



## **Enter and View Report**

**Airedale General Hospital, Ward 4**  
**10<sup>th</sup> March 2015**

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### What is Enter and View?

Healthwatch authorised representatives carry out visits to health and social care services in our district, to see how a service is being run and make recommendations where there are areas for improvement.

### Key Findings

- Much Improved environment, clean, bright and calm. Use of colour and providing quiet spaces for patients and families.
- 86% of staff on Ward 4 have completed training on Dementia.
- Innovative projects to respond to people living with dementia in their own homes at a time of crisis.
- Increased awareness of the Butterfly scheme on Ward 4.

**Date:** 10<sup>th</sup> March 2015

**Authorised Representatives:** Irene Cyhanko and Val Mills

**Volunteer:** Cyril Davies, Carer - Memory Club

**Healthwatch Staff:** Afsana Aslam , Development Worker and Sue Howard, Development Worker

**Service visited:** Airedale NHS Foundation Trust, Airedale General Hospital, Ward 4 - Elderly Ward

**Provider Staff:** Elaine Andrews, Assistant Director of Patient Safety; Lucy Walker, Senior Sister and Angela Gordon, Matron Elderly Medicine

### **Why Healthwatch volunteers visited this service**

Healthwatch visited the Elderly Ward at Airedale General Hospital in August 2013 and carried out a review of Carers of people living with dementia and their experience within a hospital setting between November 2013 and January 2014. Healthwatch made a number of recommendations for improvements; some of these included staff training, information and support in the community and increased communication with patients, carers and families. The Trust informed Healthwatch of the changes they planned to make and actions taken. The re-visit was organised as an opportunity to look at the changes health provider Airedale NHS Foundation Trust has made and how this has impacted on patient experience.

### **Purpose of the Enter and View visit**

The focus of the visit was to gain a better understanding of suggested improvements on aspects such as the environment and other innovations in relation to dementia, staff training, implementation of the butterfly scheme and communication with family and carers. We concentrated on learning how these changes had impacted on patient experience as well as including a “walk about” for a carer representative from a local community group.

### **How was the visit prepared and conducted?**

Two representatives led the visit and were supported by Healthwatch staff. They were welcomed by Elaine Andrews, Assistant Director of Patient Safety, on arrival and later had the opportunity to spend some time with both Lucy Walker Senior Sister and Angela Gordon Matron Elderly Medicine to get a better understanding of the provisions on the Ward.

The representatives also met with six individuals who were patients at the facility and spoke to some family members. All individuals that were spoken to were informed of the representatives’ role with Healthwatch, the aim of the Enter and View programme and visit. All participants gave verbal permission for the interviews to proceed and were assured of confidentiality and anonymity.

Methods used to gather feedback were, a prepared questionnaire for staff, patients and families, some observation was also used.



## Environment

The Trust secured funding from the Department of Health to refurbish four wards of which Ward 4 was one and to which much of the funding had been directed. The Here to Care Project Team (which included Ward 4 representatives) staff have recently won the Pride of Airedale's "Team of the year" award and Elaine Andrews was a successful runner up for a National Award in the category of most inspirational leader in dementia care. Elaine reinforced that the Trust's commitment was to **"drive dementia forward"**.

The staff told us that Ward 4:

- had been fully refurbished and was bright, clean and had a calmer environment
- had a Reflections Room for patients and their families; this is a dedicated room for families and patients to quiet time.
- the environment has been designed with colour co-ordination and way finding as well as pictorial signage,
- the work stations that are now situated at intervals down the ward and this brings staff closer the patients,
- has a dementia garden which is under development

*"The focus on the environment had been successful so now the team can concentrate on introducing further projects to support patients"*

Lucy Walker, Senior Sister

Most of the patients we spoke to were happy and comfortable in the environment they were in. For example one patient told us,

*"The environment is nice and there is always someone to help if needed"*



## Observations

When representatives were speaking to patients it was quickly noticeable that there were no visitor chairs around the bedsides and relatives were seen sitting on the beds. Stacking chairs were available from the lounge area but needed to be carried to the ward.

The carer and a member of the Healthwatch team were shown around the female side of the ward. They observed the ward bays were light and bright and all bays overlooked the new garden (still under construction) which provided a pleasant outlook.

Currently the only access to the garden was through a sliding door in the end ward of the female wing, however volunteers were assured by staff the Trust had longer term plans to install sliding doors on all bays and this marked as a future development.

There was a large communal area with a TV. Many thank you cards were displayed on the walls with positive comments about care and support received on the ward. There were three patients using this space and who were served lunch here.



