Enter and View Visit

Combe Ward, RUH

Combe Park, Bath, Somerset BA1 3NG

October 14th 2014

Authorised representatives undertaking visit:

Christina Chow, Pam Hallett

Ann Harding, Roger Tippings

Healthwatch B&NES

Tel: 01225 232401

Email: info@healthwatchbathnes.co.uk

Acknowledgements

The Enter and View team would like to thank Theresa Hegarty, Ward Matron Sue Leathers and Ward Manager John Willis for their time and the thorough and detailed information which they freely gave and all the ward staff who accommodated the team.

Purpose of the visit

To observe and gather information about integrated dementia care in line with Healthwatch B&NES work plan priorities.

Methodology

Meet with staff to gather information on pre-planned subjects. (See Appendix 1)
Make observations focussing on pre-planned subjects. (See Appendix 1)
Where appropriate speak to patients and relatives/carers to gather their experiences of coombe ward.

Consumer Rights

3. The right to a safe, dignified and quality service,
5. The right to choose,
6. The right to be listened to,
7. The right to be involved,

Summary of data collected:

The Enter and View team were taken around the ward by Sue Leathers, Ward Matron and John Willis, Ward Manager. The team were given full information about the refurbishment of the ward and the alterations and considerations which promote a dementia friendly environment.
The team asked questions and made observations recording their findings (See Appendix 2)
The team observed a lunchtime.
It was not felt appropriate on this occasion to speak to patients or relatives.

Findings

Combe ward is an acute ward for the elderly. It underwent major refurbishment a year ago using funding from the Kings Fund (£500,000) and is now proud to offer completely dementia friendly surroundings and a place of safety and tranquillity to their vulnerable patients. These patients are acutely medically ill (UTI's; Respiratory infections; General infections etc) but a high percentage also have related mental health/dementia issues as well.

In order to provide a dementia friendly environment certain key issues were addressed around the interior design. Flooring, lighting and use of colour and contrast have been chosen to reduce disorientation and agitation. Corridors and signs are de-cluttered and a quiet calm atmosphere is promoted. The aim is to create "normal" surroundings, encouraging people to get back to an everyday life as soon as possible.

RUH is actively championing similar modifications to other wards, in a 'whole hospital approach', using Combe Ward as the model.

The enter and view team were impressed by the level of thought and consideration that had gone into designing the ward. The team could see and feel the positive impact that the changes have made.

The team observed that the changes benefited the patients and staff equally, creating a more pleasant working environment as well as a better experience for patients.

The team had the opportunity to speak to several members of staff and observed enthusiasm and pride in the ward.

The team applauded the initiative to recruitment, mentor and reskill registered nurses as a good way of recruiting staff in a difficult recruitment environment.

Recommendations

Although a large amount of funding had enabled Combe Ward to make considerable changes to create a dementia friendly environment, some of the alterations were simple and not expensive but still had a considerable positive impact on the day to day experience and wellbeing of patients and staff.

It is recommended that the thinking behind the dementia friendly model adopted for Combe Ward be widely disseminated to create dementia friendly environments elsewhere.

Accessibility need not be restricted to the targeted groups and locations they are designed for. The benefits to dementia patients would be considered benefits to other groups and a calm, well planned, clearly signposted, accessible venue should be a goal everywhere.

With the predicted increase in people living with dementia in mind a drive now toward promoting dementia friendly environments and dementia awareness training for staff everywhere would be beneficial long term.

We would also like to recommend that the Mental Liaison Nurse be included in the daily ward meetings to integrate the mental health perspective into patient planning.

Disclaimer

- **This report relates only to information gathered at a specific visit (a point in time)**

Appendix 1 – visit planning

Appendix 2 – visit findings and observations.

Appendix 1 – Planning

Enter and View visit to Combe Ward RUH.

Purpose of visit:
To observe and gather information about dementia care in line with Healthwatch B&NES work plan priorities.
Method
Meet with staff to gather information.
Make observations.
Where appropriate speak to patients and relatives/carers to gather their experiences of Combe ward.

Combe Ward observations

- Privacy and dignity
- Clothing, hair, cleanliness observations
- Staffing levels, any different at weekends?
- Staff interaction with patients
- Is there a communal area?

Combe Ward questions

- Hydration and feeding, how is this monitored and recorded?
- Showering and washing, what choices do people have?
- What form do assessments take and who carries out the assessments?
- How does Combe ward link in with other medical departments?
- How is Combe ward adapted to accommodate the needs of people with dementia?
- Is there liaison with mental health services?
- What support is there for staff? Training?

