



Your voice on local health and social care

# West Berkshire Local Involvement Network

## Royal Berkshire Hospital Dignity and Nutrition Study 2012

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Feb 2013

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## **1 Background**

Concern had been expressed by the West Berkshire Council Health Scrutiny Panel (HSP) on July 19<sup>th</sup> 2011 about the lack of up to date information available to councillors on Dignity and Nutrition at the Royal Berkshire Hospital. This was in part due to the fact that the CQC had undertaken a series of visits at 100 hospitals across England on these topics which did not include the RBH.

At the HSP meeting on October 4<sup>th</sup> 2011, the West Berkshire LINK undertook to investigate these topics and to provide an interim report to the HSC by mid January 2012.

In this study, working in collaboration with the Princess Royal Trust and Crossroads, 250 questionnaires were despatched and we had 51 valid responses (20%)

32 responses related to inpatient episodes at the RBH with the remainder relating to Basingstoke (7), Swindon (4) Oxford (2) and a variety of other hospitals. The bulk of the responses (65%) were from people in the RG14, RG19, RG31 and RG18 postcodes

Bearing in mind those caveats, there was evidence that many people using the RBH were content with the standards of care that they had experienced. However 15% of that sample would not recommend it to a friend which was a concern. It was noted that this rose to 20% if the episodes at other hospitals was taken into account. The RBH, by way of contrast, reported that their performance on the “recommendation” question had improved from 89% to 94% from 2010 to 2011 on the basis of their internal rolling monthly survey.

It was recommended that the survey be expanded to a wider group of patients preferably by obtaining the direct cooperation of the Royal Berkshire Hospital in sending out similar questionnaire packs to a random sample of people aged 65 or over that have been discharged from any ward in the last 6 months.

Working with the cooperation of the Royal Berkshire Hospital 500 questionnaire packs were prepared and handed over to RBH management. These were then distributed to adult wards in the RBH to be handed to patients aged 65 or over on discharge from the Hospital, irrespective of where they lived.

## **2 Recommendations**

Despite all the additional measures taken, this study is far from ideal. The response rate is low, the number of replies from patients on some key wards was one or less and one in eight responses were for people experiencing day surgery. Despite these caveats, there

are grounds for making the following assertions and recommendations with some degree of confidence

a) As in the first survey, most patients are happy with the services provided. There is no evidence of any systemic failings in care provision. It is, however, recommended that this survey should be repeated from time to time and that the RBH should be asked to suggest better ways of distributing the questionnaires.

b) There are, however, a small number of examples of **very poor** practice at the RBH. Senior managers will almost certainly be aware of similar issues in the past. One or two of these, if true, are so bad that they could constitute a serious risk of harm to patients. It is recommended that these issues be referred to the relevant Care Group Boards so that measures can be put in place to reduce the risk of recurrence.

c) It is recommended that RBH senior managers review, with front line staff, the processes for the recruitment, training and supervision of healthcare assistants and agency staff. Ward managers must be enabled and empowered to invoke standards of patient care on their wards that are intolerant of the few aberrations referred to in this report and to exclude those who are unable or unwilling to perform to a satisfactory standard. They should also be empowered to report upwards without fear of recrimination if they are understaffed or unable to provide an appropriate standard of care.

d) It is recommended that catering staff should be required to place food and drinks well within the reach of patients and that uneaten food should not be cleared away without a) asking the patient what was wrong with the food or b) without recording that the patient had refused the food.

e) It is recommended that **all** GP surgeries be required to arrange for an independent anonymous survey to be done of a random sample of referred patients each month covering the same issues that this table covers. It is further recommended that the patient participation groups be encouraged to review the returned surveys and either write reports or make recommendations to GPs (or the CCG) accordingly.

### 3 Detailed Report

#### 3.1 Demographics

The total number of responses was disappointing. Out of 500 questionnaires taken to the RBH the total returned amounted to only 94 or 19%

In some cases it was the carer or relative who completed the survey (some didn't answer the question)

68	76%	A. The patient
0	0%	B. A carer
22	24%	C. A relative or close friend of the patient

The age profile of the patients was :-

4	4%	A. 65 or less
57	61%	B. 65 or over
32	34%	C. 81 or over

And the gender of the patients was :-

43	47%	Male
49	53%	Female

The patients came predominantly from the Western half of Berkshire (based roughly on postcodes)

Reading	27.7%	26
West Berkshire	24.5%	23
Wokingham	24.5%	23
South Oxfordshire	8.5%	8
Bracknell Forest	8.5%	8
Maidenhead	2.1%	2
Hampshire	1.1%	1
Not Stated	3.2%	3
		94

