

**Details of visit****Service address:****Service Provider:****Date and Time:****Authorised****Representatives:****Contact details:****Review of Acute Medical Unit (AMU) at Trafford General Hospital****Trafford General Hospital, Moorside Road, Davyhulme, Manchester M41 5DS****Central Manchester Foundation Trust (CMFT) Trafford Division****Friday 15<sup>th</sup> May 2015 9.30-11.30am****Ann Day, Bonnie Hadfield, Sandra Griesbach****Healthwatch Trafford, Sale Point, Sale, Trafford M33 6AG**

### Acknowledgements

Healthwatch Trafford would like to thank the management and patients of Trafford General Hospital Acute Medical Unit for their contribution to the Enter & View programme.

***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.*

### 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.



## **Purpose of the visit**

- Observe & identify best practice in the management and care of acute medical admissions to Trafford General Hospital Acute Medical Unit
- Engage with medical staff and patients to view the accommodation and facilities available on the Unit
- Observe safety features and safeguarding practices for patients and visitors to the Unit and encourage a proactive collaborative approach for quality care
- To get staff and patient feedback on the service being provided

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## **Strategic drivers**

- Ageing population in Trafford requiring an Urgent Admissions facility for acute medical patients
- Good Practice policy Healthwatch Trafford
- New Health Deal requirement to review emergency care provision in Trafford

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## **Methodology**

*This was an announced Enter and View visit.*

Contact was made with the Service Provider explaining our reasons for wanting to visit the Acute Medical Unit (AMU) and what we wanted to view. Answers to some preliminary questions were sought, to help understand Unit procedures and maximise time available during the visit. A predetermined Enter and View Observation format was used by the Team (see Appendix) to ensure relevant questions were raised and it was agreed the visit would last approximately two hours. On the AMU the Matron is in charge of four wards and each ward is the overall responsibility of a Ward Manager.

On the day of the visit the Enter and View Team spoke at length to the AMU Matron and Acting Ward Manager, including resident Consultant and six patients. Guidance on which patients should not be approached or who were unable to give consent was sought. The six patients who gave feedback on their care experience were assured their comments would remain anonymous.

The Enter and View team were escorted around the Unit, to observe and question on ward routine and application, before talking to patients on a one to one basis.



### **Summary of findings**

The Healthwatch Trafford Enter and View Team felt there were rigorous policies and practices in place within Trafford General Hospital's AMU to promote quality care for acute medical patients. Evidence includes:

- the AMU is a bright, clean, spacious, well managed and friendly environment accommodating 29 beds in single sex bays with on suite facilities
- an on-site Consultant Physician is able to provide quality continuity of care to unwell patients admitted in emergency
- the introduction of new technologies and procedures to assist in the prompt assessment of deterioration in a patient's condition and to provide warning when vulnerable patients' get out of bed
- involvement of patient and carer at all stages of care planning, from initial assessment on admission, through treatment and recovery, to discharge
- provision of a safe and caring recovery pathway for the vulnerable patient with access to both the Safeguarding Matron and Mental Health Matron when needed
- support from and liaison with clinicians, allied professionals and other healthcare services to ensure patients can be discharged promptly and safely when ready
- responsive to patient needs by allowing carers flexible access to the Unit thus enabling reassurance to patients in distress.

### **Results of visit**

The Acute Medical Unit at Trafford General Hospital provides Consultant Physician-led care for unwell medical patients and is open 24 hours a day for urgent admissions via GP. The Unit has two medical wards comprising 19 beds for Acute Medical patients (longer stay) and 10 beds for Ambulatory patients needing care and treatment for shorter periods. High Dependency support is also available for



those patients needing more intensive observation and treatment, but this Unit was not part of the Enter and View visit on this occasion.

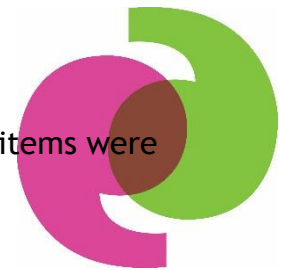
In addition to the beds, the unit also manages ambulatory care pathways and clinics referred via the Urgent Care Centre or Clinicians in the Division. The average length of stay in the AMU is 48 hours.

