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1. Introduction

1.1 Details of visit

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<td>Service Address:</td>
<td>Luton and Dunstable Hospital, Lewsey Road.</td>
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<td>Service Provider:</td>
<td>Luton and Dunstable Hospital</td>
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<tr>
<td>Date and Time:</td>
<td>4th February 2019</td>
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<tr>
<td>Authorised representatives:</td>
<td>Sudha Auro, Den Fensome, Linda Harrison, Lisa Herrick, Carrie Page and Dave Simpson</td>
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<td>Contact Details:</td>
<td>Yvonne Wimbleton</td>
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<td>CQC Rating:</td>
<td>Good</td>
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<td>Healthwatch Luton Rating:</td>
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1.2 Acknowledgements

Healthwatch Luton would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View Programme at the Luton and Dunstable Hospital. Healthwatch Luton were joined by Healthwatch Central Bedfordshire for this visit.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.
2. What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

- To engage with patients of the hospital and understand how dignity is being respected in the hospital environment
- Identify examples of good working practice
- Observe patients and relatives engaging with the staff and their surroundings
- Capture the experience of patients and relatives and any ideas they may have for change

2.2 Strategic drivers

- CQC dignity and wellbeing strategy
- The Luton and Dunstable Hospital is Healthwatch Luton's priority for 2018, and a general local Healthwatch network priority

2.3 Methodology

This was an announced Enter and View visit.
The visit announcement letter was followed up by a phone call to the hospital prior to the visit, during which Healthwatch Luton were informed of the Ward Matron details. On arrival, representatives were met by Yvonne Wimbleton, Deputy Director of Quality, who gave a verbal introduction to the hospital; it’s current situation, the number of beds and patients, staff etc and gave advice on whether any patients should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Authorised representatives from Healthwatch Luton and Healthwatch Central Bedfordshire conducted short interviews with members of staff, relatives and patients, at which they explained who they were, the reason for the visit and took notes.

Topics such as quality of care, safety, dignity, respecting and acknowledging the patient's and families wishes and staff training were explored. We also informally asked the patients about their experiences of the wards and hospital, and where we could, about accessing other health services from the hospital.

A large proportion of the visit was observational, involving the authorised representatives walking around the communal and public areas and throughout the ward, including the bays, observing the surroundings to gain an understanding of how the wards actually worked and how the patients engaged with staff and facilities.

2.4 Summary of findings

At the time of the visit, over three hours on 4th February, we spoke with in total 17 people: seven patients, six staff and four relatives. One patient was going to speak with Healthwatch, although then declined as felt vulnerable in doing so.

The questionnaire, in line with Healthwatch network questioning, was laid out as follows:

- Observations (general by Enter and View Reps)
- Access
- Environment
- Dining
- Discharge
- Staff Views
- Other comments

The Luton and Dunstable University Hospital is an NHS Foundation Trust situated in Luton off Lewsey Road. The estate comprises of many buildings housing nearly 40 services on site. For this visit, Healthwatch Luton were accompanied by Healthwatch Central Bedfordshire. The ward visited was Ward 17 (Hyperacute Stroke Ward). This was based on current feedback from 2018 about the ward.
Healthwatch Luton Enter and View Report 2019: Luton and Dunstable Hospital

This Enter and View schedule included a Review of Ward 15 (original Enter and View Report - January 2018) and a visit to Ward 23.

Overall the Healthwatch Authorised Representatives for this Enter and View found the observations to be mostly positive, with highlighted trends across all wards and then individual findings relevant to the ward. There is a report for each ward, and an overall summary report for the schedule.

Our report below shows an overall finding for Ward 17, with specifics in some areas. To maintain patient and staff confidentiality, all feedback is anonymised at the time of collection, identified only as ‘staff’, ‘relative’ or ‘patient’.

Overall Findings: Summary

Overall, the ward appeared clean, comfortable and well managed. The staff felt there was a need for more staff, although the day of the visit was noted by staff as being slightly higher staffing levels than usual. It was mentioned that staff levels are monitored within the ward groups and support can be given or received from other wards. The majority of the staff felt as though they were part of a team on the ward with some feeling part of the team within the hospital itself.

The patients gave positive responses when asked what they thought of the ward. Most felt it was ‘alright’ with some stating ‘very good’ and one patient feeling ‘it has everything’.

All staff felt able to raise any concerns to those in charge. All staff were aware of the safeguarding procedure and the clear pathway to recording incidents. Training seemed sufficient with staff able to request more training within Supervision sessions.