## 2.2 Distribution of Wards

It was intended that the questionnaires would be distributed across all of the adult care wards. However the actual distribution of responses was as set out below:-

A&E		3
Adelaide Ward		3
Adelaide Annex		1
Adult Day Surgery Unit		9
Burghfield Ward	E	0
Cardiac Care		4
Castle		2
Caversham		3
Chesterman		1
CDU		7
Dorrell		1
Emmer Green	E	3
Heygroves Ward		0
Hopkins		2
Hunter		1
Hurley		2
I.C.U.		1
Jim Shahi		4
Kennet		4
Lister		0
Loddon		3
Mortimer	E	4
Oakwood		2
Outpatients		1
Redlands		1
Sidmouth		3
Sonning		4
Stroke Unit		8
Trueta		1
Victoria		6
Whitley		2
Woodley	E	4
Unstated		4
		94

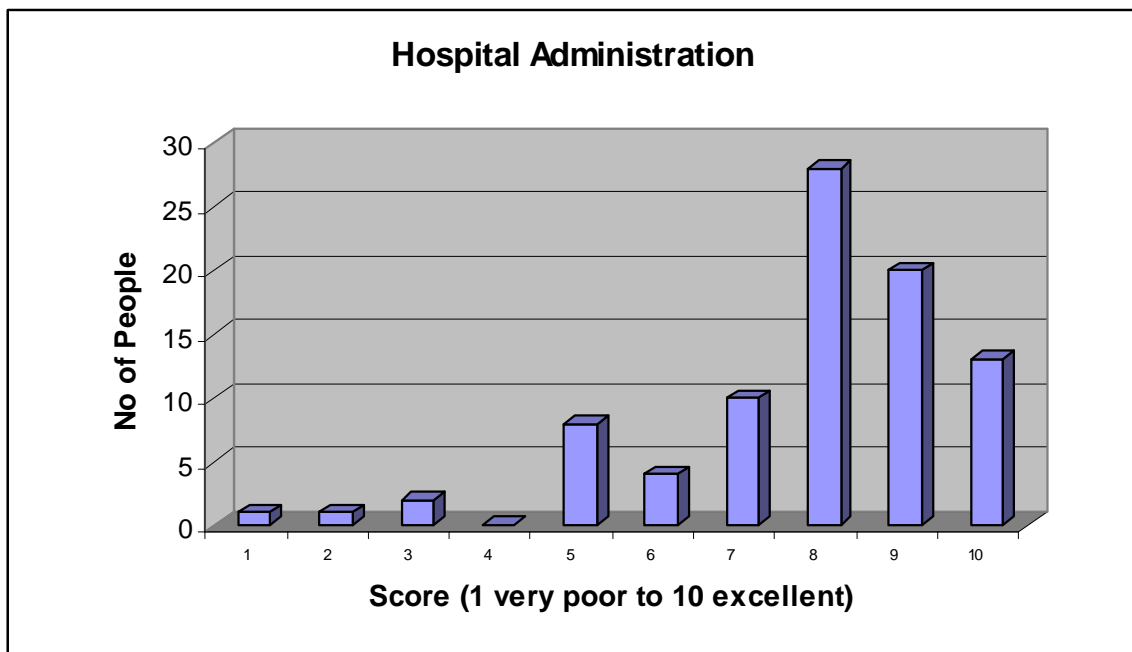
Only 11 of the questionnaires were completed by patients who had been on the 4 elderly care wards (marked E in the table above) whereas 9 had been returned from the adult day

surgery unit, 1 from outpatients and 3 from A&E. In other words 13 of the 94 were from patients who hadn't even stayed overnight. This was disappointing.

### 3 Outcomes

#### 3.1 Administrative Support

The bulk of patients had experienced few problems but a small minority had had a poor experience. The following chart shows the variation



The majority of patients were complimentary

- 1) *I found my time on Victoria Ward a very pleasant experience as all staff were very attentive to patients' needs at all times.*
- 2) *No complaints at all. All staff were very kind. (A&E)*
- 3) *Seemed to run smoothly (Sonning)*
- 4) *Very well organised (Jim Shahi)*
- 5) *Excellent (ADSU)*
- 6) *I was very impressed by the care and attention given by the entire staff. Very well done. (Cardiac Care)*
- 7) *Most of staff very helpful (A&E)*
- 8) *Discharge was quick and therefore a little confusing. We were taken to our surprise to the discharge lounge which was 5 star. (Kennet)*

