



DE MORGANNWG | SOUTH GLAMORGAN

CHC Visit Report
(Unannounced)

**Ward B4 Neurology,
University Hospital of
Wales**

25th August 2022

Accessible formats

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

Contact Information

South Glamorgan Community Health Council
Pro Copy Business Centre (Rear)
Parc Ty Glas
Llanishen
Cardiff
CF14 5DU

Telephone: 02920 750 112

Email: SouthGlam.Chiefofficer@waleschc.org.uk

Contents

Section	Page Number
Your Community Health Council	1
Visit Overview	2
Briefing Information	3
Patient Engagement	4
Environment	6
Interaction with Staff	7
Summary of Visit	9
Recommendations	10

Your Community Health Council

Community Health Councils (CHCs) are the independent watch-dog of NHS services within Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through: a wide range of community networks, direct contact with patients, families and carers through enquires, our Complaints Advocacy Service, visiting activities and through public and patient surveys, with the CHC acting as the "Public & Patient Voice" within Cardiff and Vale of Glamorgan.

Visit Overview

Two members of the CHC visited Ward B4 Neurology at University Hospital of Wales (UHW) on Thursday 25th August 2022 at 9:30am

As part of the visit, members of the CHC were able to speak with the following NHS Staff:

- ❖ Ward Manager

Briefing Information

The purpose of the unannounced visit was for the visiting team to observe the environment, quality of service provision being provided on the Ward and to gather the views and experiences of the patients, carers and visitors whilst on the Ward and wider site.

This was in response to public feedback received in which concerns were raised regarding patient care on the Ward.

Patient Engagement

Due to the timing of the visit several patients were being assisted with personal care and the consultant rounds were taking place. The visiting team were able to speak with a number of patients.

The duration of patients stay that were spoken with varied between several weeks and 5 days.

A general consensus was that the ward was very busy with the perception from patients spoken to that there was a shortage of staff.

This was considered by the majority of patients spoken to being contributory to delays in medication being distributed on time, which one patient reported had left her in pain, and had an impact on the next due dosage.

Choices of food were available, with usually 3 choices of hot food. Although it was stated some days a vegetarian option was not on the menu. Most patients stated they were very happy with the food and that it was delivered hot.

Some patients required assistance with meals, as highlighted on a notice board. There were several accounts of food being delivered and left on the side and then taken away untouched.

A number of patients stated they had missed meals as a result of treatments or being off the ward and when asked if sandwiches were available was told no, some patients mentioned that staff knew they would be off the Ward at mealtimes but no provision was made to provide a meal on their return.

Members were told when patients use the call system it often takes a long time for a response, the team witnessed this whilst on the Ward when a patients infusion had run out The visiting team were concerned to note that there were several Nurse call buzzers either not working, missing, or not plugged in.

A patient stated to have been left in distress as unable to access help.

The majority of patients the team spoke with were very complimentary of the support and care received from the staff on the Ward. This was stated by one patient to have been an issue with a member of staff involved in their care, but this had been promptly addressed with an alternative named staff member being assigned to that patient.

Bedding was changed regularly and water jugs replenished several times a day.

There had been a recent situation of no towels available for patients over several days. Family members had provided towels but there was evidence of towels being shared.

One patient who had been provided with incontinence pads stated they were too big, resulting in faecal leakage which had been a cause of distress when she was off the Ward. It is understood family had purchased more appropriate pads.

Patients told members the visiting system is problematic for friends and family, in that the Ward receptionist takes the call and books the visiting slot and visitors are only allowed for one hour.

In addition medical interventions and Doctors visiting patients impacts on the visiting time allocated.

The Ward Manager when asked about this stated they used their discretion and was flexible where feasible.

A patient had received a poor prognosis and became distressed as she had not been able to speak with anyone regarding "what next".

Environment

A notice board prominently positioned highlighted specific patients who needed to be assisted or encouraged at mealtimes.

The area and walkways were cluttered with various items of equipment, boxes and packages.

Generally, the Ward appeared clean, but a four bedded area was noted to have litter and bottle tops under a bed.

