A white board next to the nurses' station used initials to identify patients together with flower and butterfly icons to signify either dementia or end of life care patients
- We did not observe patients receiving any care that should have taken place behind a screen or behind screens during our visit
- Patients who were sat in chairs by their beds or in the Day Room were dressed in either day clothes, night wear or, in one case at least, hospital gowns, and with and without footwear. Wearing a hospital gown outside of bed did not appear an ideal situation for the patient in terms of modesty and dignity
- Some patients did not appear to have tidy hair or to have been able to shave. We are unable to comment whether this was due to a lack of help or personal choice
- The variability of clothing appeared to be dependent on whether or not patients had family / friends visiting and able to manage their laundry and provision of clean clothing. We were advised in conversation at the end of the visit that staff on occasions would purchase items such as jogging bottoms at their own expense at a nearby superstore
- A box of donated clothes had been available previously but there were concerns about whether or not clothes could be guaranteed to be clean

Patient Care

- Staff were observed to approach each patient in a friendly manner and to explain things slowly in a clear way, checking if patients understood or needed anymore help
- Patients had access to drinks and other personal items with tables being within reach, both in bed and whilst sat in bedside chairs
- All patients had access to the call bell by their bed and these were also observed to be available on tables in the Day Room. The issue most frequently mentioned in relation to patient care was the feeling that there were not enough nurses and healthcare staff and that more frequent access to physiotherapy would be welcomed
- We spoke with some patients who were in a low or very low mood, and there was a sense that there was no support available to help them with this aspect of their wellbeing compared to their physical needs. In conversation with the Matron at the end of the visit we were advised that stroke patients could access psychology support if they had low mood, but not 'general rehab' patients. Access to other wellbeing support such as bereavement care would potentially be available only once patients were discharged
- There was no chaplaincy or visible outside support, for example, there did not appear to be any relationships in place such as there are at Paulton Memorial Hospital where there is a League of Friends and a local priest regularly visiting, or at the RUH where there is a strong volunteer base, that might provide additional informal resources which could alleviate to an extent patients' experiences of low mood

Day room and activities

We visited the Day Room and spoke to a small number of patients who were waiting to have lunch or to meet visitors

- The Day Room was next to the kitchen / food preparation area
- There was a notice board with old Dairy themed advertisements displayed, a selection of books and jigsaws and a TV, which staff were setting up at the time of our visit
- Additionally, there was a white board with labels which could be updated to show the season, day, date and weather, however at the time of our visit this was not set up with clear or up to date information
- Access to an outside area was available and we were advised by the Matron that this was used in warm weather
- Patients did not appear to be aware of what they could do and when and there were no signs apparent stating what was happening and when
- We spoke to one patient who did not have their own mobile phone and although they thought they could ask to make a call they did not appear to be sure of this or how to go about this. They said they were awaiting visitors and not knowing when they were coming was adding to their anxiety



View to Day Room



Day Room



Day Room

Mealtimes

Meals are provided by Apetito, who deliver frozen meals. These are then prepared in the ward kitchen based on orders requested. Sandwiches are also freshly prepared on Sulis ward at St Martins.

We observed meals being distributed from the kitchen to the Day Room and being served and eaten on the bays and side rooms.

- We observed one meal being served to the wrong person and having to be sent back to the kitchen
- We observed patients feeding themselves and also saw staff supporting patients by chopping up their food for them if requested
- A number of patients were waiting to eat lunch in the Day Room
- When asking patients about the food, there was a mix of responses with some saying they enjoyed the food, and that it was at least hotter than at the RUH, whilst others said food was better at the RUH
- One patient commented that it was 'all the same' with little variety in terms of vegetables. The meal observed didn't appear to have any vegetables served except potatoes (although this may have been down to patient choice)
- A patient said that there were only 2 choices of sandwich so very standard or basic options. However, the sandwiches were made fresh on the ward rather than being pre-packed
- One patient had requested a sandwich as he could not cope with a cooked meal, but he said he was not able to eat the sandwich either due to it making him sick. There didn't appear, during our visit, to be any help offered to him, for example, to cut the sandwich into smaller portions which might have encouraged him to try
- One patient said they were able to make themselves tea and toast under supervision, and she had valued this opportunity

Rehabilitation – the ‘open gym’

We observed patients taking part in an ‘open gym’ session in a gym which was located just outside Sulis ward.