Staff morale was deemed by staff as fluctuating, depending who was working and what patients were admitted to the ward, although no one stated they were unhappy.

Patients were complimentary of the ward staff, and despite the staff stating there is low staffing levels, all felt a good level of care, with one patient saying it had been ‘a very good experience staying here’ and another saying the staff were ‘good’ and ‘very nice’. Relatives spoken to also corroborated this, with one stating ‘been a better experience compared to other hospitals-very good’.

Whilst this is a busy ward with a lot of different staff tending to patients, it seemed a little chaotic. The ward was found to be quite cluttered with lots of equipment in the corridors. Some areas of the ward seemed a little dark and whilst there were notice boards on the walls, they weren’t particularly bright or well managed.
Baring in mind the recuperation needed by the patients on the ward, there still seemed very little activities to be carried out independently, such as games or books. Patients states they relied on relatives to ‘keep [them] occupied’.

A lot of the patients’ discharge was dependant on results from various tests and scanning. However, they appeared to be aware of the barriers. The Enter and View team were aware many patients were having multi-disciplinary care and so there were a lot of different areas to be considered before discharge. That said, patients were unsure of their care plans and what had been included in these.

Patient needs seemed to be mostly met. Patients do feel a difference between shifts and different staff, although they feel they are all as good as each other. One patient mentioned that there is a communication problem between professionals, with ‘doctor says one thing, and another thing happens’. Patients were not necessarily encouraged to change into day clothes, although some said they would need assistance, which wasn’t readily provided. The patients felt communication was good surrounding their discharge, although not so much with other areas, including access needs. There was access to alternative languages if probed.

All staff seemed very happy to communicate with the Enter and View team. Staff seemed to be accommodating and happy to share their experiences with us, as we those patients we were able to speak to.
3. Results of visit

Observations

Generally, the ward was a professional ward, although it seemed chaotic. This ward is quite busy and has a lot of professionals working with patients. The doctors on their rounds seemed very pleasant and friendly, and happy to speak to patients and their relatives.

The ward felt quite clinical in its décor. The walls whilst a bit grubby, were bright and there was good distinction between the colours of the frames and the walls. There were some areas where blutac was stuck to walls and paintwork chipped, making the ward feel tired. The ward could benefit from the paintwork being refreshed. The fire exit signs were not lit up and perhaps tricky for patients to see, as well as the accessible signs for toilets etc being quite small and the same colour as the walls. It would be a recommendation that the walls and signs be reevaluated. Some areas of the ward felt quite dark. That said, the ward seemed relatively clean - there were some areas of mess within toilets.

Overall, those individuals the team spoke with were open and honest. Due to the nature of the ward, a lot of patients were busy with professionals so were unable to speak with us. Staff felt a benefit to speaking with us, as did the patients and relatives we spoke with.

Leaflets were available at the entrance to the ward. They were quite messy and limited, however there was a poster outlining if there was a need for it in another language this was possible to have access to. There did not appear to be information on the PPPG or PALs. There was some information around the complaints procedure, however, it was not obvious and could have been better signposted. There were also no pens available to fill in forms.

The staff board at the entrance to the ward was up to date with photos of significant staff and information about the staffing levels for the day.

Whilst it is a ward for rest and rehabilitation, patients were left with not much to do on an individual basis. Some beds did not even have access to a TV. Those who did, were for a cost to use.

The ward, whilst not ideally set up, was child friendly. One patient had children visiting during the visit.

Patients on this ward had been admitted for various lengths of time, from three days to one patient who had not been home in almost a year. The age range of patients who disclosed their age was between 74 and 87 years of age. It should be noted that
not all patients are from the Luton area, some patients are brought in from surrounding counties.

The staff who we spoke with had worked on the ward between 3 months and seventeen years. Some staff had previously worked on the ward as bank staff and some had previous experience in other wards and disciplines within the hospital.

**Access**

All patients the team spoke with stated they had not been asked about any additional needs when admitted to the hospital, although one relative said they had been asked about hearing. There was not a hearing loop in place on Ward 17. The ward is awaiting installation of one.

Quite a few of the patients were accessing other facilities within the hospital, such as physiotherapy and occupational therapy, and all seemed happy with their care from these other teams.

**Environment**

The ward seemed quite warm (26.1 degrees) and was noted by staff as being a warm ward.