## Developments

The Trust continues to introduce innovative projects with the ongoing aim of helping those living with dementia whilst at home or in hospital. Some of these are;

- The Dementia Crisis Support Team has been introduced (this is a collaborative venture with Bradford District Care Trust) which can respond in the event of crisis and aim to support/treat patients within their own home. They also aim to pull patients who live with dementia out of the unfamiliar hospital environment to their familiar home environment as quickly as possible once it is clinically safe to do so.
- The Dignity Room - provides personal toiletries and basic clothing needs for those who come into hospital with nothing other than what they were wearing on admission. Basic items such as tracksuit bottoms, Velcro slippers, pyjamas, vests and personal toiletries are made available. (The Trust had won an award for the development of the Dignity Room)
- “Twiddle muffs” - introduced by a carer and volunteers raised funds to purchase wool. These are knitted muffs with beads and buttons, which can be “twiddled” by the person with dementia (pending quality control).
- Therapeutic activity - exploring the possibility of using knitting and music as a therapeutic activity for patients whilst in bed.



A Dementia Strategy for training is now in force and national guidelines suggest that 80% of patient facing staff should be Dementia trained.

- 86% of staff on Ward 4 have completed the online training covering Dementia; the ward is aiming for 100%
- The Trust is presently linking in with 2 dementia champions from the local initiative 'Making Keighley a dementia friendly town' and exploring the opportunity for the Trust's volunteers to undertake awareness training which will be led by Dementia Champions.

Most of the patients spoken to by volunteers were positive about the care they received and commented the care was excellent and staff were helpful.

"He shouts but the nurses are helpful and they always win and calm him down"

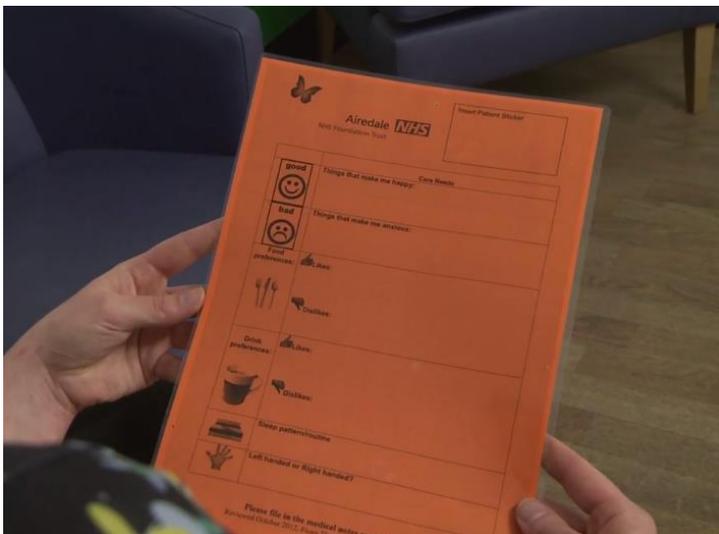
"The care I have received on ward 4 has been excellent"

"Absolutely marvelous, everyone is helpful and well looked after and it feels like I'm in a first class hotel"

One carer said the care had been good and commented,

"Staff have a hard job in dealing with dementia patients and cope although it is hard at first...the orange care needs sheet is brilliant, which enables staff with some knowledge of the patient individual needs and likes that can then be utilised when needed."

However, she was concerned her grandmother (the patient) was admitted into hospital but no one had identified she had dementia. It was the granddaughter who alerted staff to patient's status and was told "We wouldn't have known if you had not told us", she was extremely surprised that the diagnosed dementia was not identified at any stage during the hospital journey from A&E, assessment and on the ward.





The symbol of a solid blue butterfly is used to identify a patient with dementia or a blue outline of the butterfly indicated delirium.

- There are two types of butterfly icons used one which is block blue and the other outlined blue ( appendix 2).
- The butterfly scheme is replicated on the System One board on Ward 4 (System one is the electronic system used by The Trust as well as General Practices across Bradford and District).
- The Butterfly Team is a group of healthcare support workers who have undergone appropriate knowledge based training and education in order to effectively work alongside those patients who are unable to settle. Primarily this affects patients who have a diagnosis of dementia. The Butterfly Team wear polo shirts and are easily identified.
- To date, only one patient has opted out of the scheme.
- The Butterfly care plan is printed on orange paper and so it is visible to all.

The Butterfly Scheme remains a priority within Ward 4 and work is ongoing to embed the principles. The first thing is to correctly identify those patients with Dementia through the Butterfly Scheme. Staff will speak to families but sometimes this is not easy as the families themselves may be in distress.

