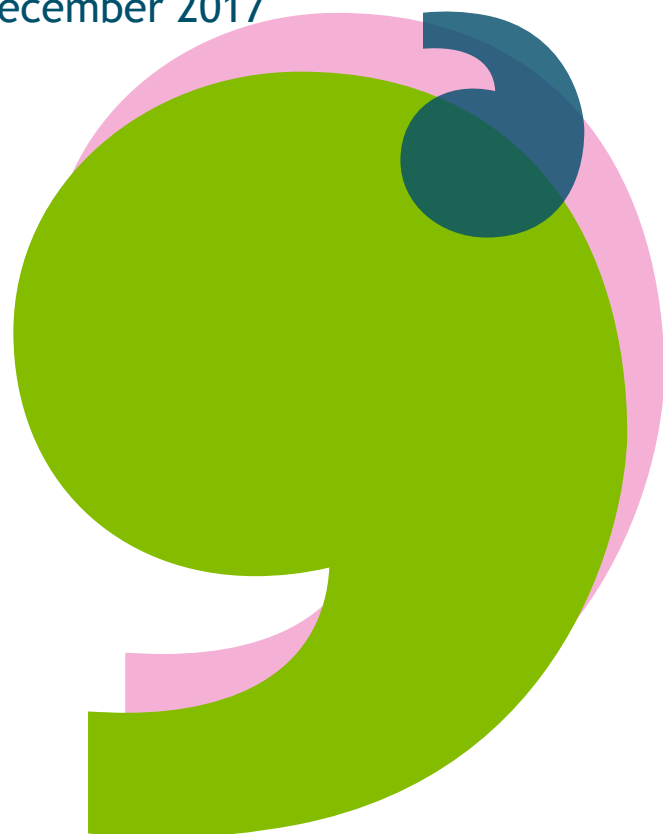




Enter and View report

Royal Derby Hospital

15 November and 6 December 2017



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1 Introduction

1.1 Details of visit

Details of visit:

Service address	Uttoxeter Road, Derby DE22 3NE
Service provider	Derby Teaching Hospitals NHS Foundation Trust
CQC rating	Good
Date and time	15 November and 6 December 2017, 11.00 am to 3.00 pm
Contact details	Healthwatch Derby, The Council House, Corporation Street, Derby DE1 2FS
Declaration of interest	There were no declarations of interest on this visit

1.2 Acknowledgements

Healthwatch Derby would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. It is not a representative portrayal of the experiences of all service users, visitors 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 authorised 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 and nursing 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 Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

This visit was part of Healthwatch Derby's work around hospitals in the city, looking at the experiences of outpatients, inpatients, their visitors and the staff.

2.2 Strategic drivers

Hospitals are one of Healthwatch Derby's key priorities to ensure the services within the city are of adequate quality and meet the expectations of the service users and their families.



2.3 Methodology

This visit was part of Derby Teaching Hospitals NHS Foundation Trust's monthly PLACE (Patient Led Assessment of the Care Environment) Inspection, and was therefore an unannounced visit. Derby Hospitals NHS Foundation Trust carries out monthly PLACE Inspections at each of their sites where they produce an internal action plan. Healthwatch Derby contacted the Trust to arrange for Enter and View representatives to take part. It is useful to be accompanied by staff from the Trust's Facilities Management as they can answer queries there and then.

The visit consists of a tour of the facilities, including communal areas and at least one outpatient department and one ward, surveying inpatients about the food and often includes food tasting.

Outpatient, inpatient, visitor and staff surveys are left with freepost envelopes. The surveys include introduction, consent and withdrawal information, questions about their views and experiences and contact details for Healthwatch Derby and other relevant organisations.

A draft quarterly report and full anonymised survey results are sent to the Trust which then has 28 days to respond. The finalised report is sent to the Trust, CQC and Southern Derbyshire Clinical Commissioning Group and published on the Healthwatch Derby website.

2.4 Description of service

Derby Teaching Hospitals NHS Foundation Trust is responsible for the Royal Derby Hospital, London Road Community Hospital, Derby Graduate Entry Medical School and Derby School of Nursing, Midwifery and Physiotherapy, in partnership with the University of Nottingham, and Derby Private Health.

The Royal Derby Hospital, which incorporates Derbyshire Children's Hospital, is located three miles from the city centre. It is an acute teaching hospital which provides general medical, surgical, maternity, rehabilitation care, intensive care and accident and emergency services. It has the only roof-top helipad in the East Midlands.

London Road Community Hospital is located in the city centre. It provides inpatient and outpatient rehabilitation and care.

2.5 Results of visit

Main entrance

- November: The main entrance was clean and tidy. It was raining at the time of the visit, bags were available for wet umbrellas and wet floor signs were in use. The disabled toilet was out of order but there was a sign on the door apologising for any inconvenience and advising that reception could help in locating another toilet. The wash basins in the female toilet were dirty.
- December: The main entrance was clean and tidy. Receptionists from ISS were observed being friendly and helpful. The disabled toilet was clean but had a slight odour. The male toilets were clean. The floor in the female toilets needed cleaning. The Health Hub and toilet entrance floors were discoloured. The sign and shutters at Boots Pharmacy were dirty.

Corridors and lifts

- November: One hand sanitiser on each side of the main corridor was empty and one on the right was broken. The lift by Entrance 24 was clean, it had an advert on the door and a six poster holder inside which was full and everything in it was in date. The chairs in the corridor on the way to Medical and Surgical Outpatients were dusty. It was dirty under the chairs in the corridor outside Surgical Outpatients.
- December: One of the main lifts appeared to be dark and the Starbucks sticker needed replacing. The signage at the star on the fourth floor was not visible from every approach. The toilets on the fourth floor were all clean; the accessible toilet had a very high shelf, no offensive waste bin and a sign asking users to be cautious when opening the outward opening door into the narrow corridor.

Clinical Measurement

- A none-branded sign on the door asked patients not to enter if the doors were closed. A screen in the waiting room assured privacy and dignity for inpatients in the department for tests. There was a variety of chairs and room for wheelchairs in the roomy waiting area, a bariatric chair was available in a corridor in the department.

Clinical Neurophysiology

- One toilet with a unisex and baby changing sign was not marked as an accessible toilet but had handrails. However, the alarm cord was on the wrong side and could get tangled when transferring from a wheelchair which could also be hindered by a shelf at head height.



Medical Outpatients Department

- A note on the door about opening times covered the glass and was stuck on with sticky tape, therefore obscuring if anybody was coming through. The waiting room had a variety of chairs including a bariatric one and room for wheelchairs. The outward opening toilet doors had a sign about opening the door carefully. There was no offensive waste bin in most of the accessible toilets within the department. Lots of the signs in the department were laminated but fastened up with sticky tape. Examination Room 15 was clean and tidy. Consulting Room 53 was clean and tidy and well stocked. A display in Clinical Reception 4 (Respiratory) showed names and photographs of the consultants and specialist nurses.

Surgical Outpatients Department

- The doors to the department were decorated as a Christmas present with a cross of ribbon and huge bow. There was a small Christmas tree on the floor just inside the door which could have caused a trip hazard. A separate waiting room for pre-operative assessments was denoted by an unbranded sign, another unofficial sign with an arrow pointed to the toilets. The waiting room had lots of chairs, some with arms but not a bariatric one, and room for wheelchairs. Wheelchairs were stored neatly at the end of the corridor. One toilet was set up specifically for patients attending bariatric or diabetes clinics with a sign explaining it is vital not to move the toilet frame. Interview Room A had an informal feel with pictures on the walls and fabric chairs. Examination Room B1 had different height chairs, walk on scales, a height measure, blood pressure monitor and sink. The Treatment Room was clean and tidy and had a bed, privacy curtains, trolleys, desk and chair.

Ward 403 - Respiratory and Medical High Dependency Unit

- A photograph outside the ward showed the senior nursing team, photographs of more teams were displayed inside. Patients' tables had been cleared and there was evidence of hand wipes before the lunch service. The staff members serving lunch were observed as providing a polite and friendly service. A healthcare assistant and apprentice seemed unaware of protected mealtimes but a student nurse knew and explained and they then understood and realised they did know what it was just not the actual term.

Ward 404 - Respiratory (Winter)

- The ward felt light, airy and welcoming. Everywhere was clean including a side room although it had slight scuffs on the wall and floor of the ensuite toilet. The Pride of Derby bin was placed under a hand sanitiser making it hard to reach, especially for wheelchair users. The ward's bathroom was useable due to new racking in the store rooms to utilise



space and store equipment that had previously been kept in the bathroom. The dayroom felt homely but is long and thin with no room for a table for eating, it did have a library, pictures on the walls, Christmas decorations, a thank you board and a pretend fireplace with a wall mounted television above it. A healthcare assistant was heard talking to a visitor and then went to get permission for visiting because of protected mealtimes.

Ward 408 - Cardiology

- The ward was very busy but had a calm feel to it. The door was open although a sign on it said it should be kept shut - however, the receptionist quickly shut it. A how well we are doing board had different headings with ratings using green or red hearts. Patients' tables had been cleared and hand wipes given out ready for the lunch service. The housekeeper was serving lunch and was friendly with all the patients - she was taking each tray out individually to nearby rooms and putting several trays on a trolley to take to further points of the ward. The dayroom had a thank you board, events board, heart information leaflets, a television, DVDs and books and was decorated with pictures and bunting. The ward was decorated for Christmas, this included lots of hanging decorations, good and naughty lists of staff, Santa letters from children and brown handprints of patients made into Rudolf.

Ward 409 - General Medicine

- The ward was very quiet. There were displays in the corridor on falls prevention week, happy hand hygiene and diabetes. Everywhere was very clean and tidy apart from under the rim of the toilet in Room 2. The ward bathroom was being used for storage but the equipment could be moved easily if necessary. The dayroom had chairs down one side of the room and a pile of plastic chairs.