But there were some adverse comments about discharge

- 1) *Discharge process was difficult. Time of discharge changed, this caused problems as elderly patient needed to have someone at home to settle her back in. Discharge lounge staff did though solve the problem. (Stroke Unit)*
- 2) *Discharge unreasonable delay waiting for medication from pharmacy. (Hurley)*
- 3) *Admissions very good, Discharge to another hospital - long winded communications, frustrating.(Hurley)*
- 4) *Discharge - not so good (9.30 told by Dr I could go home. Ward seemed to have everything organised, but just waited for medication. Stayed on ward in very uncomfortable chair for the whole afternoon. After 5pm, moved to Discharge Lounge. Why couldn't I have gone there much earlier? It's brilliant! Was out within 30 minutes with medication.(ICU and Victoria)*

And some others about communications

- 1) *Very difficult to communicate by phone to confirm appointment. Impossible to understand the message on the answerphone. In spite of leaving 3 requests on this machine for a call back, none was received. (ADSU)*
- 2) *There was a mix-up with initial request for appointment due to length of validity and then ended up with a 'double booking'. Communication on the ADSU ward was good.(ADSU)*
- 3) *Admission confused; kept telling us Dad could go home and then changing their minds; forgot to get care package re-started; forgot to put medicines in a NOMAD. (Loddon)*
- 4) *Felt communication was a bit lacking as the reason my operation did not go ahead.Had been present several weeks earlier and could have been sorted earlier so the operation could have gone ahead on the scheduled date. (Trueta)*
- 5) *There was a lack of communication. My family were told conflicting information and in the end had to request to see my oncologist. Results of tests not passed on etc. (Adelaide)*
- 6) *Letter received on Monday cancelling an appointment on previous Friday (Jim Shahi)*
- 7) *Communications - I am deaf and was admitted with a Meniere attack so my head was very dizzy. Doctors and nurses kept giving me information I could not process at the time rather than speaking to my family when they visited as requested. (Loddon)*

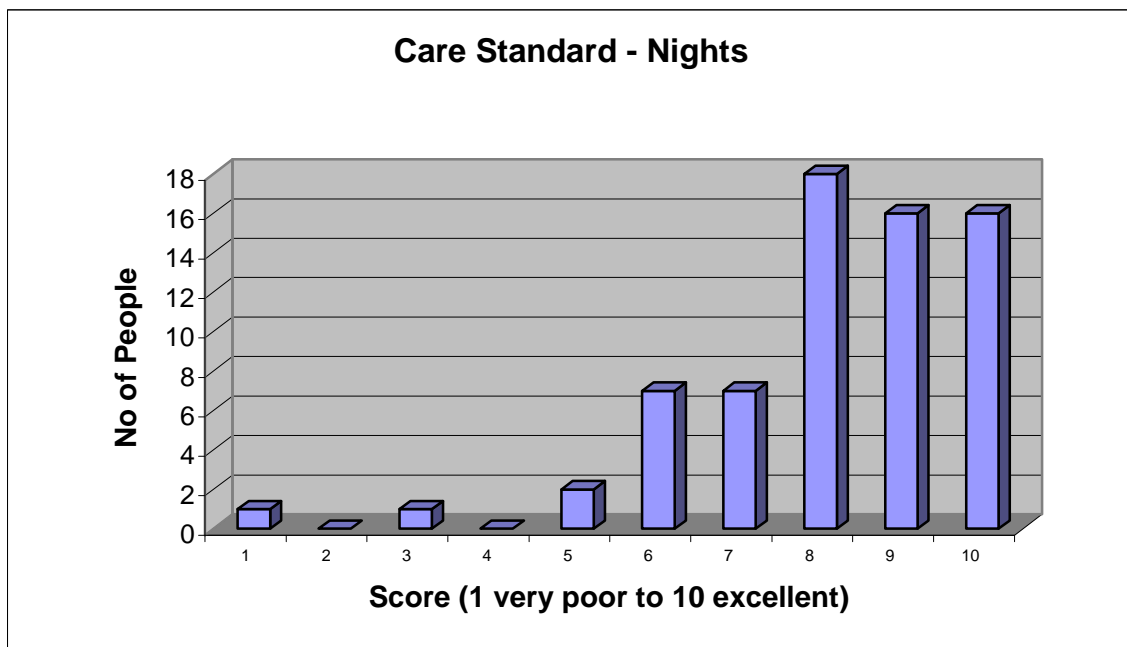
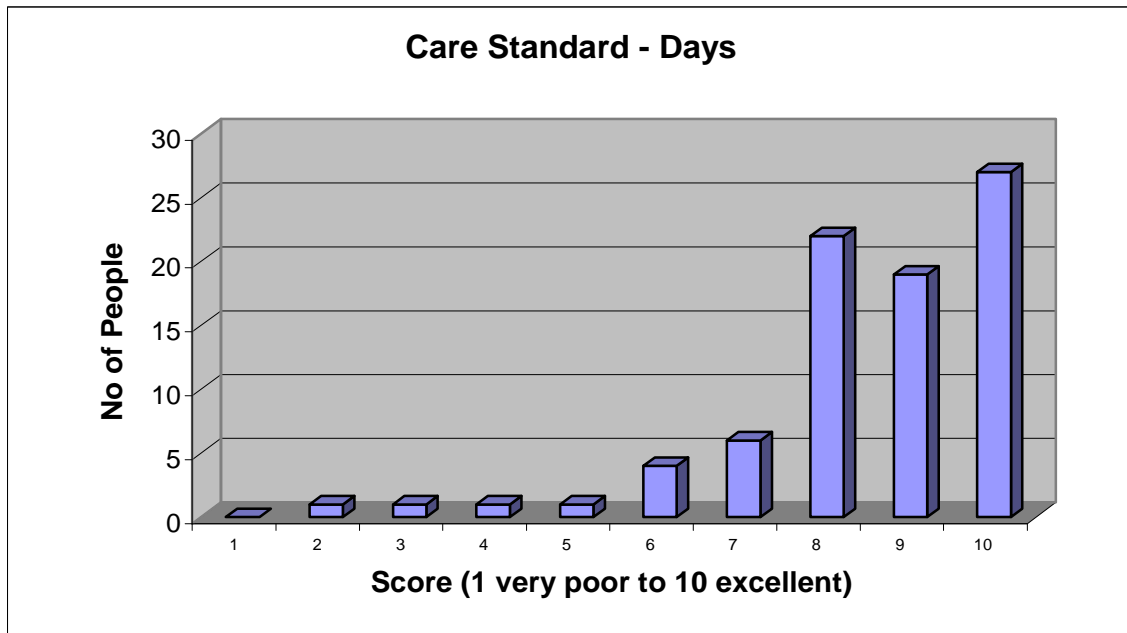
And about delays

