

#TEXT0901MMPaulineGoodeNurse

#CODENC

Excellent practitioner - ??? induction - sufficient training/support/emotional support, bit lacking on dementia training/support care and consent training and restraining.

#ENDCODE

#CODENC

Supportive culture on ward - focus on core basic needs - examples given.

#ENDCODE

#CODENC

Not much clinician input - feeling v. hot.

#ENDCODE

#CODENC

Workload pressures

#ENDCODE

#CODENC

Since Sept 1998 and HCSW was doing training - long gap. Dryad.

#ENDCODE

#CODEI5

What happened when ????

Good handling/death and bereavement/NVQ2/Learnt as went along.

#ENDCODE

#CODEI6

4 days fine. Love job. Did some training after induction - 3 months. CPR - yearly - good at keeping up mandatory training - register training is chased up.

#ENDCODE

#CODE

I6

Planned course - able to fit them in.

#ENDCODE

#CODED7

Work on a team basis in an E grade - accountable to her. Change teams so get to know different parts of the ward.

HCSW - hands on - do most of nursing care. Pain relief would tell staff nurse if patient in distress. Patient assessment when patient came in.

#ENDCODE

#CODEC4

HSW - 1st one to meet patient - mobile, weight bearing. Do come in with note saying mobile and are not - might be told feeds self and can't. Nutrition - will report back if not eaten and S&L assess - will be put in care plan.

#ENDCODE

#CODEG1

HSW - 1st one to meet patient - mobile, weight bearing. Do come in with note saying mobile and are not - might be told feeds self and can't. Nutrition - will report back if not eaten and S&L assess - will be put in care plan.

#ENDCODE

#CODEG4

HSW - 1st one to meet patient - mobile, weight bearing. Do come in with note saying mobile and are not - might be told feeds self and can't. Nutrition - will report back if not eaten and S&L assess - will be put in care plan.

#ENDCODE

#CODEC4

Pain - would respond to team leader who writes down - pain charts - yes. Risk assessment - yes is done and write down. Training helpful and useful.

#ENDCODE

#CODEC5

Pain - would respond to team leader who writes down - pain charts - yes. Risk assessment - yes is done and write down. Training helpful and useful.

#ENDCODE

#CODED3

Working on own and pairs - depend on patient - will raise concerns with everyone.

#ENDCODE

#CODED7

What's good about team - very tight - socially. Could raise concerns with everyone.

Monthly meetings - decided clinical managers (off sick) - can input on to agenda.

#ENDCODE

#CODED7

Team meetings - not for a while so short of staff. Every day agency staff - short-staffed.

How deal with agency staff - usually put with a HCA.

#ENDCODE

#CODEC4

Have employed +2 more NAs.

Hard work very sick patients. How manage feeds - do use patients. Ward meetings, atmosphere on ward - S&L very good.

#ENDCODE

#CODEC4

Pureed food looks awful - dieticians not come on to ward.

Records - enter a care plan what eaten. Have food charts. HCA - we remove plates and wipe up. 1998 - how found out - pubs (word of mouth) - very angry at scare-mongering.

#ENDCODE

#CODEF1

Doctors now holding back on pain - patients wanting pain relief and it affects her.

#ENDCODE

#CODEF2

Doctors now holding back on pain - patients wanting pain relief and it affects her.

#ENDCODE

#CODEF2

Specialist staff called in. Dr Bewee(?) wonderful talk on Palliative care. oliners - mentioned/discussed.

#ENDCODE

#CODEF2

Nothing wrong in practice on syringe olines. Very angry - good ward - defensive. Not an easy job.

#ENDCODE

#CODEC5

Pastor Mary does some bereavement work - is great can access her and is good.

#ENDCODE

#CODEF2

Better before in pain management - slipping back.

#ENDCODE

#CODED9

What good changes? NVQ2, Activity nurse - going on course - use music a lot/reminiscing.

#ENDCODE

#CODEI2

What good changes? NVQ2, Activity nurse - going on course - use music a lot/reminiscing.

#ENDCODE

#CODEC4

Mental health people - now look after them - not really skilled - get few psychiatric patients  
- take over spill form phsych. Wards - no-one from mental health wards. Training in  
challenging behaviour? No.

#ENDCODE

#CODEC4

Use of agency staff - cost - need more feedback if not OK to senior staff.

#ENDCODE

#CODEC4

What do if felt not good practice on ward? Eg. care/attitude. Would respond to team  
leader Jan Peach handled well and resolved the situation.

#ENDCODE

#CODEK2

What do if felt not good practice on ward? Eg. care/attitude. Would respond to team  
leader Jan Peach handled well and resolved the situation.

#ENDCODE

#CODEJ2

Complaints - what's the system. If someone complains to her - offer to help and then ask  
if can take further. Covered in NVQ training.

#ENDCODE

#CODEK2

Reflective practice

- patient falls
- assess on floor - incident
- reflect on wrong choices

#ENDCODE

#CODEH1

Palliative care -

Workload names - patients

Sunday evening - make soup, reheat meals x 4 on late. Therefore kitchen closed - about  
a week ago, extra work.

Every day total bed bath - nails done, always fed.

Own toiletries

Strawberries and cream - put extra in.

#ENDCODE

Document1

Created on 31/10/00 18:21

1