Patients generally were happy on the ward, feeling their received good care. Some patients (a third) stated that there seemed less staff at the weekend than during the week, with one patient saying ‘not enough staff [at weekends]. It was commented on that there seemed to be more staff on the ward on the day of the visit than usual. It was noted by one patient, that when it snowed, it did not affect staffing.

Whilst one patient had been told of the restaurant in the hospital, no patients had been outside the ward.

There were a few beds which did not have hand sanitiser on, as well as outside one bay there was a broken dispenser. The glove containers on the wall of the corridor seemed to be quite low, with some sizes empty.

There was an activity trolley in the corridor of the ward, although no staff mentioned it as being available until prompted. No patients were aware of any activities happening within the ward, with one patient relying on visitors for stimulation, stating ‘visitors are around during the day - they keep me occupied’. The Enter and View team acknowledge that whilst there are options to visit outside the hospital ward and the restaurant, the majority of patients on this ward would be incapable due to the nature of their admission.
Dining

There was a vast range of opinion surrounding the food on the ward. Some felt it was ‘very good’ and they ‘liked it’, whilst others felt they ‘[I] cannot get on with it’ and it was ‘a bit stewed’. A patient mentioned that they did not contain the right kinds of ingredients.

Several patients were offered hot refreshments during the visit.

There was not a dining room on the ward, and patients ate their meals in their bed, using the table by their bedside. One patient mentioned they felt it was safer this way. Another patient informed the team they were assisted by staff to eat their meals.

This ward does have a protected meal times policy, although there were signs that stated if patients wanted assistance at meal times, they were able to have friends or family visit to assist.

Discharge

On the ward it would appear that for the most part, discharge is continually discussed and reviewed with most patients. One patient did not know when they may be discharged and had not been spoken to about their discharge at all. One patient had not discussed discharge as yet, as they were awaiting results. Discharge was discussed with patients by carers, physio, and occupational therapy.

One patient had an estimated discharge of five weeks’ time and felt it was a bit early to be discussing discharge. One patient was awaiting pharmacy to be able to be discharged, and another patients discharge was dependant on a scan.

The Enter and View team acknowledge this ward is a multi-disciplinary environment and discussions need to be had with a variety of professionals before a patient can be discharged.

All of the patients except one were being discharged to their home environment. The final patient was being discharged to a care home. All patients were happy with this, and none felt concerned they may not be able to cope in that environment.

Relative Views:

Overall, relatives were ‘very happy’ with the ward and the experiences of their relatives.

All relatives were happy with the ward and the care being given. One relative felt the ward is ok for the short term, but not satisfactory for long term admissions. The only concern one relative mentioned, was communication problems, with one professional saying one thing, and the others not adhering to this due to not being aware.
Only one relative had been provided with information regarding their relatives stay on the ward.

As well as the above areas relatives are asked about visiting and travel to their family and friends. Visiting hours on the ward are between 2pm - 8pm, which were deemed long enough, with one relative being particularly grateful it meant they were able to assist with feeding. One relative mentioned they felt they were able to visit outside the allocated visiting hours. One relative was confused about whether the visiting hours were in the morning or afternoon.

One relative was travelling by taxi and one by ambulance. One relative lived over the road from the hospital, so only had minutes to travel, whereas another had almost half an hour to travel to reach the hospital.

One relative stated the experience had been better within the Luton and Dunstable Hospital, than other hospitals they have been admitted to.

**Staff Views:**

On this ward the Enter and View team were able to speak with a variety of staff due to the nature of the care given. Staff spoken with included occupational therapists, nurses and health care assistants.

The staff spoken to felt the ward was a friendly environment which they really liked to work on. Staff commented how it was ‘one team’ who ‘work together’.

Regular meetings take the form of ‘Safety Briefs’ on the ward, as well as regular staff meetings with the nursing team and within the other teams (occupational health). Quarterly staff meetings were also mentioned.

All the staff spoken with felt staffing levels were a concern within the nursing team. One member of staff felt there was not enough staff for those who are confused or need support to cope with the ward environment, although it was noted that the team was ‘above minimum’ on the day of the visit. One member of staff stated they were ‘happy to do anything, as long as busy’ on the ward. It was accepted that staffing is a trust wide issue, not just on this ward. Staff mentioned they are moved to other wards to support when their levels are lesser. One member of staff said they felt sad at times as patients can suffer when there is not enough staff on the ward. Staff commented that although they do not miss out on breaks, they are not always able to take them at the times allocated.