There was a lack of areas on the Ward appropriate for staff to hold meetings.

Interaction with Staff

On arrival the team introduced themselves to the Ward Receptionist who located the Ward Manager. The team explained the role of the visiting team.

Due to the nature of some patients' diagnosis, the team were advised of the patients who it was not appropriate to speak with.

The visiting team met with the Ward Manager who informed them the Ward provides a range of diagnostic and interventions for a broad range of neurological conditions with several patients having multiple admissions to the Ward over periods of time due to the progressive nature of their diagnosis.

At the time of the visit the Ward all beds were occupied, but the Ward Manager reported that the patients on the Ward were to be split into specialties and approximately half would be relocated to Ward C4 later that day.

The vacated bed spaces would be utilised for storage due to lack of sufficient areas to store items.

The team would provide the Nursing cover pro rata to the patients being transferred to Ward C4.

The Ward is reported to be short staffed most days, the required number by day is 8 Qualified and 5 Healthcare Support staff.

Staffing levels on the day of the visit was stated to be at full compliment of 8 Qualified and 5 Healthcare Support staff.

Staffing cover at night is 5 Qualified and 4 Healthcare Support staff. Sufficient night cover is seldom a problem as staff are flexible and willing to work extra shifts and supplemented if required by bank staff.

Visiting was stated to be between 2-4 and 6-7. Appointments for visiting slots are made by ringing the Ward receptionist to arrange.

The Manager agreed to be available throughout the visit and to meet with the visiting team after completing the visit for feedback and clarification as required.

Following the completion of the visit, the visiting team raised the following areas of concern raised by patients for the Ward Managers response.

Visiting — The Ward Manager stated he acknowledged the difficulties some relatives and friends had in arranging visiting slots under the current guidelines of ringing the Ward and had adopted a more flexible approach where possible

Mealtimes - There are daily vegetarian options on the menu, and specific cultural and dietary preferences are made available as required.

In the situation of patients not being available when hot food is being served there is always availability of sandwiches, but not indicated to be any hot option of eg soup.

Patient / staff member support - The Ward Manager was aware that there had been a break down in the nursing relationship with a patient, this has been immediately addressed and an alternative named Nurse allocated to that patients' care.

The Manager was following this up and had arranged to meet with the patient that day to discuss and hopefully satisfactorily resolve the matters.

Cleanliness of the Ward area - There is a dedicated cleaner for the Ward who has been in post for several years, and there have previously been no issues of concern.

Availability of towels - This was stated to had been an isolated incident when the lock on the linen cupboard became jammed and there was a delay in getting a maintenance person to repair it.

Cluttered areas in general - Contributory to this is the general lack of storage on the Ward. With some patients being imminently transferred to C4 more storage space will be available.

Summary of Visit

Positive Findings:

1. Information board detailing patient support needs at mealtimes.
2. Ward generally clean, light and airy.
3. Hot drinks readily available during the day and water jugs replenished several times during the day.
4. Staff responsive to patients concerns when raised.
5. Visiting arrangements are flexible within Health Board visiting restrictions.

Negative Findings:

1. Access and communal areas were cluttered.
2. Several Nurse call alarms not in working order, missing or not plugged in.
3. Limited choices of food.
4. Lack of options for a replacement meal if patient not available at mealtime
5. Some inconsistencies in timescales of medication distribution
6. A delay in timely support for patients who have received a poor prognosis.
7. Lack of assistance for patients unable to manage meals independently.

Recommendations

It is recommended that the UHB:

1. Ensure patient and public areas on the Ward are free of obstructions.
2. Regularly check and ensure all patient call systems are in full working order.
3. Ensure there are daily vegetarian options available for patients that require them.
4. Consider options of alternatives to sandwiches I E soup for patients who have missed a main hot meal.
5. Ensure medication is delivered on schedule.
6. Improve support networks for patients as required.
7. Provide dedicated assistance for patients requiring help with meals.

The visiting team would like to thank the family members and carers who gave their time to speak with them during the visit. Thank you also to the staff for their time and assistance in an interesting and informative visit.