### ● Observation

When speaking to patients it was reassuring to see patient name boards were completed with patient name, named nurse and Consultant and a butterfly was clearly visible where a patient had diagnosed dementia. There were also bright orange “likes and dislikes” forms which were stuck to the bedside table.

One carer said, she thought the idea of orange needs sheet was “brilliant” but did not feel it was completely embedded and that staff were too over stretched to fully implement this approach. The granddaughter of the patient commented,

“My grandmother is a picky eater and she did not like the food given...she has not been offered any alternatives despite the orange sheet completed with likes, dislikes, food preferences and drink patterns”.

We spoke to a hospital volunteer during the visit. She visited to help with feeding and on occasions as a befriender and would sit and talk to patients. When asked if she was aware of the Butterfly Scheme and what it meant, she had not heard of the scheme



## Nutrition and hydration

Lucy Walker, Senior Sister explained how and when “feeding buddies” were used; the role of a feeding buddy is to sit and help anyone having difficulties or needing assistance at lunch and evenings. We were also told about befrienders (volunteers) who often sit and talk to patients.

- There was one feeding buddy every day and often two at breakfast.
- They also used the “red tray” system at mealtimes, and this was to aid with recognition of anyone who may need assistance ranging from prompting to full feeding assistance.
- The Trust had initiated a pictorial menu which aided patients in pointing to their meal of choice and worked with the dieticians to improve the menu choice. They are currently exploring the possibility of introducing finger foods for those patients who had forgotten how to use or had difficulty using a knife and fork.

### ● Observations

During the lunch hour it was reassuring to see a number of staff assisting patients with eating and drinking. Some of the patients had their meal in the lounge area and were later approached by staff members to check if they had eaten their food.

However one older female patient ate very little (a small yoghurt) returning nearly all other food - no assistance was offered throughout the time and the food removed with nothing being said to the patient. During the “walk about” activity it was observed one patient who was identified as living with dementia, had a jug of water and glass placed on a bedside table out of reach.



## Communication during hospital stay and on discharge

### Named Workers

Named workers, who are identified as a communicator for patients, have not yet been introduced. However, the Trust continue to explore the opportunity and is currently doing more work around this to introduce named workers.

- Currently Lucy Walker or a Junior Sister will continue to be the main link for patients and their families.
- Ward 4 has re-introduced relatives’ evenings which take place on the ward. These occur Tuesday afternoons and Thursday evenings and they are promoted on posters across the ward. The purpose of these meetings is to enhance and facilitate communication between families and patients regarding any quality issues, for example discharge planning.

### Planning for Discharge

There are regular ward rounds and collectively the team of trained nurses led by Senior Sister Lucy Walker/ Named Registered Nurse on duty accompanies the Consultant. Discharge planning commences as soon as the patient arrives in hospital. When a patient is ready for discharge the patient will be given an indication of their potential discharge arrangements. There is an expectation a courtesy phone call will be made before discharge to families and care Services notified 24 hours before discharge takes place.

- In addition to the ward round there is a weekly MDT meeting whereby in attendance is the Occupational Therapist (OT), Physio, Consultant and social worker to discuss and agree patients' requirements for discharge.
- The intention is to discharge and get patients home as soon as possible with (Take Home Tablets). The project is called 'discharge before 1pm'. Posters are visible within the ward area.
- In some circumstances patients may need a rehabilitation bed.
- There is a dedicated rotational Social Worker on the ward who attends Multi Disciplinary Team meetings on Mondays with the Consultant, Occupational Therapist and all involved with the patient. If a Social Worker referral is warranted, the patient will be referred on.
- The Trust also promotes the Home from Hospital Scheme which is delivered by Carers Resource aimed at helping those discharged from hospital with basic support. This may include things such as the putting on heating, or buying milk etc. There is a Carers Resource Box on the ward and leaflets explaining the different schemes. (Alzheimer's Society and Well-being Cafes).