All staff were confident in supporting a patient with additional needs, and mentioned a variety of ways to support them, including the specialist nurses available within the hospital. Some staff also mentioned how to help those patients in the immediate time whilst waiting for specialist help, such as using translators and communication adaptations. This was something that was mentioned when
asked how staff felt in supporting patients who wished to make a complaint. PALs were mentioned by one member of staff, although not by the others.

Half of the staff mentioned the Friends and Family Test and completing this on discharge from the ward with the patients. One member of staff mentioned they liked to check with the relatives of a patient to make sure there was no issues or complaints from the patient that they did not want to mention themselves.

When asked about training, all staff felt they were able to ask for training if they wanted it. Most mentioned about access to e-learning. Dementia training was suggested for all staff by one member of staff. One staff member mentioned they were entitled to go on training whilst on shift, although on occasion this offer had been withdrawn due to staff shortages. Staff also mentioned study days had been lost due to needs on the wards. One member of staff felt there should be refresher training given to all staff on all areas, rather than just new training when it arises.

Staff morale on the ward was deemed dependant on the staffing levels and which staff were working. One member of staff mentioned other departments can be rude and behave as though you are not there and felt there was a segregation between the wards.

All staff felt they were able to raise any concerns to senior members of staff, with one member of staff informing the team that the Nurse-in-charge opens up conversations to check all is well within the team.

Staff felt the feedback they received about the ward was positive and complaints are quite rare within the ward.

All the staff understood the processes and policies around safeguarding.

Other comments:

Staff mentioned how important it was for them to ensure the patients are cared for to a high standard, including things over and above, such as extended mouthcare and accompanying patients to testing.

During the visit, a relative came onto the ward to thank the staff for their care of their partner. The relative was very grateful and explained how their care had helped improve the quality of life of the patient. This was refreshing for the team to be able to see.
4. Recommendations

Healthwatch Luton observed the patients and staff at the hospital and felt overall the wards were well managed and well run.

From the discussions had, this report highlighted good practice that was observed and reflects the appreciation that patients felt about the care and support provided. The following recommendations are made:

- **Access**
 Whilst admission to the ward could include a multitude of needs as a result of stroke, it is recommended the nursing team ensure additional needs of patients are learned on admission to the ward. This could be ensuring family or friends of the patient complete the ‘All about me’ form.
  It is recommended that hearing loop systems are installed on all wards.

- **Décor**
  Whilst not awful, the ward does look a little cluttered and with scuffs and marks on the walls and to paintwork. As some patients are in the ward for long periods of time, it would be a recommendation to improve the décor of the ward, whether this is with a paint refresh and/or improving wall art.

- **Equipment (sundries)**
  There were several places where the hand sanitisers were broken, empty or missing. There were also certain sizes of gloves missing or low along the holders in the corridors. It would be a recommendation of the report to have regular checks in place to ensure all of these items are replaced or replenished to avoid not having them.

- **Activities**
  Whilst patients on the ward may not be able to engage in physical activities, there was a distinct lack of activities within the ward. The trolley was not known by many staff or used. It would be a recommendation that more mental stimulation be provided to patients, to within their limits.

- **Dining**
  Most patients ate within their bed or at their bedside. It would be a recommendation of the report that those who are able to, be encouraged to sit together at a communal table within their bays.

- **Staffing levels**
  Although, it is a wider NHS and Hospital issues, there are staff shortages which appear to be noticeable by patients and staff. The patients do feel they are getting good enough care, however, it is apparent the staff spoken to do feel the strain from a low level of staff, who feel they are unable to provide adequate levels of care. It would be a recommendation of this report, that the staffing levels are addressed.
• **Literature**  
There were some leaflets available and these were available to be translated in other languages, however, there was not any reference to the PPPG or PALs. As staff also did not mention PALs generally, it would a recommendation of this report that both are displayed within the ward.

• **Communications**  
Despite almost all the staff being aware they discuss patients during daily handovers and safety briefs, there still seemed to be some issues with communications between staff about care or treatment needs of individuals. It would be a recommendation to ensure any notes or changes to medication delivery or a patients care, are cascaded to all those caring for individuals. This might already be done, but perhaps isn’t being done consistently.
5. Provider Response

This report was agreed by the provider.

Changes or outcomes agreed with the provider are as follows:

The Stroke Therapy Service Manager has taken on board the comments and has a plan to add to the Stroke Services Quality Improvement Plan some work around providing stimulation for patients when they are not in treatment sessions.