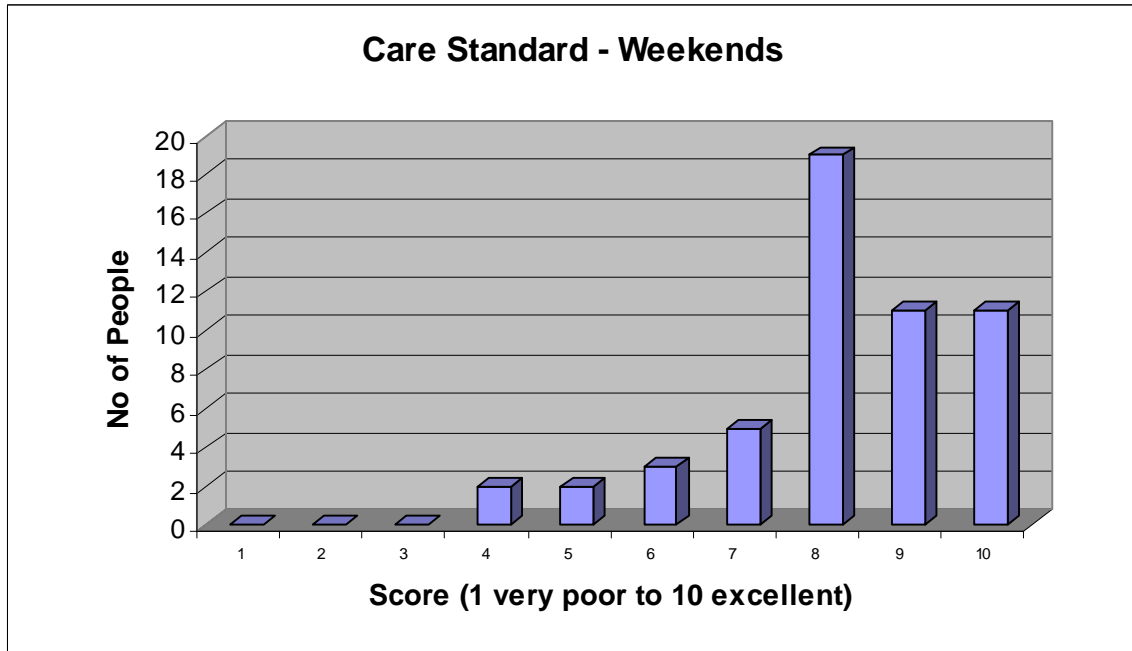
- 1) *Thought admission was disgusting. I arrived at A&E at 3pm and eventually put to my ward at around 1am. (Sonning)*
- 2) *The only thing I was disappointed in was he was left to wait in the care home for 6 hours sitting in a chair. (CDU)*
- 3) *Discharge was a long wait for medication. The score would have been 10. (Redlands)*
- 4) *Firstly, I am disabled and rely on my wheelchair. I had been discharged on the Friday following a stay of 16 days with a kidney infection. As I was still unwell my GP called the hospital and advised that I should go straight to CDU. On arrival, to CDU it was a shambles and we had to go to A&E who sent us back to CDU*