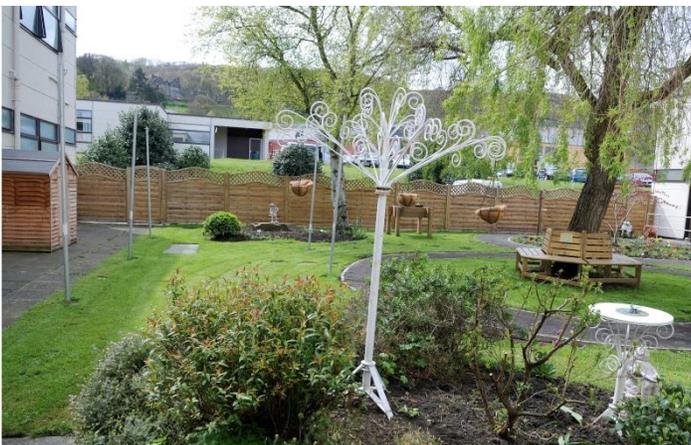
Volunteers heard some good and some not so good feedback from the patients they spoke to, one patient said

"I have been spoken to by staff on numerous occasions so I am up to date with what happens next. I am just waiting for a bed in a nursing home and am not sure how long I will be waiting."

A carer we spoke to told us, her and her grandmother had been given no information regarding a follow up care plan or information of local services on planning discharge. The granddaughter confirmed that despite discharge taking place and bags packed in readiness,

"No one has asked what is going to happen to my grandmother on discharge....she has an ongoing care package of care in the home but no one has checked to see if this would be in place and the family have no idea what support she would have once at home."

We were also told that no one had been in contact with the Social Worker/Social Services team and the "Home from Hospital" service had not been mentioned to the family.





## Conclusion

Healthwatch would like to thank the staff and patients for the warm welcome and time shared with the Healthwatch Enter and View Volunteers.

Healthwatch recognise the hard work, enthusiasm and commitment Airedale General Hospital have made to improving facilities on Ward 4. Overall impressions are positive and there appears to be significant improvements made to the environment including the introduction of the Reflections Room, colour coordinated bed bays and bright visual imaging displayed across the ward. It was encouraging to learn that 86% of staff have completed the dementia training module and the Butterfly scheme appeared to be in use.

Complimentary comments were made by both patients and carers about the environment as well as the staff on ward 4.

It was also encouraging to learn the service is working with community services like the “Making Keighley Dementia Friendly project” to support in the delivery of dementia awareness training for hospital volunteers as well as schemes such as “*Home from Hospital*” a service which is offered to patients who may not qualify for a social care package such as home care services.

Although the majority of volunteer and patient conversations were positive and complimentary of Ward 4, Healthwatch volunteers are mindful that some experiences were not so good and there appeared to be some inconsistency in the areas of “dementia awareness” and “planning for discharge”. Although staff informed the Healthwatch team that the first priority was to identify dementia or indicated dementia upon admission and patients were informed and prepared for discharge, provided with potential timescales and aftercare arranged. One of the patients interviewed informed nurses of the diagnosis of dementia as this was not recognised by staff and upon discharge, who did not appear informed about the discharge process or aftercare package.

### Comments from Carer

“I was there at the invitation of Healthwatch Bradford and District from the Memory Club as a carer of my wife who is living with dementia.

“I found the experience interesting especially our first contact with Elaine Andrews (Assistant Director Patient Safety) who seemed to want to impress the team at the effort the hospital was taking to improve the care of all elderly and dementia patients in the ward since the last visit. She mentioned a recent innovation The Dementia Crisis, Response and Prevention Team. I mentioned that not many people were aware of it, she then promised to have copies of the leaflet printed for us.”



## Recommendations

- 1) We feel patients and carers should have more involvement in planning and making decisions about discharge, be given more information on choice of services and support available to them, including information on voluntary sector organisations in the community. We think it would be useful for the Trust to explore The Ticket Home Scheme developed in the US which has been adapted for use in the UK by Cardiff University. Ticket home gives patients control on recovery goals and helps to work proactively with patients, family and the care team.
- 2) We recognise the commitment the Trust has to creating a pleasant environment for its patients and families and the development of the garden provides yet another safe space for patients and cares. We are aware access to the garden is currently limited and therefore suggest the Trust show commitment to increasing access to the garden from both the female and male wings of the ward.
- 3) We are pleased to learn the Trust is working with the Making Keighley Dementia programme to introduce dementia awareness to trust volunteers. We recommend Trust Volunteers on Ward 4 are provided with dementia awareness training and an introduction to the butterfly scheme.
- 4) We recommend the Dementia Crisis Prevention Team initiative is shared and promoted with the Memory Club, Keighley as well other carers groups, and voluntary community sector organisations.
- 5) We recommend that the good practice put in place by Airedale NHS Trust is shared with other health and social care providers and commissioners.