2.6 Food tasting

The authorised representatives sampled the following dishes:

- Beef casserole, steamed potatoes, broccoli, sliced carrots and cauliflower
- Chicken korma and rice
- Fish fingers, chips, broccoli and carrots
- Gammon, pineapple, chips, broccoli and carrots
- Tuna pasta bake, sweetcorn and broccoli
- Roast chicken, roast potatoes, stuffing, carrots and broccoli



- Apple and raspberry crumble with custard
- Chocolate sponge with custard
- Lemon sponge with custard
- Plain sponge with custard

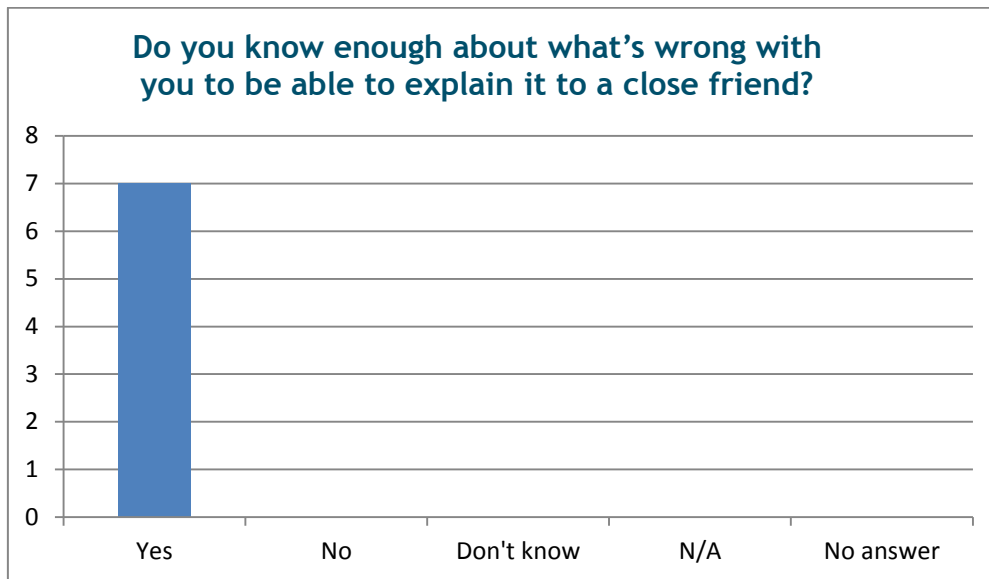
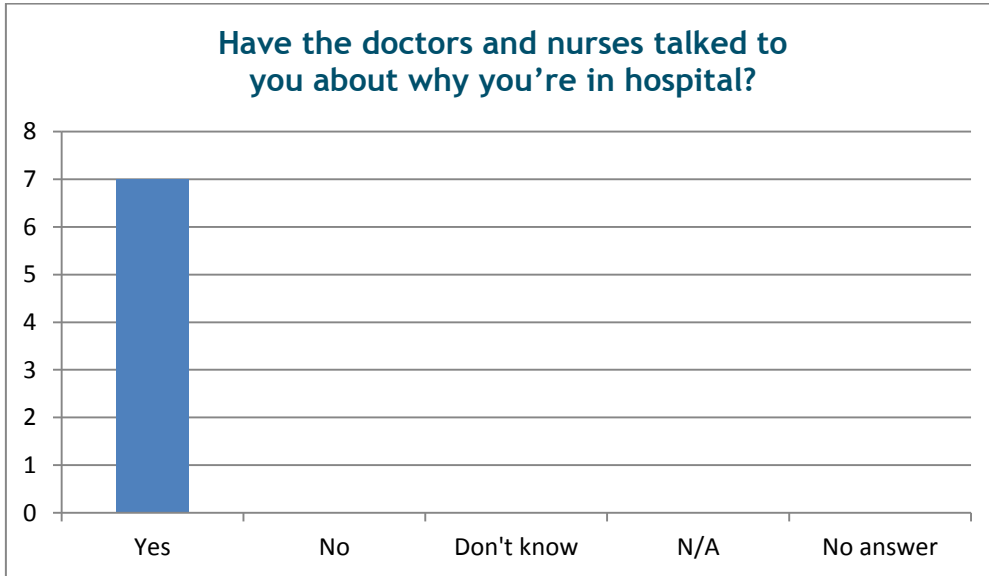
The authorised representatives observed the following:

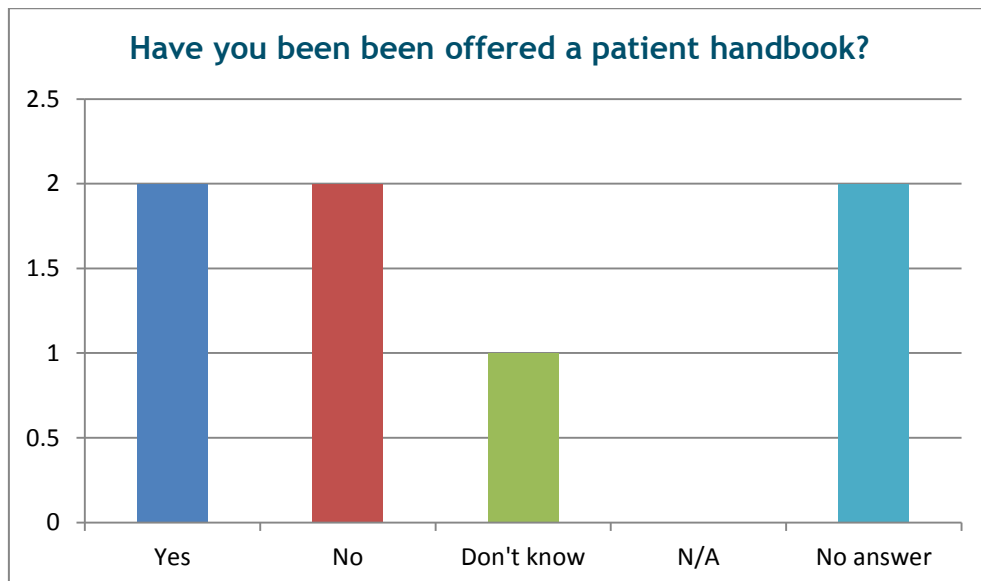
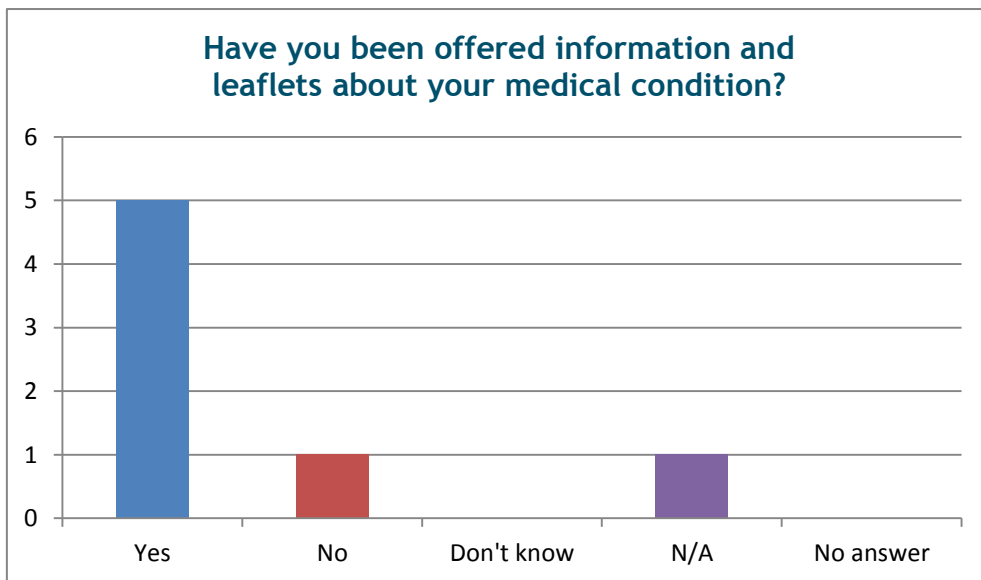
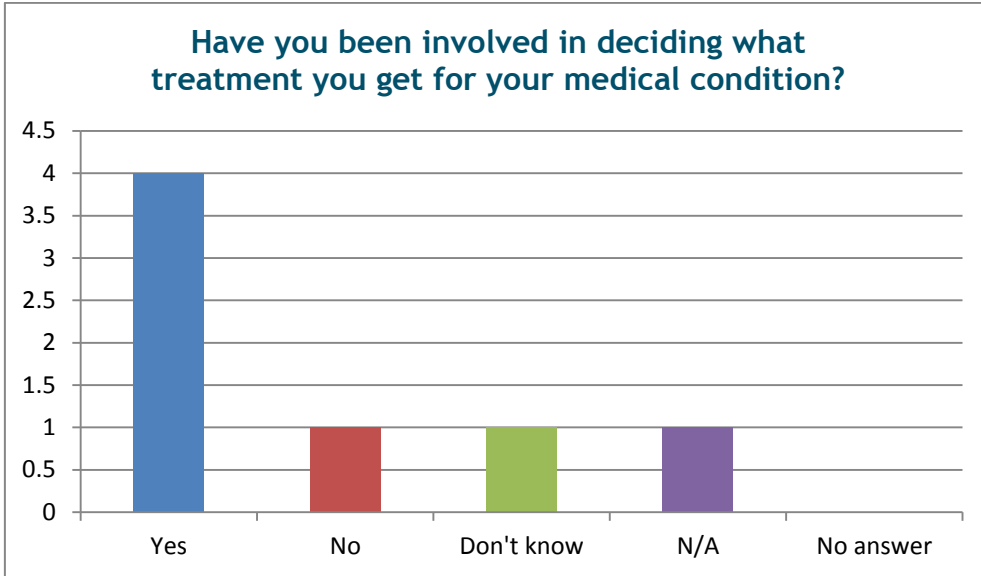
- Most dishes were tasty and well presented.
- The beef casserole was very peppery.
- The fish fingers were dry. The menu says it is a small portion of three fish fingers, the picture shows four which is what was on the plate.

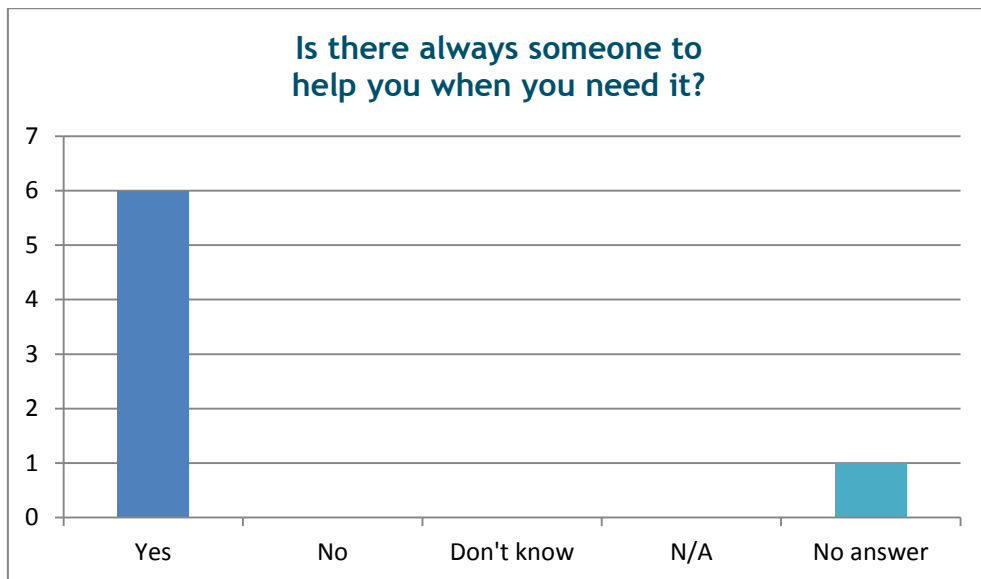
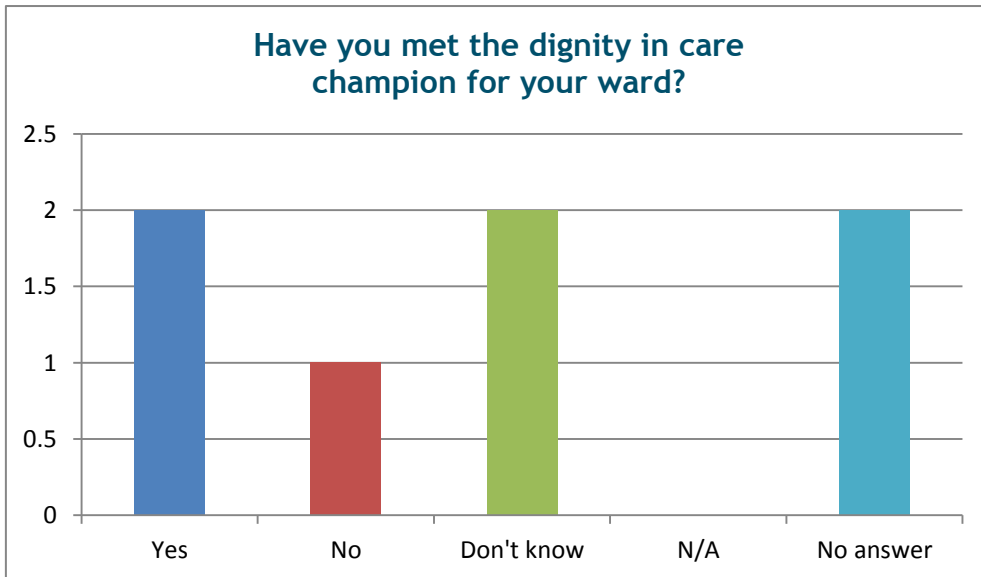
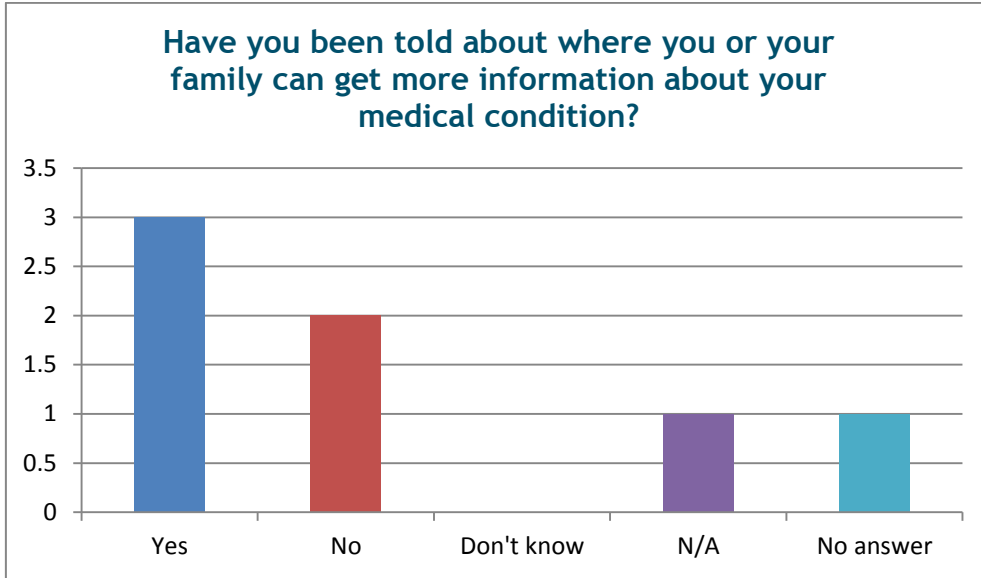
2.7 Survey results