### **First impressions**

The Healthwatch Trafford Enter and View Team noted that signage to the AMU from the hospital's main reception area was clear and easy to follow, that a 'Welcome' sign was visible at the entrance to the Ward and that a Bronze Accreditation had been awarded. Essential measurement data was displayed at the entrance to the Ward and also information about infection prevention and hand washing. The team noted as Excellent the verbal alert 'please wash your hands' as they accessed the Unit.

On entry the Team were welcomed by the Matron and ward staff, all had name badges clearly visible. The Unit was calm, looked tidy and well managed and although clearly busy, staff went about their duties without rush. No excessive noise was evident. The main corridor, doorways and bays looked clean and although medical equipment was visible, it was stored safely not causing a hazard.

The single sex bays observed appeared well laid out with the facility to adjust occupancy via signage on the door. Ambulatory equipment, including wheelchairs, could navigate with ease. All bays had on suite bathrooms which were clean and accessible. Meals for patients are chosen from a daily morning or afternoon menu and supplied by a catering contractor, no longer produced on site. The Team noted with some concern, therefore, that hot food for patients outside the hours of 8am-4pm weekdays and not already pre-ordered at weekends, is no longer available. Sandwiches or cold food may be provided by nursing staff for newly admitted patients out of hours, but there is no longer facility for any food to be purchased either by staff or family/carers on site during out of hours.



It was noted that chairs, tables, drinks, alarm bells and other essential items were within easy reach for patients whether bedbound or mobile.

### **Operational**

All patients referred to the Unit are accepted by the on-call Registrar and assessed by a Senior Clinician who decides whether to admit, transfer to another site or discharge. The Unit also benefits from an on-site Physician (Medical Consultant) working 8am-6pm five days a week undertaking reviews of patients and regular board rounds. The Medical On-Call team provide a support service whenever needed.

At the time of the visit all acute beds were full and overflowing into ambulatory bed allocation. Staff advised the team this occurred quite often due to bed shortage on main hospital wards, as a result of discharge delays. The Team were informed that no patients are discharged late in the evening. The unit has a protocol whereby planning arrangements for return into the community includes liaison with relevant professionals (e.g. G.P., Health Visitor, Social Worker, Carer and the RAID service who assess a patient's mental health needs). Instructions to patients during discharge are given by the medical staff verbally and also provided in written format to ensure understanding.

The Team noted the concerns of medical staff who felt integrated care in the community needed more resources, to keep patients out of hospital and ensure they could be managed successfully at home.

The Team were informed that a significant number of patients are treated on a day case basis and can remain in the ambulatory lounge, or in a bed on the ambulatory ward, until discharge arrangements are completed.

### **Responsive to patient needs**

Care Plans are drawn up for patients on admission and closely monitored according to the Care Pathway identified. Patients assessed as vulnerable to falls have a large red dot placed above their bed and, if necessary, may have a tag device



fitted which triggers a warning if they get up. Although not seen in operation during the visit, the Team were informed these measures, aimed at reducing falls, are working well. A discharge date is identified at the outset and staff are proactive in keeping patients and their carers advised of developments.

Acute patients are monitored every two hours, details entered onto paper records and those at higher risk more frequently. Electronic patient records are held on computer terminals in the ward and can be easily moved between bays when required. The Team were pleased to note that a new electronic method of monitoring a patient's deteriorating condition is to be introduced shortly. This new protocol will provide an immediate analysis of the patient's condition, resulting in an alarm being relayed to the medical staff for appropriate intervention if deteriorating.

As an aid to efficiency, the Team observed how notice boards placed outside patient rooms were being used to record test results received and thus providing staff with a valuable visual prompt of progress being made.

Flexible visiting hours are encouraged and it was noted the management and staff team believe patients are happier and more relaxed if family or carers are present. Patients have access to their records, kept by their beds and the medical staff share care and treatment information openly.