Appendix 2 – Findings

Enter and View visit to Combe Ward RUH.

Combe Ward observations

- **Privacy and dignity**
  Ward consists of 4 bays, 2 male and 2 female each with 5 beds. Each bed has curtains. There are no shared facilities between male and female patients.
  At least 2 single private rooms were observed. One of these has special lighting that mimics daylight which helps dementia sufferers and can be adjusted to normalise sleep patterns.
  The former central nursing station has been replaced by small individual nursing stations located within each bay on inside of bay entrance. This has the effect of reducing noise transfer from the tendency of 'staff huddle' around a main nursing station, and also bringing nursing staff 'closer' to patients, thus a more responsive nursing/patient dynamic. This also prevents patients wandering out into the corridor looking for staff.
  Each bay has its own toilet facilities with no need to go out into the corridor. Toilet door entrance located to face bed space, has big, clear sign including pictorial image. This has improved patients' continence, significantly reduced the use of commodes, thus improving patients' privacy and dignity.
  I observed Nurse interacting with a female patient with dementia who was seated in the communal area. Nurse knelt down by the patient and spoke to the patient at her level. This demonstrated a culture of respect for the patient.

- **Clothing, hair, cleanliness, atmosphere observations**
  There is no clutter everything is in cupboards.
  We observed that the ward had a calm, pleasant, quiet and tranquil atmosphere throughout.

- **Staffing levels, any different at weekends?**
  When E & V team visited, ward was short of staff.

There are reduced staffing levels at weekends at the moment due to staff shortage but recruitment and training is on going and hopefully will be resolved in December.
The team was pleased to see that to aid recruitment of registered nurses there was a programme for nurses who had been out of acute medicine work for some time to be taken on and be given a 6 month programme with a mentor to enhance their skills. The group applauded this initiative as a good way of recruiting staff in a difficult recruitment environment .
Always 3 trained nurses on at night.

- **Staff interaction with patients**
  All staff we encountered seemed very pleasant helpful and motivated. They seemed to know their patients and interact well with them. Staff have a multi-disciplinary team meeting every morning + meet before every shift to assess and familiarise with patients' needs. Staff carry forms with these details on them for easy referral.
  We all noticed the calmness of the ward. Staff receive special training in how to deal with agitated patients.

- **Is there a communal area?**
  2 communal areas have been created as part of refurbishment to help provide a 'normal' environment for patients.

  Communal area located where former nursing station was – 3 arm-chairs in fresh bright colour.

  Day Room – This space was created from a corner area which had previous small OT/kitchen etc offices. The new space has 2 windows allowing natural light. It has a homely feel with carefully selected furnishings – working fireplace, piano, curtains, PC with old films eg Goons, b/w photos and pictures, dining table and chairs, a room divider/shelf with books.

  This Day Room encourages patients to keep mobile, and patients/relatives to graduate from the typical 'relatives sat around the

patient in bed' to a more 'normal' setting. This room helps reduce the 'institutional' experience of being in hospital.
Activities such as music, textile, pet therapy take place in the Day Room.
Also available are 2 reclining chairs for relatives to rest. These 'crash' chairs were put in after consultation provided feedback that they did not want beds for relatives.

There is also a landscaped garden accessible from the ward, again another safe and pleasant outdoor space for patients and relatives to enjoy. We did not go out to the garden space.

Occupational Therapy kitchen which helps to reskill people plus can be used by families and carers to make their own refreshments.

Visiting hours are more generous than for the rest of the hospital from 11am-8pm

Combe Ward questions

- **Hydration and feeding, how is this monitored and recorded?**
  We saw lunch being served. Choice of hot meals from the trolley. Dementia/elderly friendly heavy-based china plates with a rounded lipped were being used. These are an improvement from institutional plastic plates.
  Food choices are all made on the day immediately prior to meal service.
  Meals comprise of breakfast, cooked lunch and cooked supper with options of sandwiches if preferred.
  John Willis explained the use of red and blue trays – red trays alert staff that patient needs help with their meals.
  John Willis reported that they have received negative feedback on the food. He is thinking of getting a bread-maker into the ward to trail if the scent of freshly baked bread would create a positive response to food.
  Drinks were observed by bedsides. Did not ask how monitored.

- **What form do assessments take and who carries out the assessments?**
  Patients should have a “health passport” with them when admitted to hospital supplied by the care home. The quality of these records vary enormously from different care facilities but should contain a complete record of that person’s needs.
  Once in hospital assessments are carried out by a Multi Disciplinary Team.
  Meetings take place every morning by staff on this team and patients’ needs are discussed and reviewed.
  On a notice board outside the MDT office, there is a tracking chart for incidents of falls, complaints, pressure ulcers, MRSA safety, C Difficle safety.