### 3.2 Standards of Care

We asked patients about the Standards of Care that they had experienced during weekday days and evenings and at weekends and received the following responses where 1 is very poor and 10 is excellent. In the main, patients were complimentary but there is evidence that a small minority were much more critical and that there is a marginal deterioration in standards in the evenings and at weekends.





As can be seen from the graphs, many patients were pleased with the standards of care that they received.

Complimentary comments received about day care included:-

- 1) *Very good care. Kept informed at all times. Staff excellent and very caring. (Cardiac Care)*
- 2) *Excellent care given.(Victoria)*
- 3) *Very courteous and considerate (Stroke Ward)*
- 4) *Excellent (ADSU)*
- 5) *First class care and food (Kennet)*
- 6) *Once again doctors and nurses, the entire staff were all super, very caring and touching. Could not ask for better. So lucky to have them.(Cardiac Care)*
- 7) *I have spent many days and nights through the Royal Berks cancer wards in the past 5 years. Excellent care. (Jim Shahi)*

There were few favourable comments received about night and weekend care but these few included:

- 1) *Extremely caring and efficient nurse in duty (Sonning)*
- 2) *The staff were very considerate and helpful when I reached the ward at about 10.30 (Hopkins)*
- 3) *Just as above, faultless, attentive, caring, true public angels of the night. Truly great team. (Cardiac Care)*
- 4) *The night staff, no matter how busy, had time for you, and if you needed help in any way did so, and when you rang the bell, came as soon as possible and explained if could not see to you then. Not like day staff, most of them would turn it off and not come back.(Woodley)*

However there were a minority of unfavourable comments on days. Some of these are cause for concern (see 6 and 7)

- 1) *Poor. Badly managed, little communication with patients. (Hurley)*
- 2) *Very slow when asked to go to toilet and very slow to return (Mortimer)*
- 3) *During his stay on Loddon ward no-one ensured that Dad drank enough and as a result he developed chronic constipation on discharge, needed to have an enema and be re-admitted for 24 hours.*
- 4) *When my mother wanted the bedpan, she would have to wait over half an hour.(Mortimer)*
- 5) *The staff didn't all understand when patient is visually impaired they won't know where water/food is, or see body language.(Mortimer)*
- 6) ***For myself, I was left to sort myself out which wasn't very easy. There were 5 other beds in the bay. Two of those beds had ladies of 91 in. In the morning the drink was put on their table, not pushed to them and left as was the case with their breakfast. These ladies neither ate or drank anything and the domestic staff came and took the dishes away not checking why nothing had been consumed. It was the same throughout the day and was only when relatives came that they were fed and watered. Appalling scenario.(CDU)***
- 7) ***One lady in white. As I was in a lot of pain I could not have any pain relief. She had no authority to say so and she bullied me and another lady she had like me in tears. I did tell the sister, asked the lady's name, at first she said she did not know it. I said I'd find it out with that sister told me so I could write a complaint. Has no apology. (Woodley)***

And a few more on nights and weekends

- 1) *No night care.(CDU)*
- 2) *Few staff - generally abrupt and unsympathetic (Hurley)*
- 3) *Woken up too often in the night (Mortimer)*
- 4) *You let yourself down at weekends. No where near enough staff on duty i.e. when my wife needed to go the toilet it took 15 to 20 minutes to assist her.(Calcot and Caversham)*
- 5) *Mum not always dressed, no physio, and not enough nurses to attend patient alarm.(Mortimer)*
- 6) ***Diabolical. No pillows available and in the end nurse took one from behind another patient and went to put it behind me. I let it be known that it needed cleaning. I was not given a water jug until I had asked for it 4 times and it was now 2:20am. There was a male bank nurse working who really shocked me. One of the old ladies was trying to get out of her bed and he just laughed and said he was busy. I shouted to another nurse to help and this happened twice. Throughout the night he would sit himself at the computer at the end of the ward, eat and drink and laugh at whatever he was watching. I was appalled. (CDU)***
- 7) ***My mother fell while getting out of bed and broke her wrist. We've had several stories on how this happened, we would like the truth. (Stroke Unit)***

### 3.3 Dignity and respect

We asked people if they felt they had been treated with dignity and respect during their stay and had pretty much the same profile.