- Open gym involved a number of patients attending the gym at the same time and taking turns with different activities and assessments, supported by the physiotherapist and support staff / nurses
- Introducing this approach in place of one-to-one sessions was seen to increase the amount of physiotherapy support available to each patient and in addition provided patients with more time away from the ward and to be with other patients in a slightly less clinical setting
- All patients who commented on the physiotherapy support were pleased with the help they were receiving from the physiotherapy staff
- Some patients commented they felt they needed more support than they were currently receiving
- In addition to Physiotherapy, we were advised that the Occupational Therapy (OT) Assistant offered Speech and Language Therapy and a Cognitive Stimulation Group for patients with dementia or undiagnosed cognitive issues



Gym equipment



Entrance to Day Room

Discharge

We spoke to patients regarding what they knew about plans for their discharge.

- For some people this planning was in progress or completed whilst others were unclear about their discharge. One gentleman showed us a sheet of paper which set out handwritten points with regard to his discharge, and another patient said they were due to be discharged soon and had a care plan in place
- One patient was quite anxious about their future, and was waiting for family members to visit with possible news about care homes
- Another patient and their visitor appeared to be in the early stages of discharge planning and felt they needed significant support to deal with issues such as equipment, care and adaptations
- The partner of one patient, who was their carer, had himself had health issues requiring physiotherapy but was having to wait for a number of months – however, this delay would prevent him from helping to care for his wife when she was discharged

Engagement and partnerships

- We were advised that regular visitors were provided from 'Pat a dog' and Golden Oldies.
- There was no visiting hairdresser and it was proving difficult to arrange for someone with a DBS and necessary skills who was willing to take this on
- There was no equivalent to the League of Friends at Paulton Memorial Hospital, which benefitted patients on the John Stacey ward
- We were advised that there are a small number of volunteers (3) for the ward with a further 4 in the process of recruitment by the 'Recondition the Nation' physiotherapist. We are unsure of the role of the volunteers once in place, and no volunteers were present during our visit

Patient Feedback

We spoke to 6 patients and visitors on the bays and in the side rooms. We also spoke with 2 patients in the Day Room and 4 patients in the Open Gym.

3 patients we spoke to appeared to be in low or very low moods. There was no apparent support available for them in terms of either health based talking /listening therapies, externally provided chaplaincy or other type of support.

Otherwise, the patients we spoke to were appreciative of the hard work and care of the nursing staff and physiotherapy team. A number of quotes from patients are provided below:



"I've had physio and feel most of my needs are being addressed, although there can sometime be a slow response with call bells"

"I feel like I'm well looked after. I enjoy the food and feel there is enough choice with hot and cold options. I can make my own tea and toast with supervision which I enjoy"

"The weekends can be boring but I have regular visitors from my family. I'm being discharged soon and have a care plan ready to go"

"I've taken part in some activities and been able to make friends with other patients on the ward"

"I was in the RUH for 2 weeks in bed and lost mobility. I've now been here for 3 weeks and have another 2 weeks – I'm not sure how much this will help in getting back to doing things for myself as I'm still unable to support myself"

"I don't know how I'm going to manage sorting out care for when I go home, and get advice about equipment. Even something as basic as (continence) pads is a challenge to get ones that fit"

"The weekends are a desert in terms of staff being available for physio or other activities"

"There are no TVs or radios in ward. It would be nice to be able to listen to talk radio via headphones"

"Events and activities seem very ad hoc so it's easy to miss things, or find they clash with a medical appointment"

"Quality of food better at Dyson (centre at the RUH) than here"

"Food is ok - 50/50"

"I'm not used to 2 cooked meals a day so I quite often ask for sandwiches instead; the choices are very basic though"