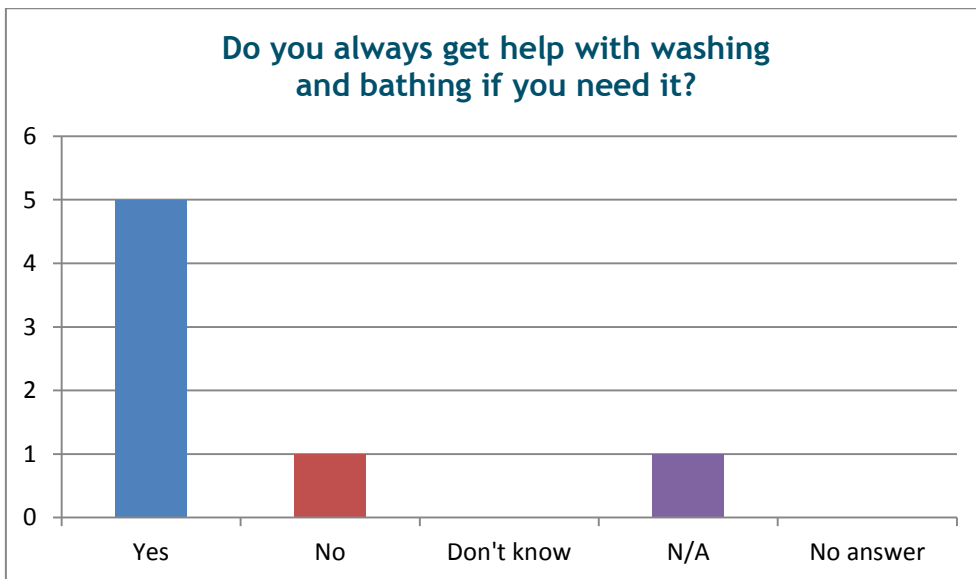
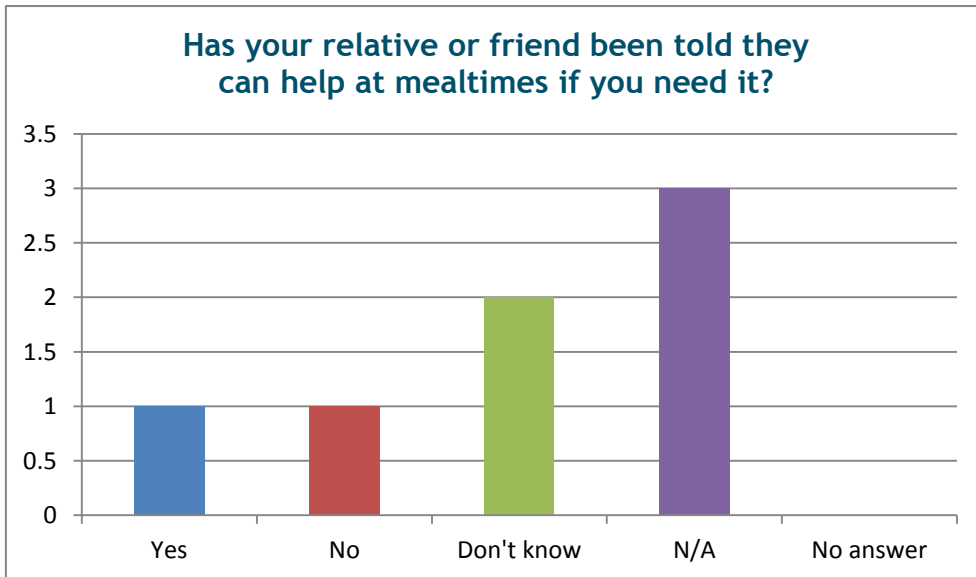
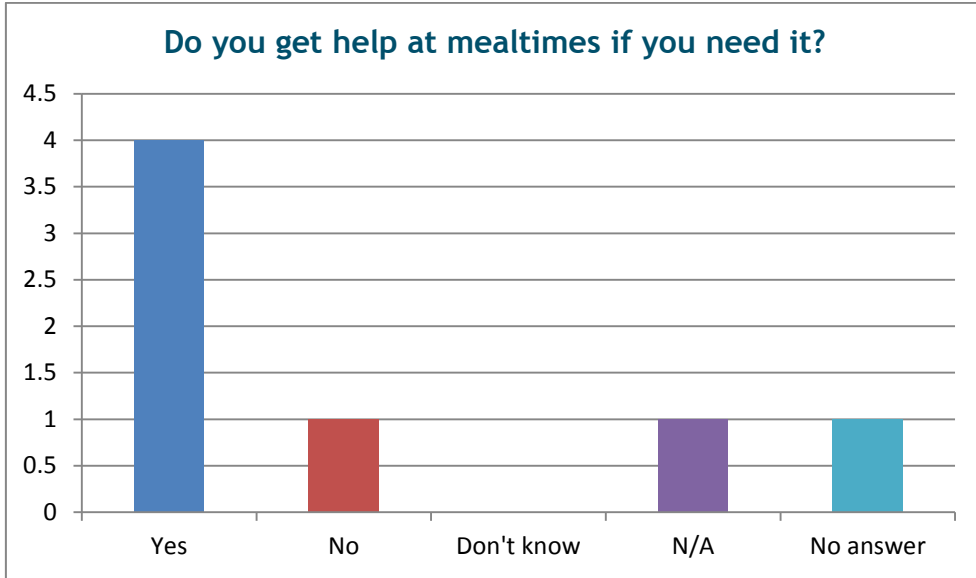
A total of 30 surveys were completed.

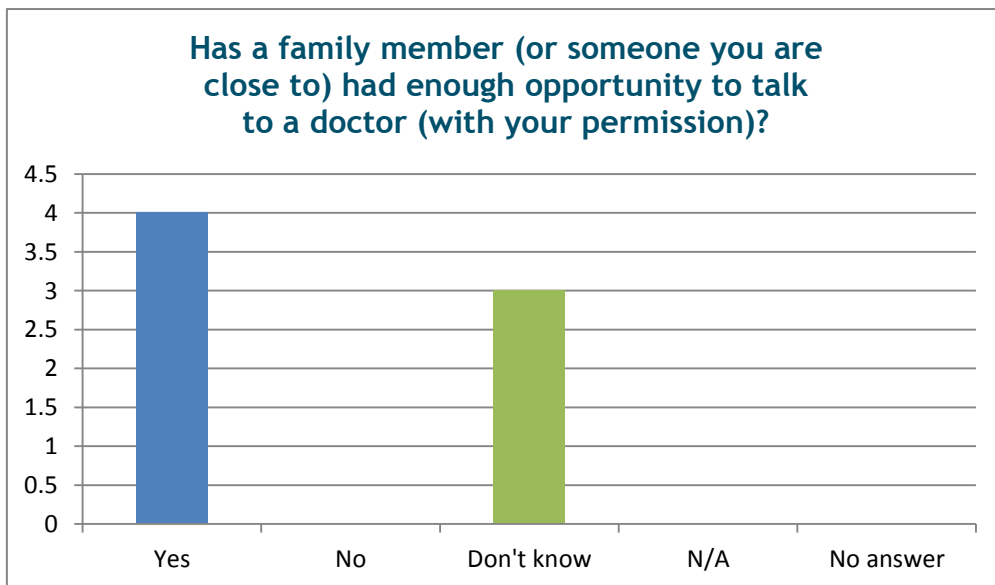
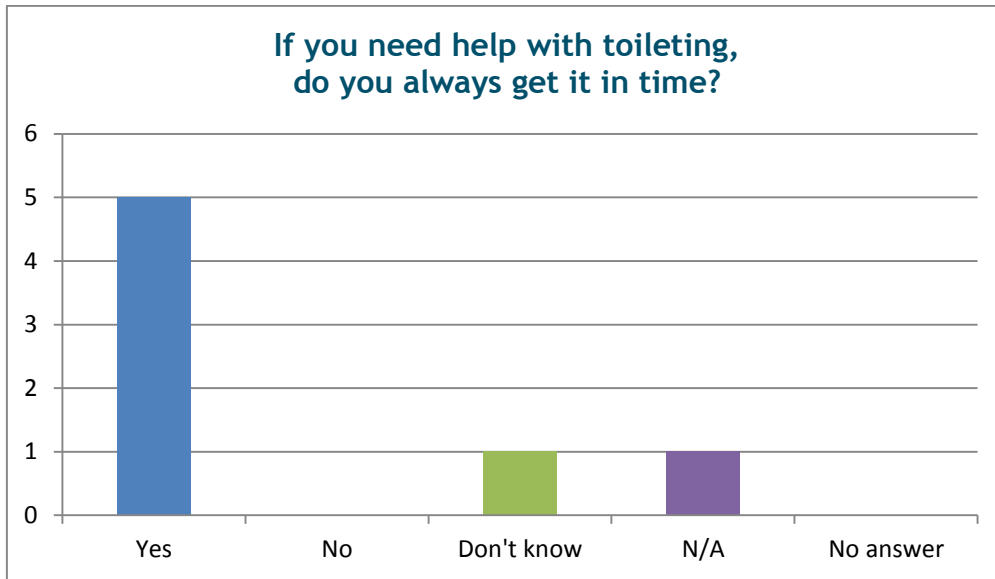
Inpatient surveys