Though many of the comments received on this section did not directly address the topic, but rather the standard of care, those that did were invariably favourable:

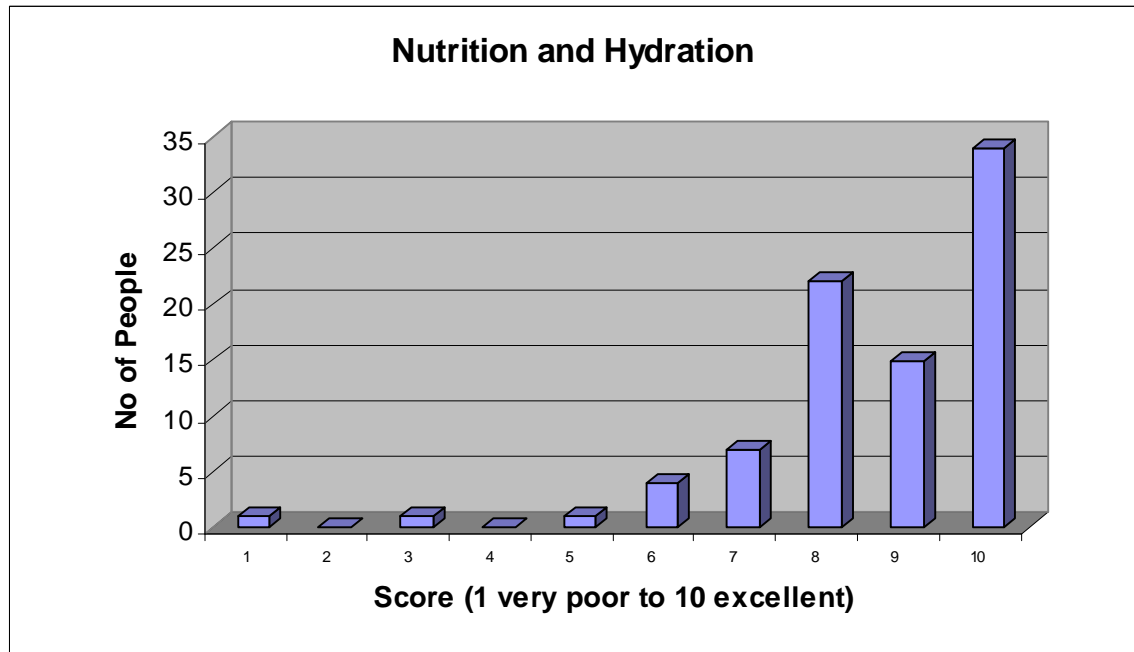
- 1) *I was treated with dignity, respect from every member of staff (Jim Shahi)*
- 2) *Very difficult to maintain dignity in hospital, but staff tried (CDU)*
- 3) *I was treated with utmost respect.(Victoria)*

There were a minority of lapses though

- 1) *Generally OK, but they threw my mothers clothing over the privacy curtain and left them there until my mother struggled to get them and then they screwed them up and squeezed them into the cupboard and then did not dress her for a day.(Mortimer)*
- 2) *Dad felt that the staff did not treat him with respect. Certainly many did not answer the questions that he had regarding his care.(Loddon)*
- 3) *I was under the care of at least 10 nurses during my stay in hospital and only one nurse was a bit impatient and abrupt verbally to me. I'm sure she might have been having a bit of a bad day, like we all do at times.(Stroke Unit)*

### 3.4 Nutrition and Hydration

Much the same applies to patient's experiences of nutrition and hydration.



Patients comments were almost all either favourable or neutral though invariably you can't please everybody.

The favourable ones included:

- 1) *Food service very good.(Emmer Green)*
- 2) *Lovely food, far too much for me. (Stroke Ward)*
- 3) *Good selection. (Castle)*
- 4) *Tea and toast provided after surgery promptly.*
- 5) *Much appreciated as xxx is insulin dependent diabetic. (ADSU)*
- 6) *Food was excellent. (Mortimer)*
- 7) *Food and drink good. (Mortimer)*
- 8) *The best part was the food, it was very good and very varied.(Woodley)*

The critical ones included:

- 1) *Much of the food was unpalatable. (Hurley)*
- 2) *Poor menu for cancer patient. (Adelaide)*
- 3) *Dietician recommended a low salt diet and said 'no gravy, no cheese, no ham' etc. Unfortunately the menus did not indicate 'low salt' neither did it have clear options with no gravy, cheese etc - I would have to eat salad or a sandwich all the time. Not good on a cold day.(Loddon)*