Irene Cyhanko, Healthwatch Enter and View Representative

Val Mills, Healthwatch Enter and View Representative

Cyril Davies, Carer Representative from the Memory Club, Keighley

8 June 2015



For more information about this visit and Healthwatch Bradford and District Enter and View activities please contact call 01535 665258 or email [info@healthwatchbradford.co.uk](mailto:info@healthwatchbradford.co.uk)

### **More about Enter and View**

- Members of the public volunteer to become authorised representatives, carrying out visits on behalf of Healthwatch. They receive training to deal with sensitive situations and confidential information, and are checked by the Disclosure and Barring Service
- Healthwatch authorised representatives carry out visits to health and social care services in our district, to see how a service is being run and make recommendations where there are areas for improvement.
- Visits can happen if people tell us there is a problem with a service, but they can also happen when services have a good reputation - so we can learn about and share examples of what they do well.
- Any publicly funded service can be visited like care homes, hospitals, GPs and dentists.

### **Disclaimer**

- Our report relates to a specific visit to the service at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Bradford and District.

## **Appendix**

### **Interviews with patients and carers**

#### **Patient 1**

Patient 1, female, 94 years of age, white British background

The patient commented positively about the care she had received while on the ward. She told us “Staff are lovely and attentive” she went on to tell us “staff have time and skills to care for people and cope even though they are short of staff.”

On observation it was noticeable that this patient had dementia, there was an orange sheet placed on the side of the bed cabinet with the butterfly. She did not know what the butterfly scheme was.

#### **Patient 2**

Patient 2, female, 84 years of age, White British background

When speaking to the patient she quickly told us she was pleased with the care and support she received “The care I have received on ward 4 has been excellent” the patient told us she was confident with the next stages of her care and had been involved throughout “I have spoken to by staff on numerous occasions so I am up to date with what happens next. I am just waiting for a bed in a nursing home not sure how long I will be waiting”

#### **Patient 3**

Female, 95 years of age, White British background

The patient told us she felt able to approach staff, will speak to staff about concerns she has. “Absolutely marvelous, everyone is helpful and well looked after and it feels like I’m in a first class hotel” she also told us she was able to spend time with her family comfortably on the ward

#### **Patient 4**

Patient 4 and family member , female, 84, white British background

There were no visitor chairs in the room and both relatives were sitting on the bed. The room had a clear clock with time and date. The name board was completed with patient name, named nurse and Consultant. A butterfly was clearly visible. A bright orange likes and dislikes form was stuck to the bedside table.

The patient had been admitted via her GP as grandmother (patient) had been extremely poorly for over a week when the family member (next of kin) had taken the patient to the Doctors on three separate occasions and pushed for a hospital admittance. Although the patient had been diagnosed with dementia quite some time ago it is only the past eighteen months that advanced dementia was diagnosed. However from the time the patient was admitted into hospital no one was aware that she had dementia. It was the family memberwho alerted staff to patients status. She was extremely surprised that the diagnosed dementia was not identified at any stage during the hospital journey.

The care she received whilst on the ward for the past week has been good. Both patient and Carer have been informed with the patients progression every step of the way.

The family member said “staff have a hard job in dealing with dementia patients and cope although it is hard at first and that the orange care needs sheet is a brilliant for, which enables staff with some knowledge of the patient which can bring calm and individual needs and likes that can then be utilised when needed” However she did not feel it was completely imbedded and that staff were over stretched to fully implement. The family member said “She is a picky eater and she did not like the food given”. She confirmed that she had not been offered any alternatives in diet and no one had asked her to choose an alternative despite the orange sheet was completed with likes, dislikes, food preferences and drink patterns.

They have had no information regarding follow up care plan or information of local services on discharge. The granddaughter confirmed that no one had asked what was going to happen to her on discharge which was occurring that same day and all bags were packed in readiness. The patient had an ongoing care package of care in the home. No one had checked to see if this was to be/had been resurrected and the family had no idea what was to happen once at home. No one had been in contact with the Social Worker/Social Services. The “Home from Hospital” service had not been mentioned and the family were unaware of any such service.

#### **Patient 5 and Patient 6**

2 x Male, 85+ years of age, White British Background, spoken to in the lounge area

Commented care was excellent “wonderful, best experience is the care and staff, they are wonderful nothing too much. They continued to tell us they could not fault a thing and were most definitely confident in the staffs ability. Both gentlemen were slightly uncomfortable and found it difficult to be on the ward with people who has Alzheimer’s and have observed the difficult task nurses have and how well they respond to it “he shouts but the nurses are helpful and they always win and calm him down.” Both patients were happy with environment and thought it nice and comfortable “the environment is nice and always someone to help if needed”

We observed both patients 5 and 6 were served dinner in the lounge area and were approached by staff to ensure they had eaten their meals.