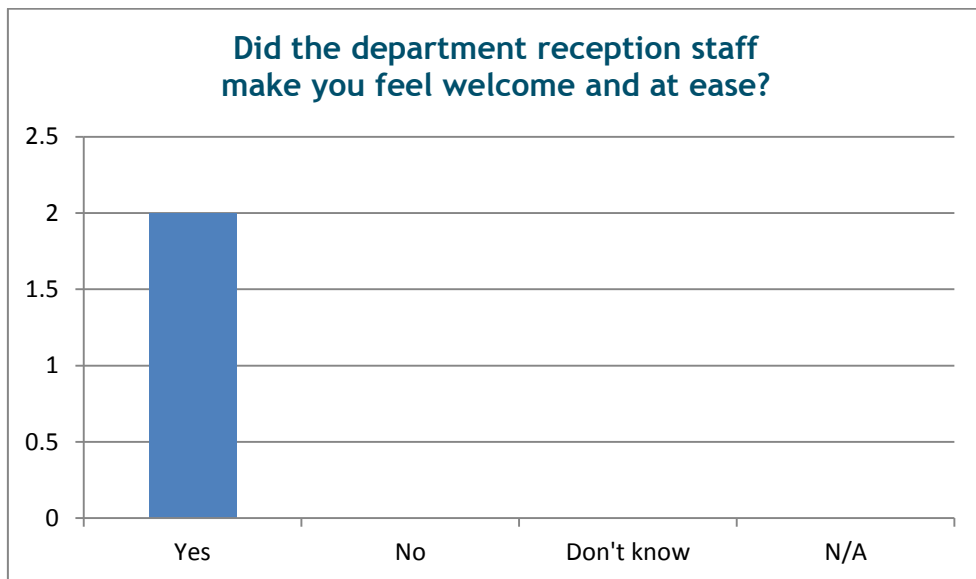
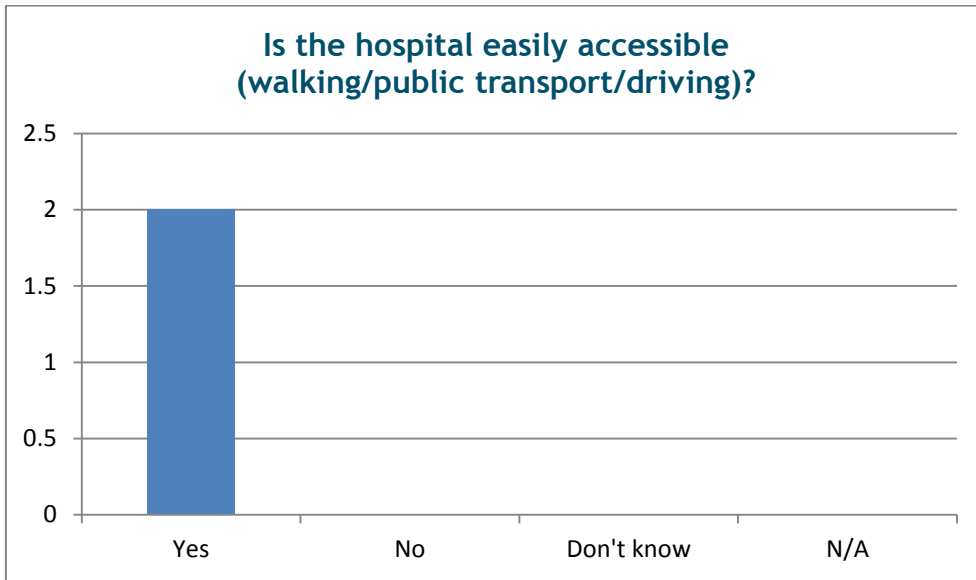


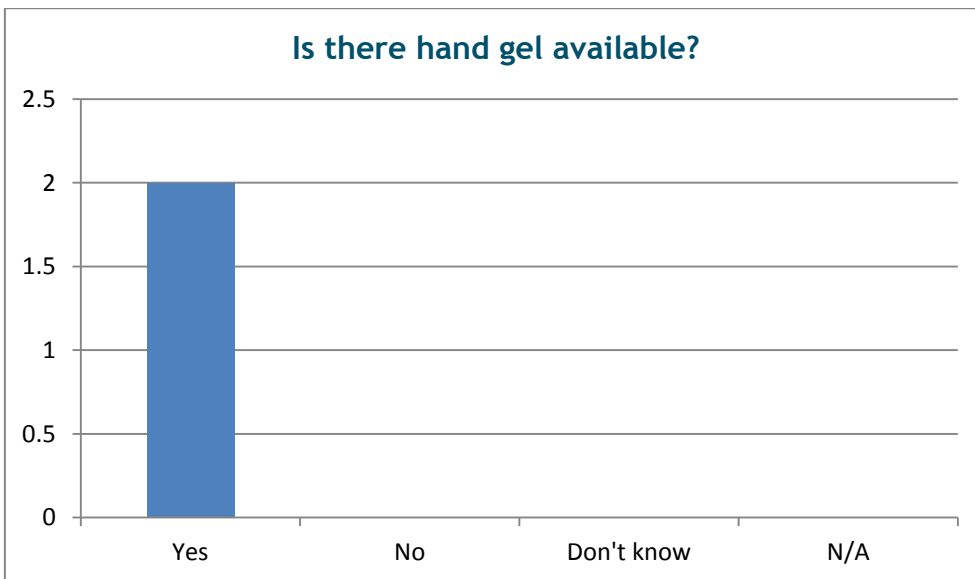
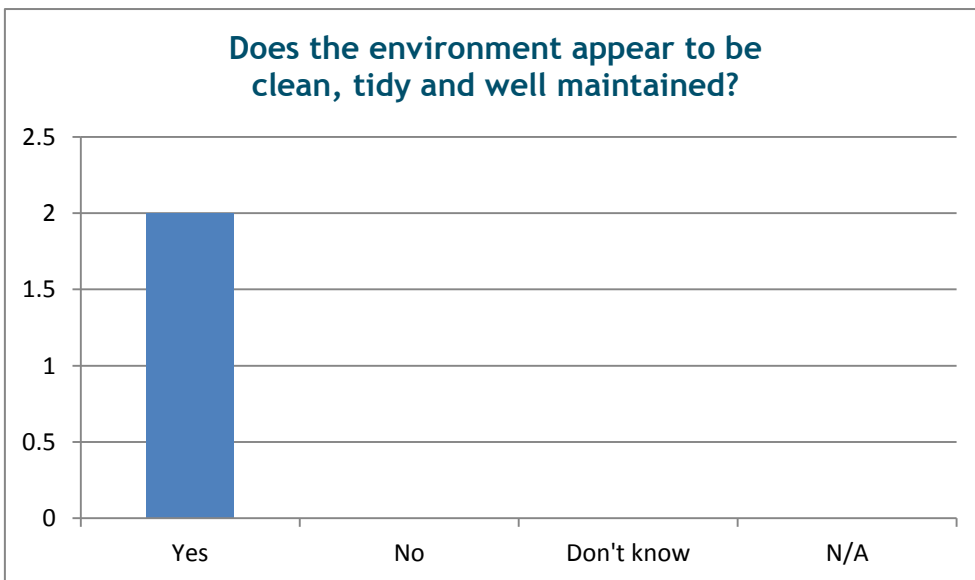
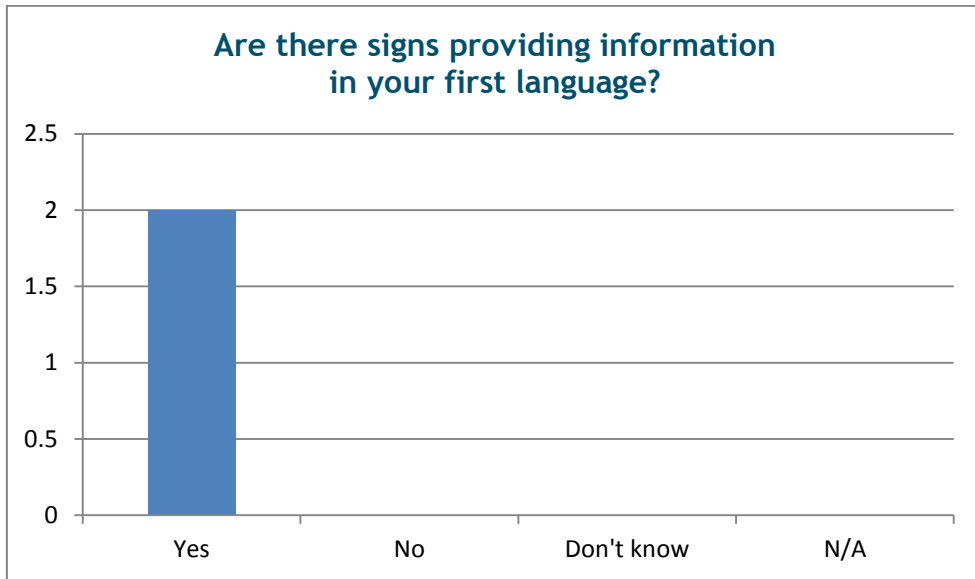