- **Is there liaison with mental health services?**
  An electronic referral system is in place from the RUH to the Mental Health Team. The MHT will attend as and when required. They provide support pathways for people with complex needs and will signpost secondary services if necessary eg referral to RICE clinic (Memory clinic) at the RUH.
  There is a Dementia Co-ordinator providing a 7 day service.
  We spoke to Mental Health nurse Brandon Baker. He supports pathways to discharge. Will signpost to community Mental health team in RUH. He is not part of the daily ward meetings. This could be looked at further to integrate the mental health perspective into these meetings
  Sedation policy – the ward does not sedate patients unless it is prescribed by doctors. Aim to de-escalate any situation with calm words.

- **How is Combe ward adapted to accommodate the needs of people with dementia?**
  The ward was refurbished in September 2013 with the support of ½ million pounds funding from the King’s fund.
  Deliberate choice of décor, colour schemes and layout aim to create a safe environment, promote the ward as a ‘place of safety’, be more

dementia friendly, reduce barriers/risk of falls for elderly patients, 'normalise' environment for the patients.
Colour contrast clearly defined bays and corridor areas – patients can find their way around more easily, and therefore their stress levels would be reduced. Each bay is a different colour and number so patients can easily identify their bay.
Flooring specially chosen to reduce risk of falls. Flooring material do not have speckles or dots as these might cause patients to think something is on the floor and as they bend down to pick this up, would risk falling over. Plain wood effect to reduce disorientation/agitation.
Lighting – previous fluorescent lights which cast shadows have been replaced with LEDs which provide full light spectrum. This creates a bright comfortable environment for patients and staff.
Unnecessary signs in corridors have been removed.
Clutter in corridors have been removed. The resus trolley is in a cupboard, but within 2 minutes of reach to bays.
We observed that the colour contrasts, floor and lighting, lack of clutter, all contribute to a safe, bright and calm environment. This was conducive to reducing patient confusion and stress, and supported patient well-being and dignity.
Each bay has a large digital screen clock giving the time, day and date in a variety of visual formats, including a clock face, numeral and words, for eg. 'It is now Tuesday morning'. The various options meet patients' varying ability to interpret date and time, help to re-orientate patient and thus reduce patient stress and confusion.
The name of the ward is clearly signed within each bay where patients can see.

- **What support is there for staff? Training?**
  Told that the new refurbished ward has created a calm atmosphere and spacious area to work in. The layout has improved communications.
  Staff safety briefing – include resuscitation, infection, early warning scores, risk of deterioration, nutrition (assistance at meals), falls, wanderers, aggression, pressure sores, allergies.
  Training for dementia awareness, conflict resolution, manual handling.
  Multi-discipline team (OT, discharge, nurses doctors) meet daily.

We saw the Clean Utility Room which was a bright and organised space for staff to work in.
We saw the Multi Discipline Team room - an office space with at least 2 PCs, and where confidential telephone calls can be made by staff. On a large white board, patients' names and their details such as discharge date, codes for dementia, any risk alerts etc are indicated. This space and it's information is not in the public domain, thus patient confidentiality is respected, patient privacy and dignity supported. There are further 2 rooms available for confidential meetings.
I observed that the staff take pride in their work and enjoy working in the new improved environment. John Willis spoke enthusiastically about the improved changes.
Some Health Care Assistants are receiving extra training in mental health issues. The staff have found this particularly useful when de-escalating tricky situations which previously may have resulted in disruptive or aggressive behaviour.
Staff have debrief sessions before each new shift begins.
We all noticed the calmness of the ward. Staff receive special training in how to deal with agitated patients

Discharge related questions

- **What is the discharge process? Is there a pathway?**
  Discharge communication consists of TOC – Transfer of Care document, and Doctor's discharge summary including medication, advance care etc. plus a Medical Discharge Summary which is sent to their GP containing information about all their medical needs.
  Combe ward itself does not do a "follow-up call" to the patient after discharge. This is done by the Discharge Co-ordinator who provides a link between the hospital, GP, patient and any other services that need to be commissioned.

- **How does the balance work between pressure on bed space and the needs of the patients?**
  Ideally the patients needs are paramount. This results in "blocked beds" due to Delayed Discharges – when patients are waiting for discharge but no suitable care facilities have been found OR waiting for funding before can be moved OR waiting for home adaptations.