



Healthwatch Liverpool Enter and View Report

The Royal Liverpool and Broadgreen University Hospitals NHS Trust
Liverpool

January 2015

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Section A

Introduction to the Enter and View visit

Date and Time of Initial Visit: Friday 05/12/2014, 11am-1pm
Follow-up visit: Monday 19/01/15, 2pm-3.30pm.

The Royal Liverpool Hospital is part of the Royal Liverpool and Broadgreen University Hospitals NHS Trust. The Royal Liverpool Hospital site has an Accident and Emergency department and provides emergency and urgent hospital services as well as pre-planned and outpatients' hospital services near Liverpool's city centre.

The reasons for the Enter and View Visits

The Enter and View visit was part of Healthwatch Liverpool activities of:

- identifying whether, and how, local health and social care services could be improved
- identifying whether, and how, local health and social care services ought to be improved
- identifying recommendations to improve the standards of health and social care services

The Methodology of the Enter and View Visit

The Enter and View visit was undertaken in accordance with the remit of Healthwatch Liverpool and will assist Healthwatch Liverpool in carrying out its statutory functions under the Health and Social Care Act 2012.

The visit only entered communal areas and facilities. We did not enter any non-communal areas. On the initial visit in December Healthwatch did not speak with patients, as patients had been served their lunch and the hospital rightly encourages protected meal times. The initial visit was conducted by 3 authorised individuals from Healthwatch Liverpool, Lesley Davies, Anne Gorton and Inez Bootsgezel. They displayed the requisite identification and provided proof of DBS clearance for the visit.

The follow-on visit in January was organised with the specific aim of speaking with patients to get their opinion about the care they received in the hospital. This visit was carried out by Andrew Lynch and Inez Bootsgezel, who again displayed the requisite identification and provided proof of DBS clearance for the visit.

Healthwatch Liverpool classed this as an announced Enter and View visit, meaning that the service provider was given notice prior to the Enter and View taking place. This is a reflection of the fact that Healthwatch was not following up any specifically indicated quality issues, either positive or negative, regarding this service, and there would have been no advantage by conducting an unannounced visit.

General parameters of a Healthwatch Liverpool Enter and View visit.

Healthwatch Enter and View visits are not meant to be systematic inspections of a health or social care service. Such inspections are carried out by the Care Quality Commission and by relevant service commissioners. The Care Quality Commission has the role of assessing and informing the public about the general standards of care provided by health and social care services.

Healthwatch conducts Enter and View visits in order to observe a service in action and where practicable, to hear the voices of patients. At best, such Enter and View visits can only offer a strictly time limited snapshot of a service. Healthwatch Enter and View representatives are not health professionals, and so undertake these Enter and View visits from the perspective of a lay person.

Section B

The Enter and View visit at the Royal Liverpool Hospital

The initial Enter and View visit took place during one of the Royal Liverpool's 'Listening Weeks', a quarterly event to promote further patient engagement through a variety of activities and stalls in the Royal's main foyer. On the day of the visit staff from the Royal

Hospital's catering department were in the foyer offering food tasting to patients, staff and visitors in order to show what is available and to get feedback.

The Healthwatch representatives were met by Lesley Metcalfe, Head of Patient Experience. In response to a question from Healthwatch she said that overall staffing levels at the Royal Liverpool Hospital have improved. She showed the Healthwatch representatives that boards on the wards display how many staff are expected at any one time, how many staff are actually there, and if staff are off sick, or if there are any staff vacancies.

In response to a question about the ratio of registered nurses to health care assistants on the wards, especially at night, the Head of Patient Experience replied that it does depend on the ward, but that usually there would be more registered nurses than health care assistants on duty.

The Head of Patient Experience also explained that the hospital is working with universities to develop a post-qualification course for the nurses employed at the Royal Liverpool and Broadgreen Hospital Trust, which includes teaching the expected standards, aspirations, policies and procedures at the Trust. To monitor standards staff hold regular mock CQC-style inspections; all areas of the Trust have now had at least one mock inspection, and feedback from these is used to pick up on areas that need improvement, as well as to spread good practice.

The Head of Patient Experience explained that the hospital wanted to ensure that more is done to ensure patients with a Learning Disability receive the right care and treatment. A Learning Disability Lead Nurse was appointed in October 2014, initially for a one year secondment, and an action plan was put in place. The Royal now has a referral system in place so that any patients with a Learning Disability who are flagged up on the hospital's IT system will be referred to the Learning Disability Lead.

Healthwatch representatives were told by the Head of Patient Experience that the Learning Disability Lead has visited all wards, and each ward now has an appointed Learning Disability Champion staff member. Information packs have been made available to the wards, and the Royal has begun to implement the use of Learning Disability Passports, documents held by the patients with information about their likes and dislikes, what they like to be called, etc. Additional information can be scanned into the hospital's IT system, including action plans for patients with a Learning Disability. Some hospital information is available in Easy-Read, and any other information can be made available in Easy Read on request.

Healthwatch representatives briefly visited ward 2a, the new Frailty Unit in the Hospital. At the time of the visit the Frailty Unit was not yet fully operational, but was expected to be so by mid-January 2015. Healthwatch representatives were told by staff that patient referrals to the Unit will be accepted from the Accident and Emergency Department and the Acute Medical Unit. The Unit will be laid out and painted in a dementia-friendly manner. A paint company has offered to paint the Unit for free, and depending on whether

funds are available new flooring will be installed. A therapies bay will be available, as well as a Multi-Disciplinary Team room. The aim is for patients to be discharged to appropriate follow-up care within 72 hours from admission to the Unit.

