1. CHAPTER 4 QUALITY OF CARE AND THE PATIENT EXPERIENCE

Introduction

4.1 . This chapter details CHI's findings following contact with patients and relatives. This needs to be put into the context of the 1725 finished consultant episodes for older patients admitted to the Gosport War Memorial Hospital between April 1998 and March 2001. Details of the methodology used to gain an insight into the patient experience and of the issues raised with CHI are contained in appendix B.

Patient experience

4.2 CHI examined in detail the experience of older patients admitted to the Gosport War Memorial Hospital between 1998 and 2001 and that of their relatives and carers. This was carried out in two ways. Firstly, stakeholders were invited, through local publicity, to make contact with CHI. The police also wrote to relatives who had expressed concern to them informing them of CHI's investigation. Views were invited in person, in writing, over the telephone and by questionnaire. A total of 36 patients and relatives contacted CHI during the investigation.

4.3 Secondly, CHI made a number of observation visits, including at night, to Daedalus, Dryad and Sultan wards during the site visit week in January 2002. Some of the visits were unannounced. Mealtimes, staff handovers, ward rounds and medicine rounds were observed.

Stakeholder views

4.4 The term stakeholder is used by CHI to define a range of people that are affected by, or have an interest in, the services offered by an organisation. CHI heard of a range of experiences , both positive and negative, of the care of older people. The most frequently raised concerns with CHI were: the use of medicines, the attitude of staff, incontinence management, the use of patients' own clothing, transfer arrangements between hospitals and nutrition and fluids. More detail on each of these areas is included below.

4.5 The use of pain relieving medicines and the use of syringe drivers to administer them was commented on by a number of relatives. One relative commented that her mother "certainly was not in pain prior to transfer to the War Memorial". Although a number of relatives confirmed that staff did speak to them before medication was delivered by a syringe driver, CHI also received comments that families would have liked more information "doctors should disclose all drugs, why [they are being used] and what the side effects are. There should be more honesty".

4.6 Comments about the attitude of staff ranged from the very positive "Everyone was so kind and caring towards him in both Deadalus and Dryad wards" and "I received such kindness and help from all the staff at all times" to the less positive "I was made to feel an inconvenience because we asked questions" and "I got the feeling she had dementia and her feelings didn't count".

4.7 Continence management is an important aspect of the care of older people, the underlying objective is to promote or sustain continence as part of a holistic assessment including maintaining skin integrity (prevention of pressure sores). Where this is not possible, a range of options including catheterisation are available and it is imperative that these are discussed with patients, relatives and carers. Some stakeholders raised concerns regarding the 'automatic' catheterisation of patients on admission to the War Memorial. "They seem to catheterise everyone, my husband was not incontinent; the nurse said it was done mostly to save time". Relatives also spoke of patients waiting for long periods of time to be helped to the toilet or for help in using the commode.

4.8 Many relatives were distressed about patients who were not dressed in their own clothes, even when labelled clothes had been provided by their families. "They were never in their own clothes". Relatives also felt patients being dressed in other patients clothes was a potential cross infection risk. The trust did apologise to families who had raised this as a complaint and explained the steps taken by wards to ensure patients were dressed in their own clothes. This is an important means by which patients' dignity can be maintained.

4.9 Concern was expressed regarding the physical transfer of patients from one hospital to another. Amongst concerns were lengthy waits prior to transfer, inadequate clothing and covering during the journey and the methods used to transfer patients. One person claimed their relative was "carried on nothing more than a sheet". Portsmouth Healthcare NHS Trust, who sought an apology from the referring hospital, which did not have the appropriate equipment available, acknowledged this concern.

4.10 During the period of the investigation, the Hampshire Ambulance Service NHS Trust, who were responsible for patient transfers, received no complaints relating to the transfer of patients to and from the Gosport War Memorial Hospital.

4.11 Relatives expressed concern around a perceived lack of nutrition and fluids as patients neared the end of their life: "no water and fluids for last four days of life". Comments were also raised about unsuitable, unappetising food and patients being left to eat without assistance. A number of stakeholders commented on untouched food being cleared away without patients being given assistance to eat.

4.12 Following comments by stakeholders, CHI reviewed trust policy for nutrition and fluids. The trust conducted an audit of minimum nutritional standards between October 1997 and March 1998, as part of the five year national strategy *Feeding People*. The trust policy, prevention and management of malnutrition (2000), includes the designation of an appropriately trained lead person in each clinical area, who would organise training programmes for staff and improve documentation to ensure full compliance. The standards state:

- all patients must have a nutritional risk assessment on admission
- registered nurses must plan, implement and oversee nutritional care and refer to an appropriate professional as necessary
- all staff must ensure that documented evidence supports the continuity of patient care and clinical practice
- all clinical areas should have a nominated nutritional representative who attends training/updates and is a resource for colleagues
- systems should be in place to ensure that staff have the required training to implement and monitor the *Feeding People* standards

4.13 A second trust audit in 2000 concluded that, overall, the implementation of the *Feeding People* standards has been "very encouraging". However, there were concerns about the lack of documentation and a sense of complacency as locally written protocols had not been produced throughout the service.

4.14 AS A RESULT OF THE REVIEW OF RECENT CASE NOTES, CHI NOTED THAT APPROPRIATE RECORDING OF PATIENT INTAKE AND OUTPUT WAS TAKING PLACE. CHI WAS CONCERNED THAT NURSES DID NOT APPEAR TO BE ABLE TO MAKE SWALLOWING ASSESSMENTS; THIS COULD LEAD TO DELAYS OVER WEEKENDS, FOR EXAMPLE, WHEN SPEECH AND LANGUAGE THERAPY STAFF ARE NOT AVAILABLE.