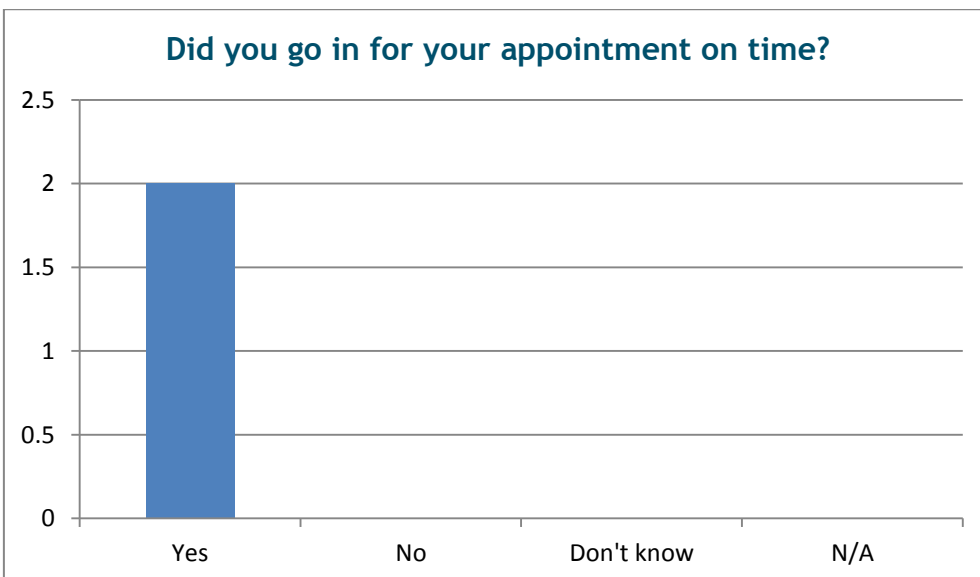
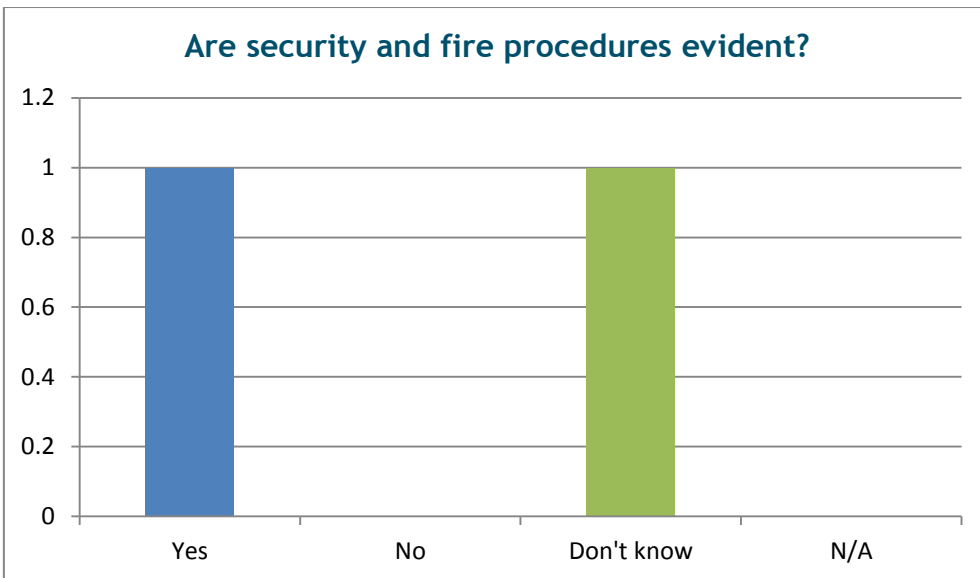
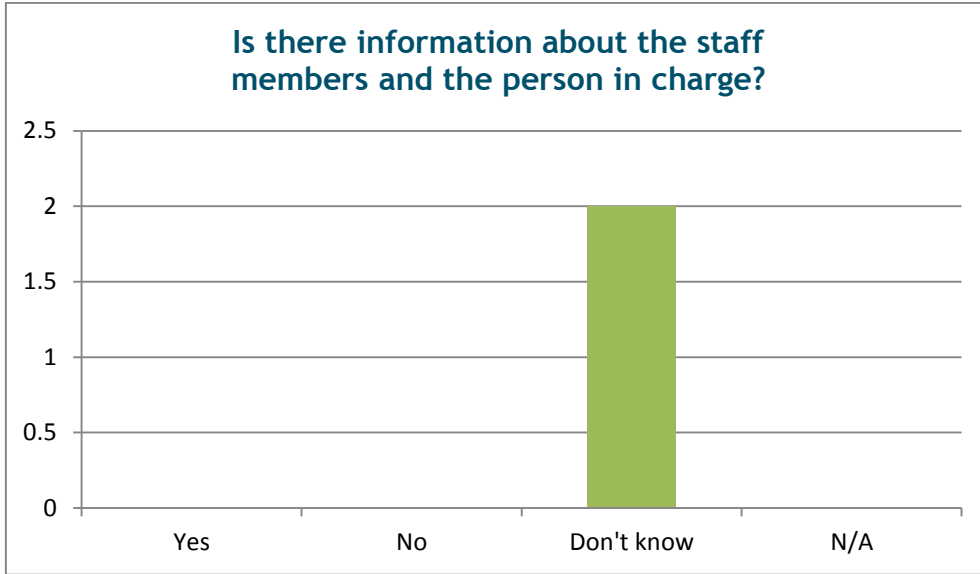


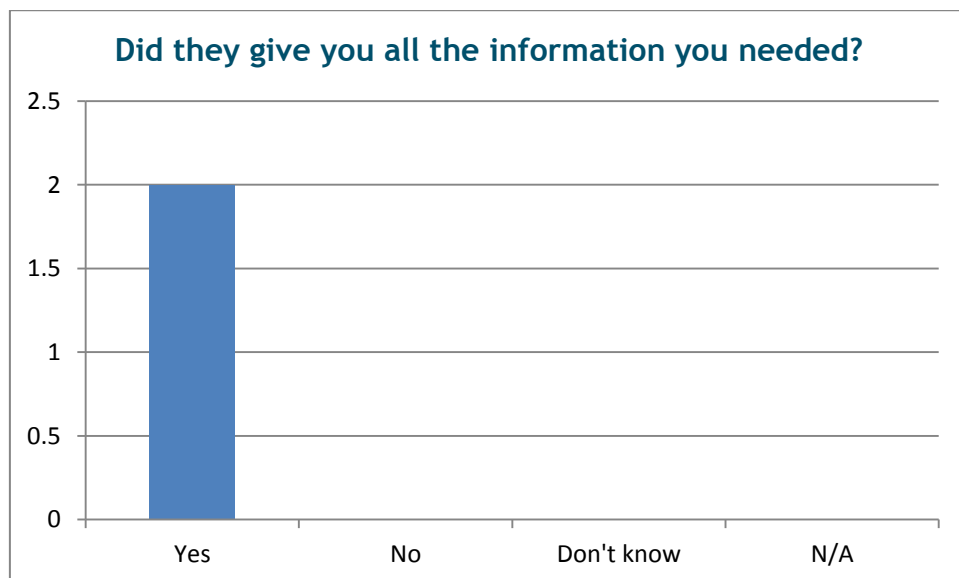
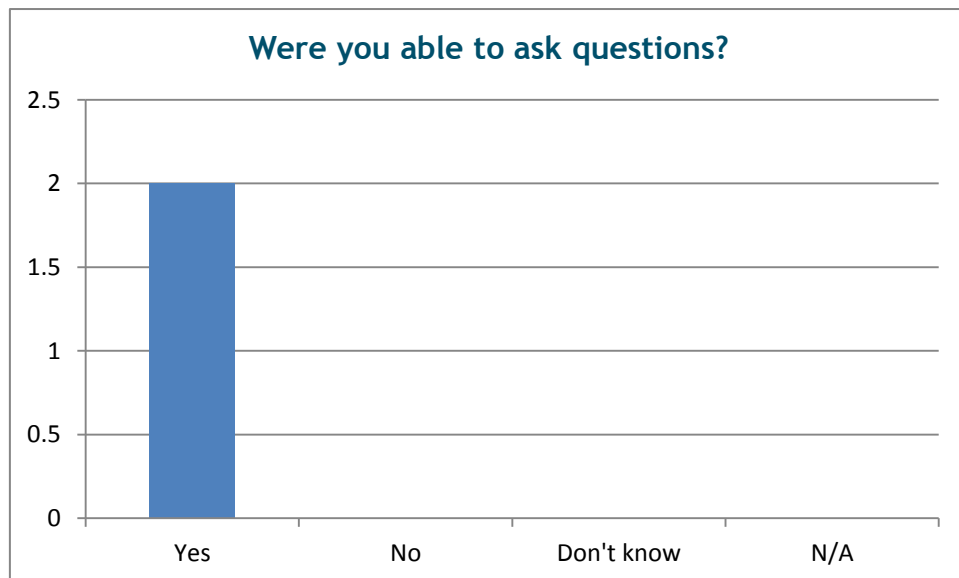
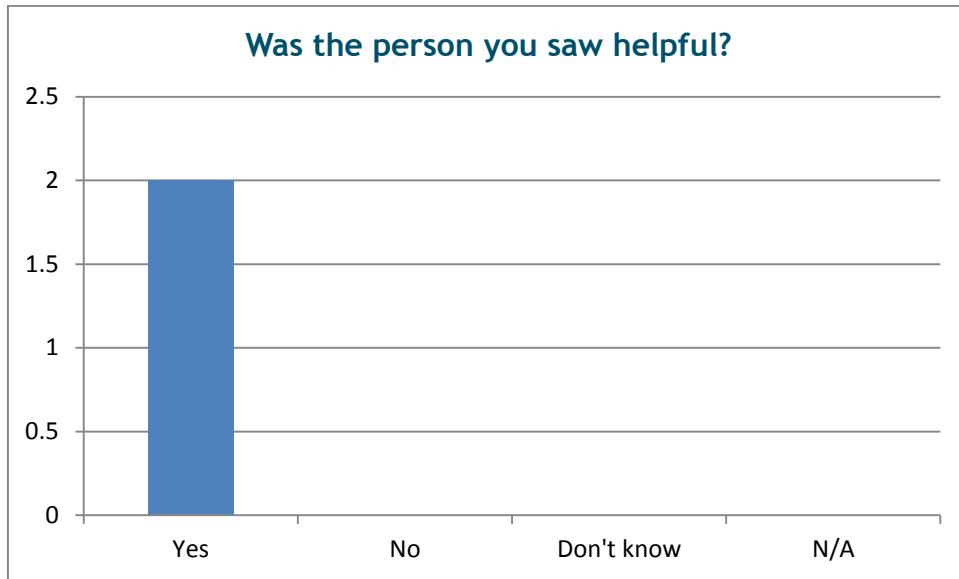