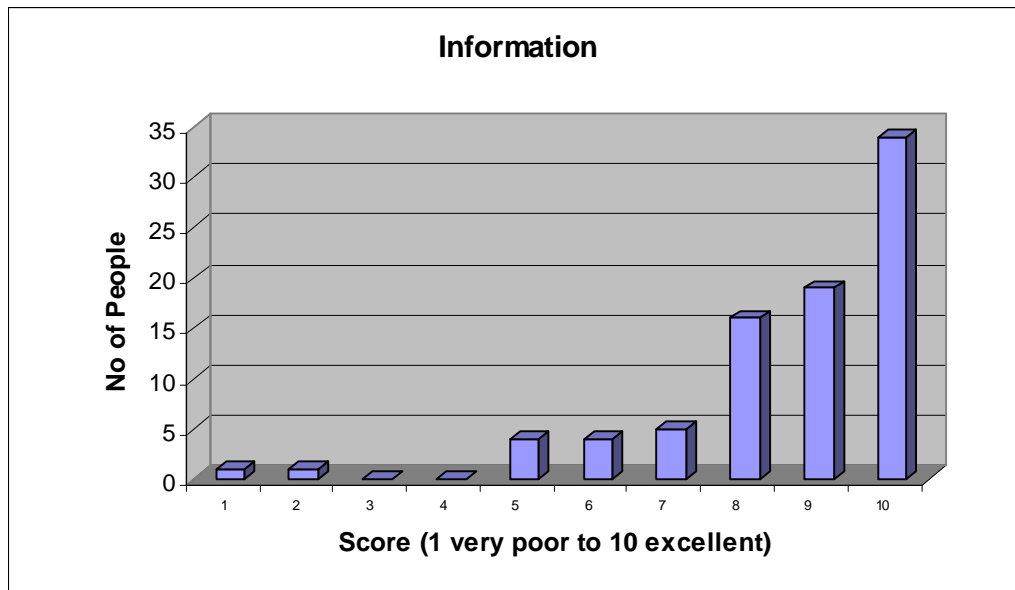
Nobody specifically stated that they (personally) couldn't access the food though there were comments about hydration.

...., getting refreshment bearing in mind I was still dehydrated, was a struggle. (CDU)

.... Not enough to drink. No checks on when Dad had last 'done a No.2' (Loddon)

### 3.5 Information

Again as can be seen from the graph, the majority of people were satisfied with the level of information received but there were exceptions.



The complimentary comments included

- 1) *Kept informed at all times about treatment. (Cardiac Care)*
- 2) *All treatments were explained to me. (Victoria)*
- 3) *It could not have been better (Sonning)*
- 4) *My score says it all - Excellent!! (Stroke Unit)*
- 5) *Before procedure saw both consultant and anaesthetist - good info. (ADSU)*
- 6) *The consultant took his time to explore and make sure I understood, this was done with the utmost care for me as a patient. (Jim Shahi)*
- 7) *Perhaps the information conveyed could be less technical, but on the whole I was satisfied with answers to my questions.(Hopkins)*
- 8) *Both consultants and junior doctors kept me fully informed about my treatment, and importantly LISTENED! (Hunter)*