OUTCOME OF CHI OBSERVATION WORK

4.15 CHI SPENT TIME ON DRYAD, SULTAN AND DAEDALUS WARDS THROUGHOUT THE WEEK OF 7 JANUARY 2002 TO OBSERVE THE ENVIRONMENT IN WHICH CARE WAS GIVEN, THE INTERACTIONS BETWEEN STAFF AND PATIENTS AND BETWEEN STAFF. WARD STAFF WERE WELCOMING, FRIENDLY AND OPEN. ALTHOUGH CHI OBSERVED A RANGE OF GOOD PATIENT EXPERIENCES THIS ONLY PROVIDES A 'SNAP SHOT' DURING THE SITE VISIT AND MAY NOT BE FULLY REPRESENTATIVE. HOWEVER, MANY OF THE POSITIVE ASPECTS OF PATIENT CARE OBSERVED WERE CONFIRMED BY CHI'S REVIEW OF RECENT PATIENT NOTES.

WARD ENVIRONMENT

4.16 All wards were built during the 1991 expansion of the hospital and are modern, welcoming and bright. This view was echoed by stakeholders who were complimentary about the décor and patient surroundings. Wards were tidy, clean and fresh smelling.

4.17 Day rooms are pleasant and Daedalus ward has direct access to a well designed garden suitable for wheelchair users. The garden is paved with a variety of different textures to enable patients to practice mobility. There is limited storage space in Daedalus and Dryad wards and, as a result, the corridors had become cluttered with equipment. This can be problematic for patients using walking aids. Daedalus ward has an attractive, separate single room for independent living assessment with its own sink and wardrobe.

4.18 CHI saw staff address patients by name in a respectful and encouraging way and saw examples of staff helping patients with dressing and conducting friendly conversations. The staff handovers observed were well conducted, held away from the main wards areas and relevant information about patient care was exchanged appropriately.

4.19 Mealtimes were well organised with patients given a choice of menu options and portion size. Patients who needed help to eat and drink were given assistance. There appeared to be sufficient staff to serve meals, and to note when meals were not eaten. CHI did not observe any meals returned untouched. Healthcare support workers told CHI that they were responsible for making a note when meals were not eaten.

4.20 There are day rooms where patients are able to watch the television and large print books, puzzles and current newspapers are provided. CHI saw little evidence of social activities taking place, although some patients did eat together in the day room. Bells to call assistance are situated by patients' beds, but are less accessible to patients in the day rooms. The wards have an activities coordinator, although the impact of this post has been limited.

4.21 Daedalus ward has a communication book by each bed for patients and relatives to make comments about day to day care. This is a two way communication process which, for example, allows therapy staff to ask relatives for feedback on progress and enables relatives to ask for an appointment with the consultant.

4.22 CHI observed two medicine rounds, both of which were conducted in an appropriate way with two members of staff jointly identifying the patient and checking the prescription sheet. One member of staff hands out the medicines while the other oversees the patients as medicines are taken. Medicines are safely stored on the wards in locked cupboards.

KEY FINDINGS

1. Relatives speaking to CHI had some serious concerns about the care their relatives received on Deadalus and Dryad wards between 1998 and 2001. The instances of concern expressed to CHI were at their peak in 1998. Fewer concerns were expressed regarding the quality of care received on Sultan ward.

Figure 4.1 Concerns about care raised by stakeholders by ward and date

	Dryad	Daedalus	Sultan	Other	TOTAL
1998		8		2	10
1999	1	5			6
2000		3	3	1	7
2001		1		1	2
General				2	2
TOTAL	1	17	3	6	27

2. Based on CHI's observation work and review of recent case notes, CHI has no significant concerns regarding the standard of nursing care provided to the patients of Deadalus, Dryad and Sultan ward.
3. The ward environments and patient surroundings are good.

4. Some notable steps had been taken on Daedalus ward to facilitate communication between patients and their relatives with ward staff.

5. CHI WAS CONCERNED ABOUT THE POTENTIAL RISK SURROUNDING ANY INABILITY OF WARD STAFF TO UNDERTAKE SWALLOWING ASSESSMENTS AS REQUIRED FOR PATIENTS WHOSE SWALLOWING REFLEX MAY HAVE BEEN AFFECTED, FOR EXAMPLE, BY A STROKE.

6. Opportunities for patients to engage in daytime activities in order to encourage orientation and promote confidence are limited.

RECOMMENDATIONS

1. All patient complaints and comments, both informal and formal, should be used at ward level to improve patient care. The PCT must ensure a mechanism is in place to ensure that shared learning is disseminated amongst all staff caring for older people.
2. A performance management system needs to be established as a priority by the PCT to ensure the early identification of any trends in patient complaints. The performance management system should include measurements of quality and standards of care.
3. Steps should be taken to ensure that relevant staff are appropriately trained to undertake swallowing assessments to ensure that there are no delays out of hours.
4. Daytime activities for patients should be increased. The role of the activities coordinator should be revised and clarified, with input from patients, relatives and all therapists in order that activities compliment therapy goals.

5. The PCT must ensure that all local continence management, nutrition and hydration practices are in line with the national standards set out in the *Essence of Care* guidelines.