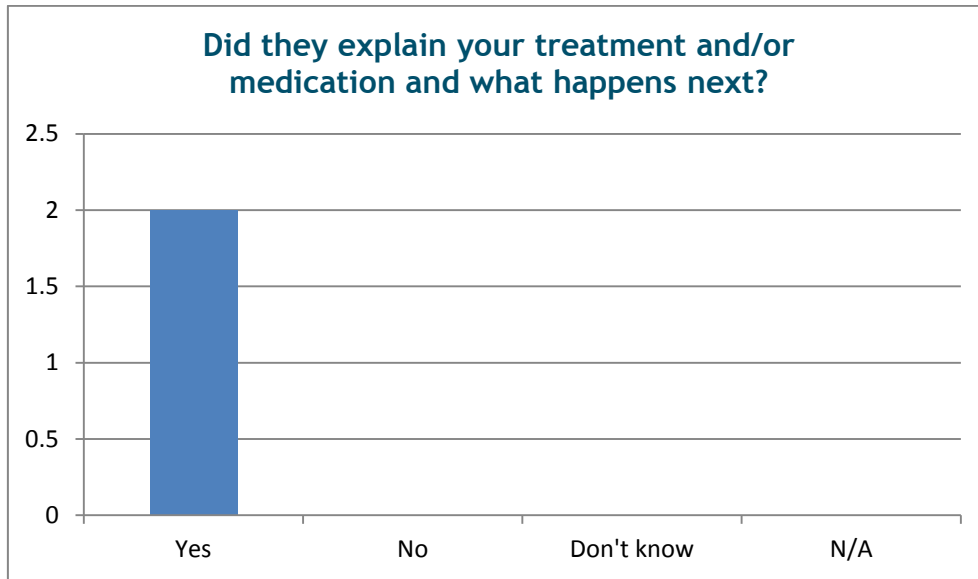
Outpatient surveys



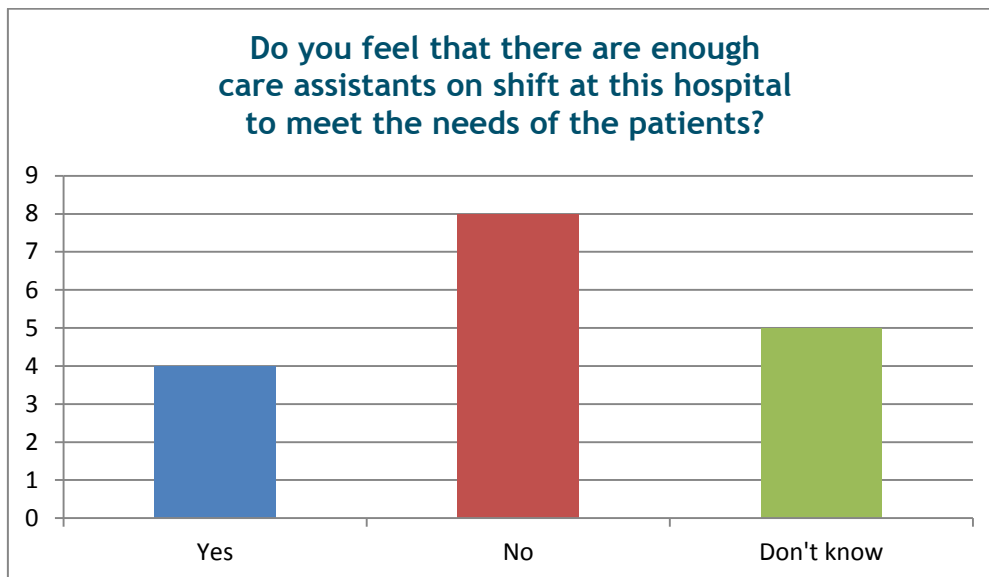
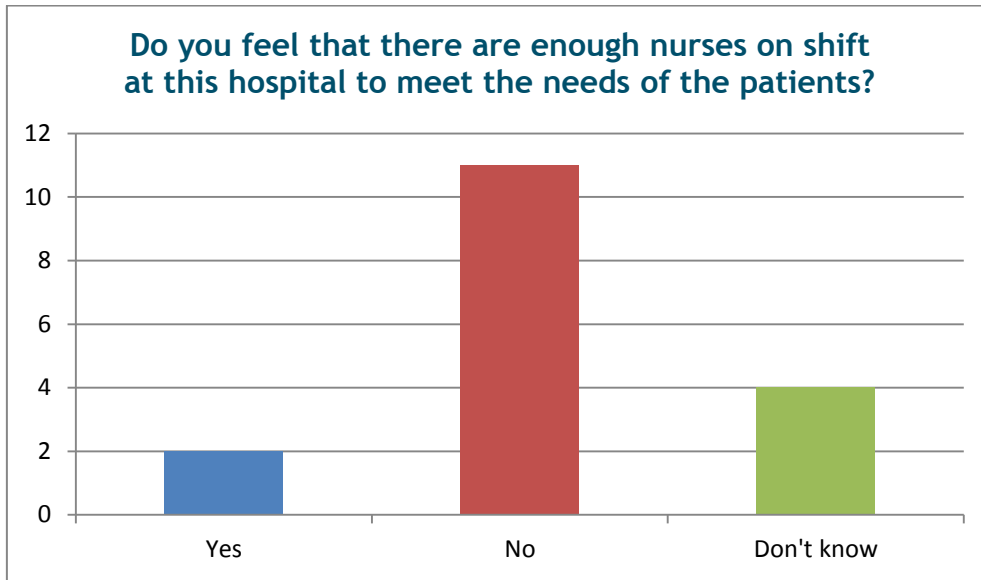


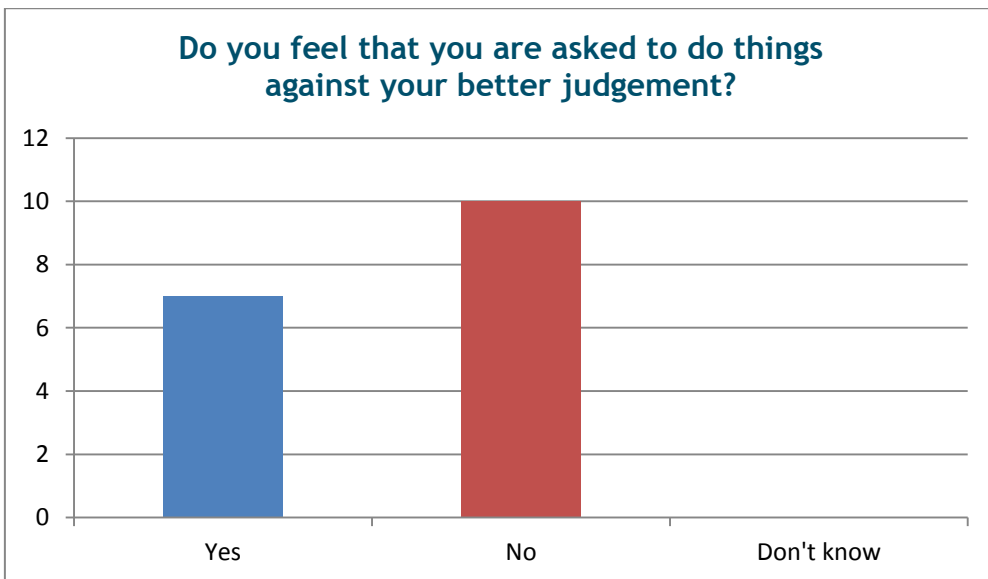
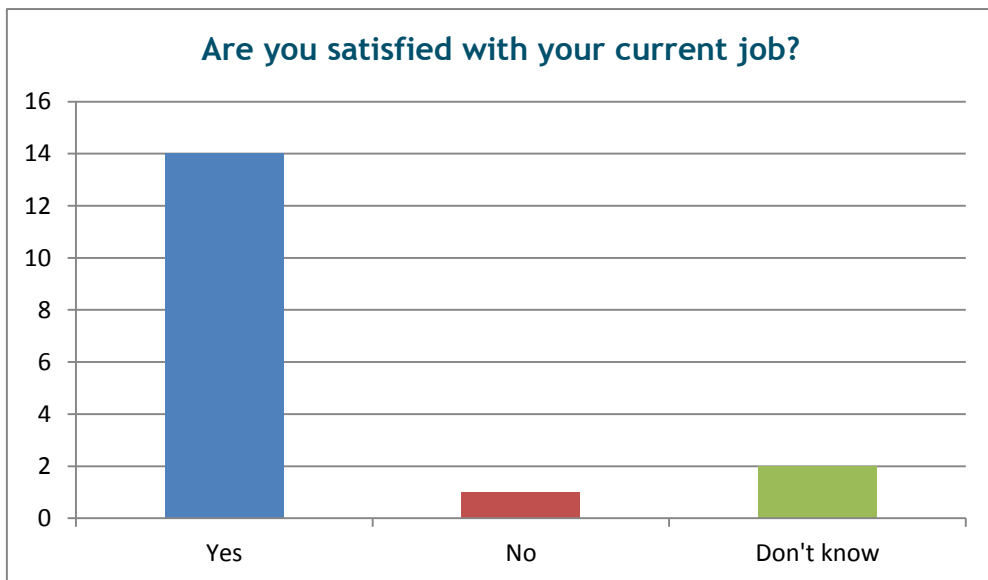
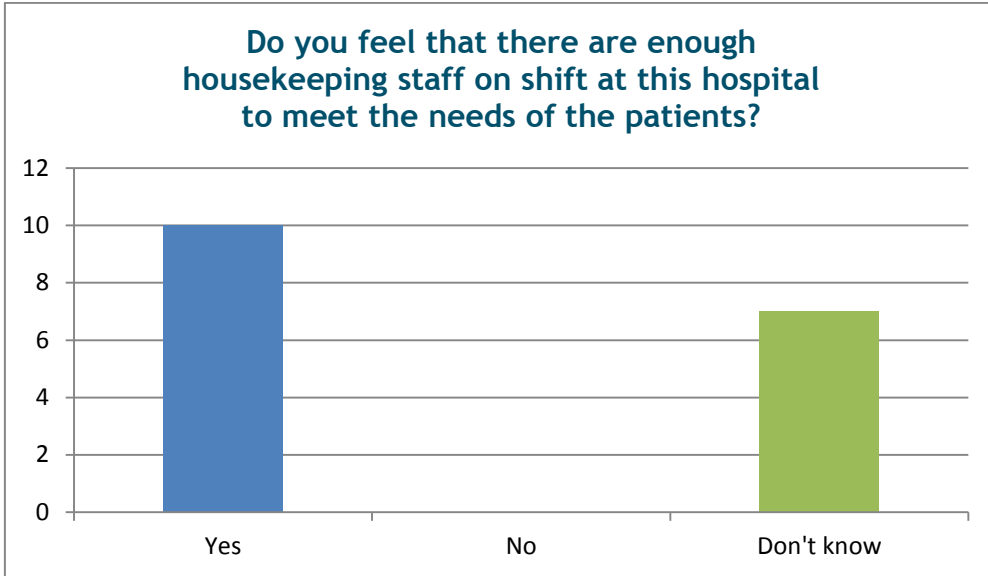