Healthwatch representatives briefly visited other wards on the second floor, but as it was a meal time did not speak with any patients. They observed some of the work carried out at the hospital, and found that the areas they saw were clean.

The follow up visit in January 2015

As mentioned above, Healthwatch arranged a follow-up visit for the 19th January 2015 with the express purpose of speaking with patients.

On this day two Healthwatch representatives visited wards 2X and 2Y to speak with patients and some patients' visitors in order to get their opinions about the care they were receiving in the hospital. These wards provide health services to elderly patients, and patients who have had a stroke. The Healthwatch participants observed that both wards appeared orderly during their visit. They also observed staff interacting with patients in a respectful and good-humoured manner. Healthwatch spoke with 11 patients and some relatives who commented as follows:

Ward 2Y, male patient and a relative: "Staff are good, helpful, any way they possibly can. They make sure they give you information about medication, and I can ask questions".

Ward 2Y, male patient: "It's meant to be a sterile environment, but there's been a piece of paper on the floor since last night (the piece of paper was also observed by the Healthwatch Enter and View participants). At the weekend standards slip compared to during the week. Staff have been fantastic. The cleaning of the ward is less over the weekend but picks up again during the week. I have seen them give it a good clean. The outside of the windows need cleaning. Generally the standards in the hospital have been good. The food is good. I have no teeth and they give me food I can chew".
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Ward 2Y, male patient: "I couldn't fault the staff. The ward is clean and tidy. They wake me at 4am to take blood pressure. They should let me sleep".
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Ward 2X, female patient: "Staff are very good - you get the odd not so good one, they can't all be perfect. They make you wash your hands, and use wipes. They ask me my opinion about things. I can ask them questions, and they will tell you there and then. I only eat wheatabix and yoghurts, and I get them when I want, I don't eat hot food, haven't for weeks. I have asked to see the doctor, but it's not clear when they'll come to see you. When I ask for painkillers, I get them right away".
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Ward 2X, male patient: "Most of the hospital is good, or I'd even say excellent. Some of the staff will bully you; staff have their routine, and you're forced in to it. I wake up in the morning, get asked if I want a cup of tea, and it's scalding - but I get rushed to drink it up. I should be given more time to drink it. I was nil-by-
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mouth, but now get a choice of food”.
Ward 2X, female patient: “It’s very good, the treatment is good. The treatment wasn’t working, so I’ve now been given steroids, I don’t know if they work yet. I’ve been here a week, am going home tomorrow. The staff helped me to get my glasses fixed, they took me downstairs to the opticians at St Paul’s reception. There’s nothing to be improved, I won’t go anywhere else. One time the ambulance wanted to take me to (another hospital), I insisted I wouldn’t go there, I’d stay home or come here”.
Ward 2X, female patient and 3 family members: “I am treated very well, couldn’t grumble. The shower does not empty quickly enough and the water backs up. I don’t like to use it in case I fall. Good food choices are given. They give the ward a thorough cleaning every day. We have been very well informed, and the Doctor has been very informative”.
Ward 2X, female patient and carer: “I have been here a fortnight. The ward is clean. Some staff seem really nice. The staff can’t do enough for you. The Doctors have been very good. Everybody seems to try very hard. The doctors give us as much information as possible and we are very happy with it. Food’s not bad”.
Ward 2X, male patient: “They treat me exceedingly well. They clean the ward 2 or 3 times a day. There is a good choice of food. Water or juice is constantly available”.
Ward 2X, female patient: “The ward is clean. The food has been OK. The staff have been great; they have been nice to me”.
Ward 2X, female patient: “The ward is very good. The food is the usual. Everybody has been nice to me. The ward is clean and tidy; they come in and clean it”.

Section C

Summary/conclusions of this Enter and View visit.

Taking into account the remarks outlined in the introduction about the general parameters of Healthwatch Enter and View visits, apart from the potential trip hazard reported in a shower there was nothing observed during this Enter and View visit which gave Healthwatch cause for concern regarding the quality or safety of the service being offered to patients at the Royal Liverpool Hospital.

The patient feedback about the shower that did not drain properly was reported by Healthwatch to an infection control nurse during the visit, and Healthwatch representatives witnessed the nurse contacting another member of staff immediately to report this.

The visit was to a relatively small ward, and many of the patients were not well enough to speak with us. However, the patient feedback received was mostly positive, especially

about the staff and how the staff treated patients. However, one patient did feel rushed by staff at times, and another patient commented that it depended on the member of staff although most were good.

Feedback about the food and choice of food was mostly positive, although not everyone appeared to eat a varied diet while in hospital. One patient mentioned just eating yoghurt and Wheatabix, however she made clear that this was her choice.

Most of the patients questioned were happy with the standards of cleanliness, and the Healthwatch representatives saw that the wards were clean - although like one patient they also observed that the outside of the windows was in need of cleaning.

Healthwatch will continue to engage with the Trust and will continue to follow the developments and initiatives, including the Frailty Unit and regarding patients with a Learning Disability.

Recommendations

As a result from this visit, Healthwatch Liverpool can make the following recommendations:

- That the outside windows on wards 2X and 2Y are cleaned.
- That a response is provided by the Trust to reassure Healthwatch Liverpool that all showers on wards 2X and 2Y are functioning properly and do not pose a trip hazard.

Healthwatch Liverpool

Healthwatch Liverpool is always keen to hear more from patients about services, whether those stories are about positive or negative experiences. Patient feedback helps Healthwatch to identify and acknowledge good practice, or issues that call for improvements.

To give Healthwatch further information, or to discuss this report further please find us using the contact details below.

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