"Food was cold at the RUH, but it is hot here"

"The demeanour of the nurses different to at the RUH. Most nurses here are good but one is a bit 'rough' although not enough to complain"

"The physio is excellent"

"The physio is great. He doesn't give you any 'flannel' if you're not doing something right he'll tell you. The straight talking is really helpful"

"Some of the nurses do not seem to know how to work the beds and new equipment"
(at RUH and at St Martins)

"The discharge plan is in the making, and we have some information but we need lots of help and advice to sort out things like equipment and adaptations with the OT"

"I wish someone could help me to find a way through how I'm feeling. I was a [job role] for forty years and never thought I would be in this situation where I can't help myself, but now I am really lost"

"I'm feeling very low today"

"I find the staff are fairly responsive but I don't need a lot of help – so maybe it is easier for me"

"The Day room is handy but it doesn't have a very good selection of books"

"I feel the ward is short staffed"

"I think the ward is understaffed for how busy it is – for example, the Water jug was not changed for a couple of days and the sheet on the bed was also not changed for a number of days" (*visitor*)



Next Steps

Healthwatch will:

- Share the report with the provider for their comment and input.
- Share the comments about signage with St Martin's 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, and all staff, patients and their visitors for their friendly welcome and access to the ward.

Provider Response

At the end of our visit, we were able to meet with the Matron, and to follow up additionally via email, to clarify some of the points raised from our observations and conversations, and to request a response to our findings and recommendations.

Comments are provided from the Matron in charge of the ward.

Staffing levels

In relation to staffing levels, we have undertaken a review looking at the needs of patients and the subsequent need for staffing. We are currently nearly fully staffed to budget and have two vacancies out to recruitment.

However, increasing staffing levels will require more investment and this would need to be requested through HCRG management.

Following our review, we have sent a report to the central team in the hope that we receive further investment, but currently we staff most shifts to a full complement as per our budget.

We are also less reliant on agency staff than previously but may still need to use agency staff where our own staff are off sick for example. However, where agency staff are requested, they will only be taken on if they have the right type of experience.

We additionally have a staff WhatsApp group where additional shifts can be advertised first to current staff.

We have a ward clerk present at the reception to answer the door and meet and greet visitors Monday to Friday (8-5) and Saturday mornings.

Clothing

In relation to clothing for patients this is a common issue to many hospitals where there are no laundry facilities for patient clothing, and so patients are reliant on family and friends to launder and provide clean clothes.

In terms of providing spare clothes, we have had a small box of donations, but have to be mindful of health and safety concerns with regard to cleanliness of donated clothes if they are not new.

IT issues

Since Healthwatch's visit our IT issues have been resolved.

Emotional wellbeing support

If a patient doesn't have any family or visitors, this can be discussed every week at the multidisciplinary discharge team meeting. We usually have a village agent present who can refer the patient to a service from the wellbeing team and additionally there will be a social worker present. Therefore, collectively we can plan to support patients that do not have a NOK/family.

It is not that common for a patient to have nobody at all that visits or looks out for them. If there is no family, there is usually a friend or neighbour, however, we do not have specific figures for this occurrence.

Apart from wellbeing services we do not have a chaplaincy service for In-Patients. Our 'condition the nation' physio has been leading on recruiting volunteers, and has been to a volunteer fair recently to engage some interest. We currently therefore have 3 volunteers with a further 4 in the process of recruitment, including 'exercise volunteers'.

We do not have any non-clinical end of life staff. This would be part of the clinical role. HCRG have had a new end of life lead start in the last year and this is something that I could discuss with her.

Access to TV / radio

We currently have several [tablet] devices on each ward for the patients to use. We do not have earphones for the patients to use as if they were shared the infection control issue would be around ensuring they are cleaned in between use. We could purchase one use only earphones but then if a patient wears hearing aids this will be a problem, but definitely worth considering.

All bays have a radio, and the side rooms have a radio and television. As we discussed we will look into televisions being available for the patients in the bay.



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