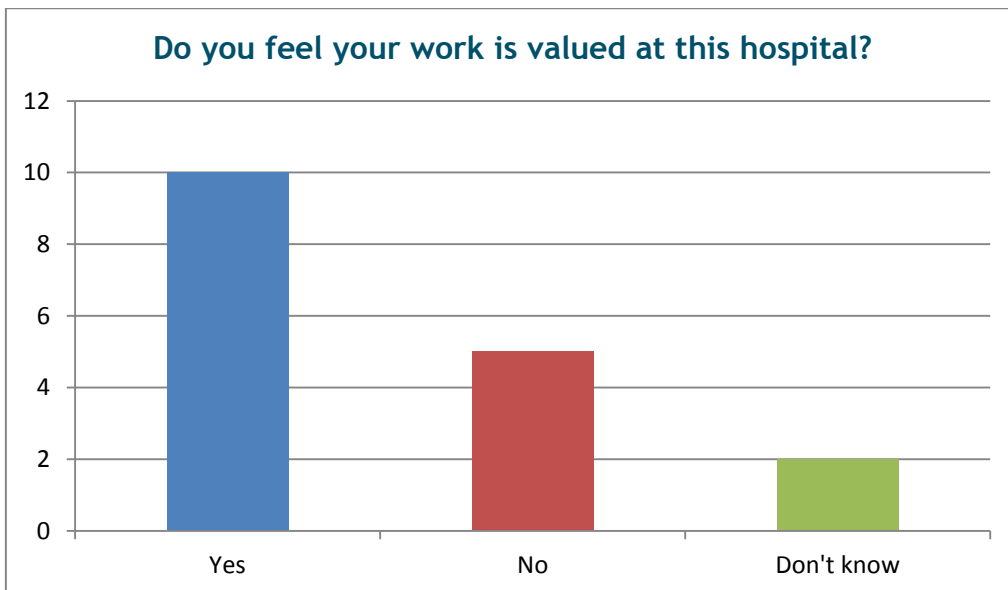
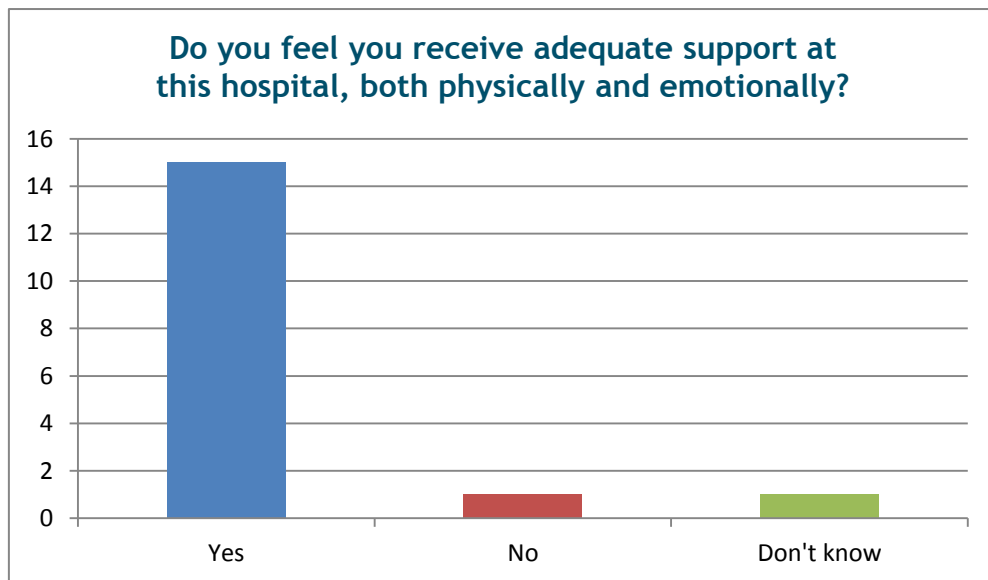
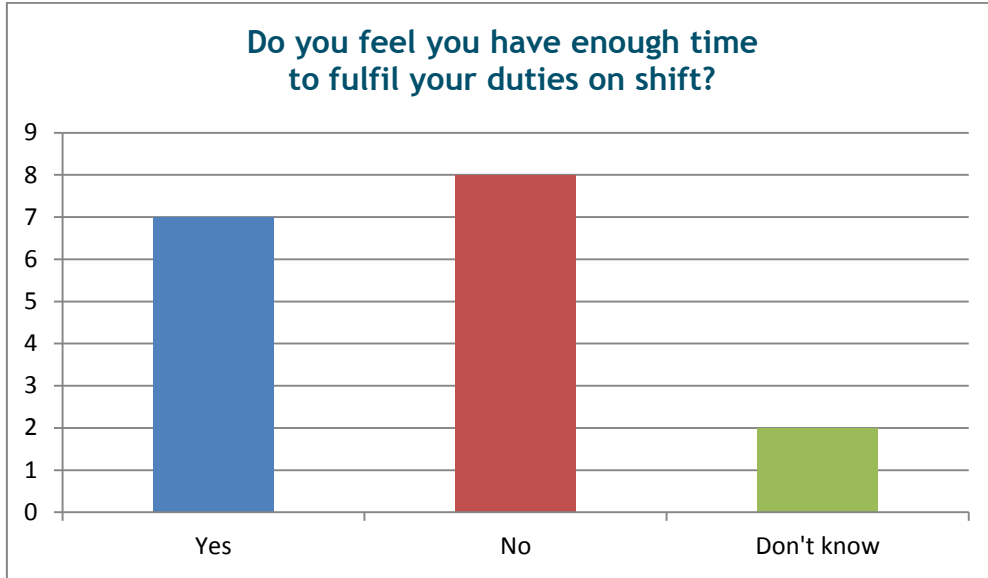




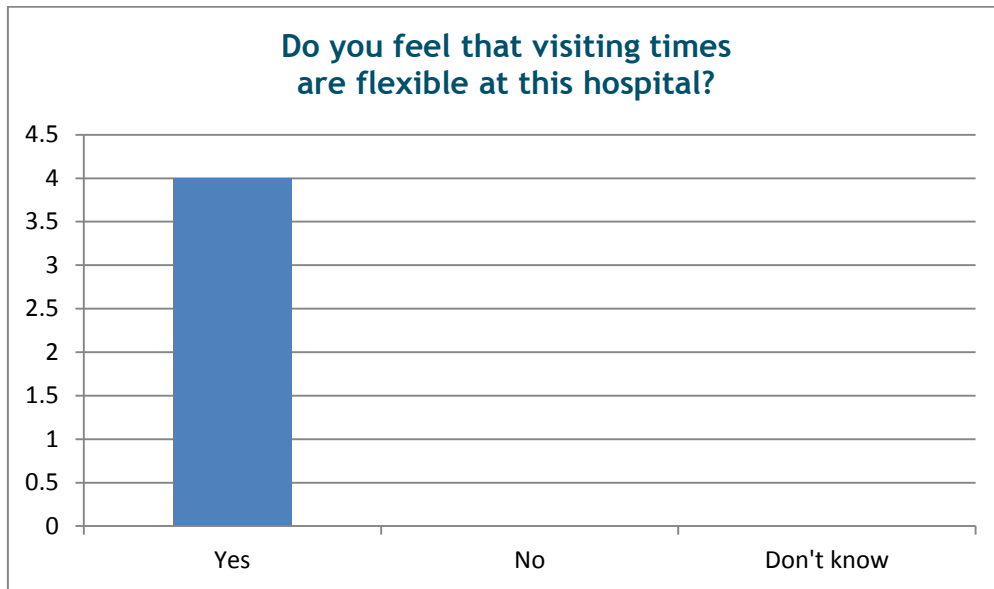
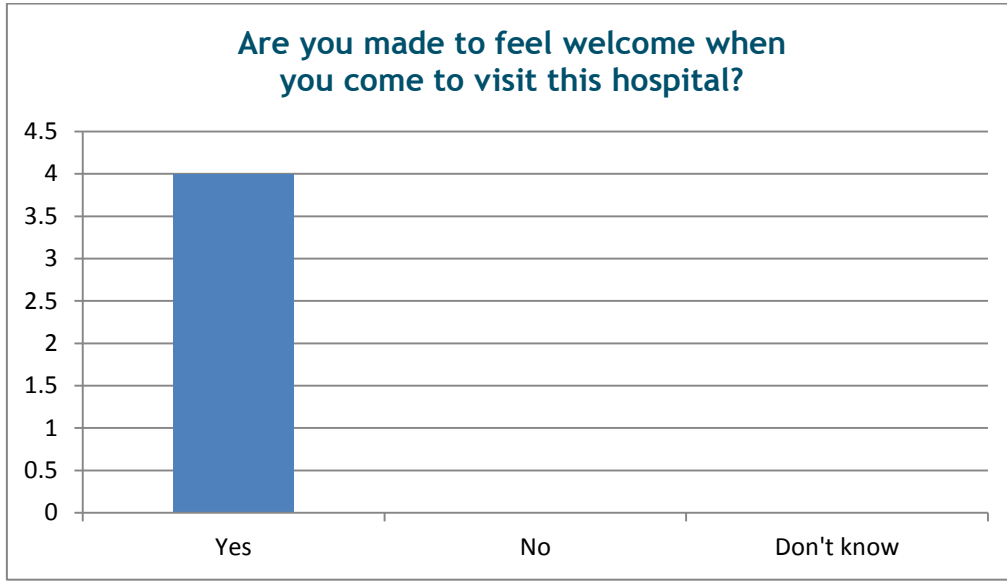
Staff surveys

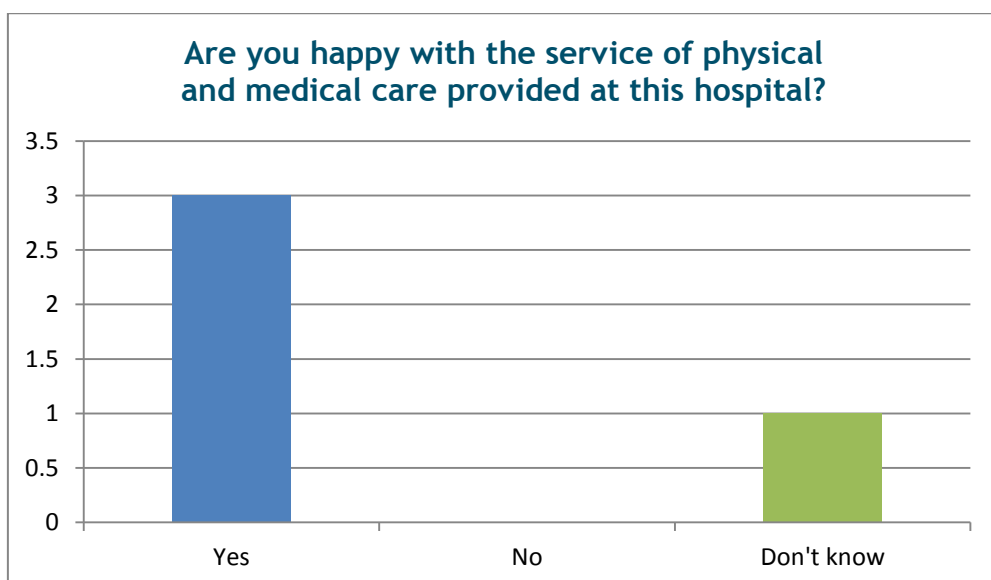
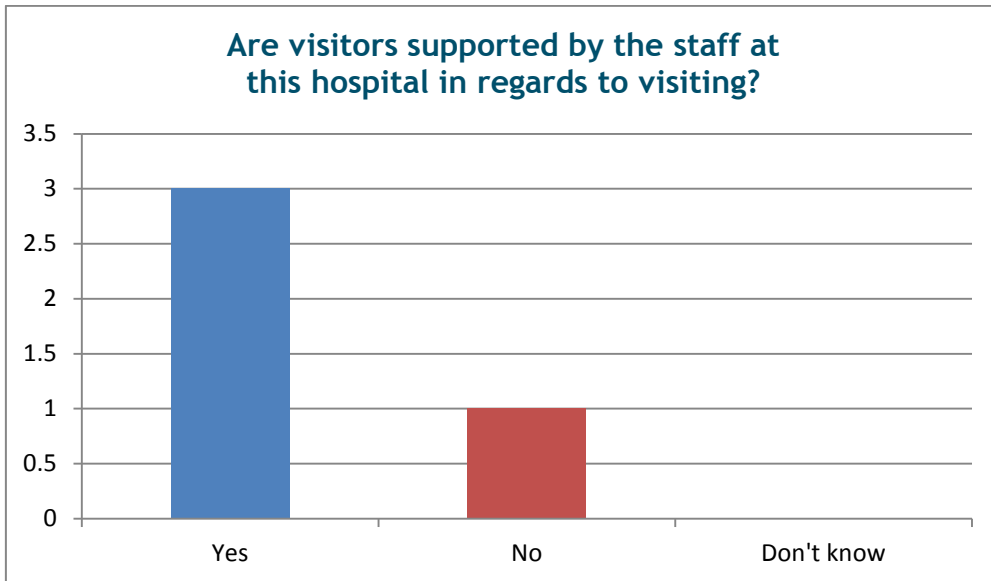