All patients seen were appropriately dressed; bed linen and privacy curtains clean and in excellent condition. Patients were observed wearing I.D. bracelets, information on two patients was checked and these were found to be correct.

### **Quality and safety**

The Team were informed that all staff are aware of hospital policy around patient safety and safeguarding. They are actively encouraged to report incidents which can then be anonymised and reviewed at staff meetings to consider lessons learnt. Safeguarding issues are reported directly to the Safeguarding Matron during the week and all staff receive safeguarding training as part of the mandatory



programme. Professional staff are given Deprivation Of Liberties (DOLs) and Mental Capacity Act (MCA) training. The Mental Health Matron is on call at all times should assistance be needed.

Information displayed throughout the Unit was observed by the Team to be clear and relevant, prompting the washing and sanitising of hands and informing visitors about infection control. The user friendly information, displayed clearly on Notice Boards, would assist visitors and carers of vulnerable patients. Measurement data, in chart format, could be viewed at various locations on the unit and 'falls' monitoring information was able to be observed.

### **Staffing**

The Team noted that Ward staffing levels were not up to full establishment and that active recruitment was underway for three RN's. Currently agency staff are employed to cover absences, these are usually Trafford hospital staff working on the Bank or other agency personnel. On occasion staff are re-allocated from within the hospital to assist on a short term basis. Induction training for temporary staff, unfamiliar with the ward, is given by a qualified nurse. Mandatory training, including Safeguarding and Equality and Diversity, is up to date with all but two members of staff and this is due to be completed by the end of May 2015. Staff Training Records were not viewed as part of this visit.

The Team were able to meet the Consultant of the week on duty at the time of the visit. She confirmed that being based on the ward to provide expertise and guidance enabled a continuity of care for patients admitted with acute medical conditions. Although observation of a staff handover did not take place, the team were informed any feedback or concerns regarding patient safety would be discussed in detail at this time, as well as on a one to one basis with senior managers if necessary.

### **Patient experience**

The Enter and View Team spoke to 6 patients on the day who all felt they had received good care on the Ward and had been treated well, in a secure and clean



environment. All six patients felt quite safe and said alarm bells were answered quickly when used. Care Plans, including discharge expectations were understood by most patients and all patients were satisfied with the food provided. Staff were described as friendly and responsive.

Three patients described the ward as busy or a bit noisy at night and one patient was experiencing a delay in discharge due to modifications being required at home. No one had any complaints with the care received. Patients complete the 'Friends and Family' questionnaire on the day of discharge electronically on tablet or card. No family or carers were on the ward at the time of visit, for interview.

### **Additional findings**

- Staff still fear the hospital will close due to staff restructure and redundancies throughout affecting ancillary as well as medical positions. Many changes have been implemented since CMFT took over which means the hospital has been under and continues to be affected by, ongoing new practices.
- One patient interviewed complained about the car parking facility for day case patients and family. A new company has taken over Car Parking arrangements at Trafford General Hospital and patients/visitors are experiencing some problems due to over-running on the length of stay permitted.

### **Recommendations**

1. CMFT to monitor the impact of Trafford General Hospital losing the facility to purchase food 'out of hours' for people attending the AMU.
2. That patients/carers attending AMU on a day case basis are allowed to park for an extended period.





## Appendix 1

### **Predefined Questions Whilst on Visit**

- **First impression of ward for example:**  
Does the ward feel calm even though it may be busy, are staff welcoming?
- **Operational:**  
What measures are in place to ensure that patients are kept informed about waiting times/their care and treatment and how is patient flow managed from admission to discharge?
- **Responsive to people's needs**  
What actions does the department take to reduce falls, are staff aware of risk registers?
- **Quality and patient safety**  
Patients are able to reach call bells, drinks, side tables, is there clear information for visitors about infections and encouraging their involvement and challenge
- **Staffing and leadership**  
How many staff are on duty on each shift, is the ward up to full establishment?
- **Patient Experience for example**  
Do you know who is looking after you today, do you feel involved in decision about your care?