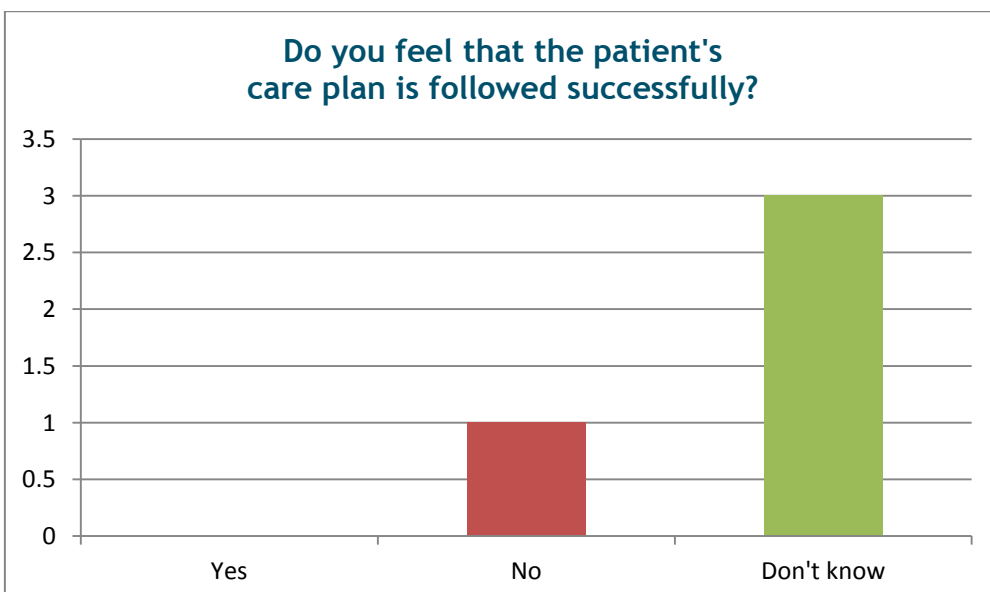
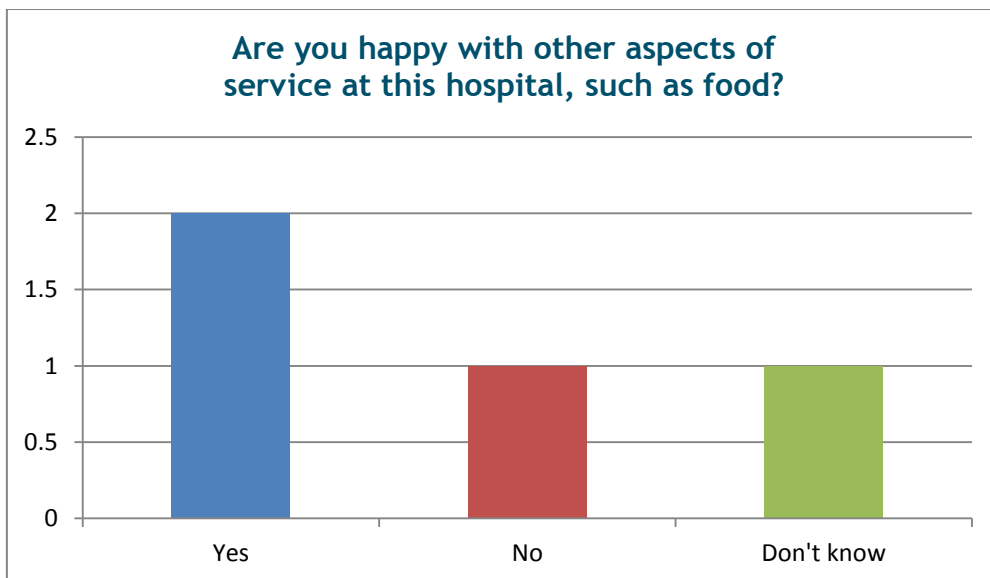
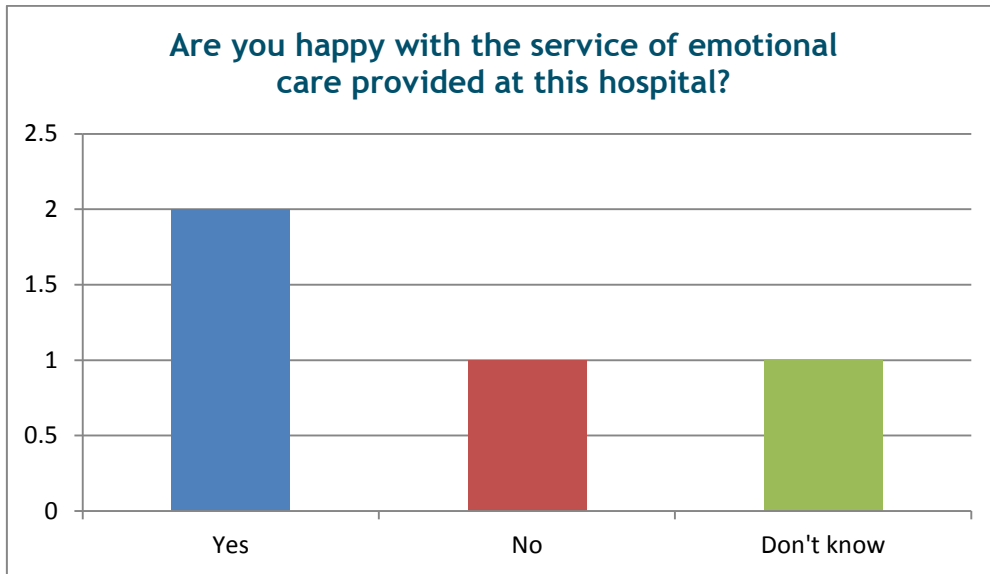


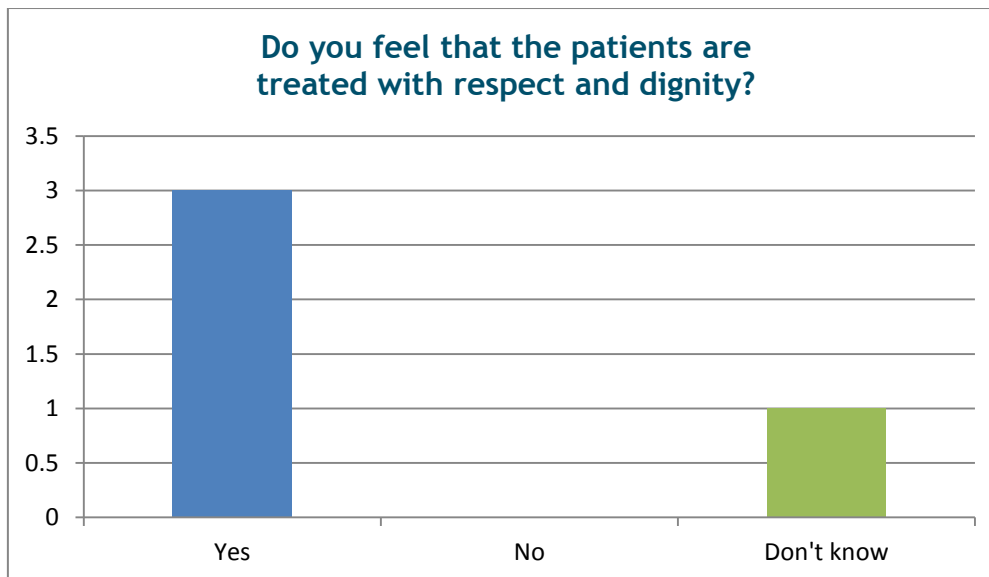
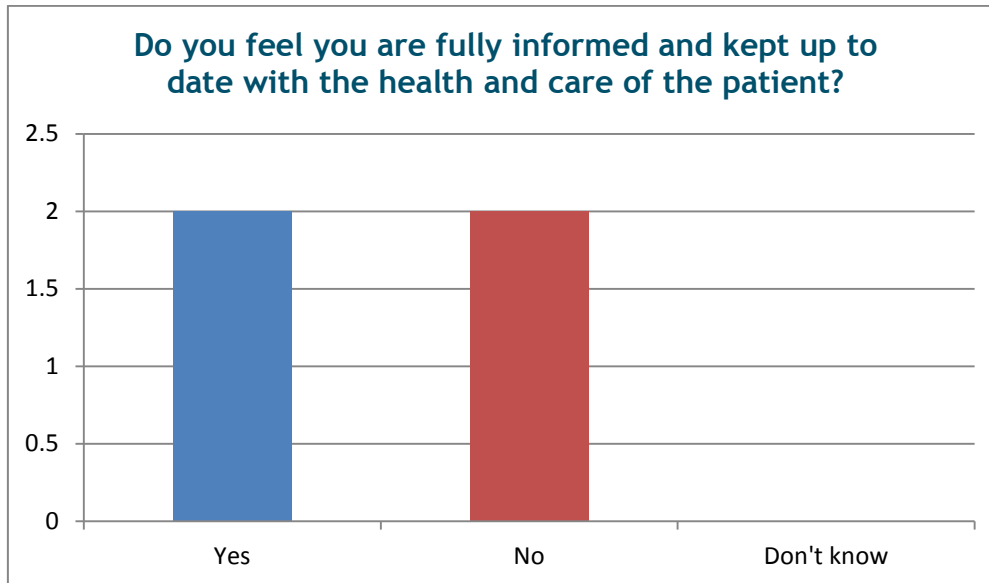


Visitor surveys









2.8 Evidence of best practice

- Standardised yellow signs with welcome to department/ward and hospital name are on display in every department and ward. This is helpful for general information and patients with dementia and the background colour is good for people with a visual impairment.
- Bags were available for wet umbrellas and wet floor signs were in use at the main entrance to reduce the effects of the rain.
- The disabled toilet at the main entrance was out of order but there was a sign on the door apologising for any inconvenience and advising that reception could help in locating another toilet.



- The poster holders in the lifts keep posters tidy, make it easier to see if they are current and avoid sticky marks being left behind when posters are removed.
- Names and photographs of staff members in some departments and wards help patients and visitors find out who is who.
- Overall, patients and visitors are very happy with the care from Trust staff.
- Almost two thirds of the surveyed staff members felt that their work was valued and almost all of them felt that they received adequate support.

2.9 Recommendations

- All equipment in the hospital should be free from dirt in an effort to improve infection control.
- Fire doors, fixtures and fittings and flooring need to be maintained in line with policies and procedures to minimise a health and safety risk.
- Signage was not immediately evident from all directions at the start on the fourth floor. Signs on more walls or pillars or hanging from the ceiling could help avoid confusion.
- All signs produced by departments and wards should be branded, laminated and stuck up with sticky tack rather than sticky tape.
- All toilets with outward opening doors should have the same caution signs.
- Care assistant levels need to be monitored to ensure adequacy.
- Some work should be undertaken to understand why some staff felt that they were asked to do things against their better judgement.
- Efforts should be made to find out why approximately half of the surveyed staff felt that they did not have enough time to fulfil their duties on shift.
- Where necessary, visitors should be kept more up to date on the patient's care plan and be given a better understanding about the health and care of the patient.
- Although three quarters of the surveyed visitors felt that the patients were treated with respect and dignity patients should be made more aware of Dignity Champions.



2.10 Service provider response

Clinical Measurement

- Feedback and comments from the surveys were considered by the Clinical Measurement team manager recently so that any learning from it can be used to improve the service:
 - One work area within the team had recently been reviewed to see how the flow of treating patients can be maintained, where there are short appointment times, by looking at how we use equipment and allocate tasks such as cleaning, to keep pace with the appointments. Any learning from this will be used in other areas of the service as appropriate.
 - The admin team has been recently reviewed to develop a structure and improvements to the working environment that better support the work of the team, and this is ongoing.

Ward 403 - Respiratory and Medical High Dependency Unit

- Feedback and comments from the surveys were considered by the Senior Sister in Ward 403 recently so that any learning from it can be used to improve the work of the team:
 - The findings will be used to ensure that we continue to make the best use of resources within the team and remain open to embracing change positively for the benefit of our patients. The survey findings will also be useful in helping us evaluating a new role within the team which is being developed to work across three respiratory wards.