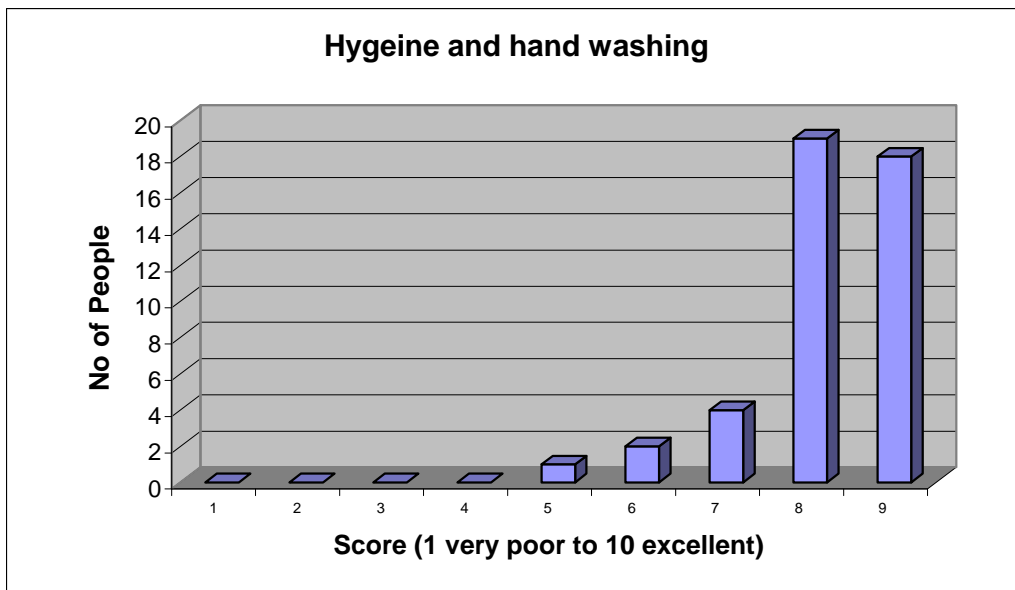
The exceptions included

- 1) *Would not tell you what was wrong. (CDU)*
- 2) *Poor - lack of communications (Castle / CDU)*
- 3) *Little contact with doctors, non with consultants. Almost no communication with patient. (Hurley)*
- 4) *As family we would have liked a doctor to talk to us and explain what was going on. Only had nursing staff to ask. (Mortimer)*
- 5) *Dad did not understand why he had to stay in hospital so long and frankly, neither do I! Although the actual nurses were helpful to me, they simply did not have the information to provide. (Loddon)*
- 6) *Not good. One doctor told me one thing and his boss said something else. Was disappointed. (Sonning)*

### 3.6 Hygiene and hand washing

Once again the graphs indicate a high level of satisfaction and there were many favourable comments including:-

- 1) *There has been considerable improvement since my last stay in the hospital during the late nineties. (Hunter)*
- 2) *ICU exceptional (ICU – obviously!)*
- 3) *Spotless (Jim Shahi)*

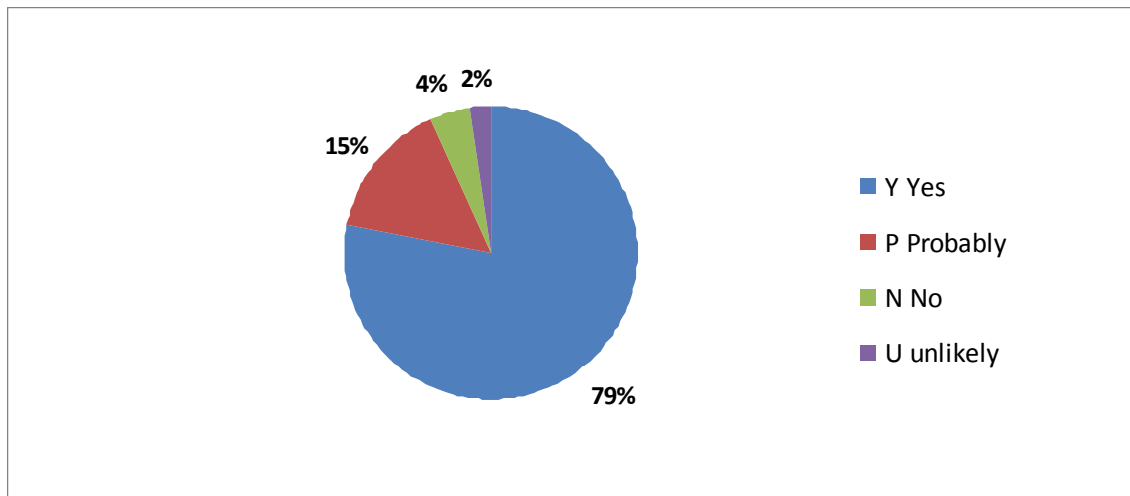


However where there were adverse comments they were frequently of considerable concern

- 1) *Hand wash excellent. Overcrowded condition meant proper floor cleaning was impossible. (CDU)*
- 2) *I was put off by a gentleman 'spitting' into the sink just inside ward. Not a nurse, but someone helping on ward. Not English but foreigner. (Jim Shahi)*
- 3) *Toilets not working properly, no plug in sink, shower not working. (CDU)*
- 4) ***There was fresh blood on the wall and floor of the toilet on the evening of my arrival. I did not say anything as I wanted to see if it was cleared during its clean in the morning. It was not cleaned and I told a member of staff who dealt with it. Overall the unit seemed to be extremely cluttered and unkempt with many trip hazards. As for hand washing, I wouldn't know – I certainly never saw it and there was no hand gel at my bed. (CDU)***
- 5) *I didn't see staff washing their hands, my mother didn't have her hair washed for three weeks. I had to do it, her hair were dirty and uncut. (Stroke unit)*

### 3.7 Recommendation

In answer to the question about whether or not they would recommend the RBH to a friend on the basis of their experiences, the majority (79%) said Yes and 15% said Probably Yes. Only 6% said No or Unlikely.



This, we believe, is a similar response to that obtained from internal RBH patient experience monitoring. A number of patients who had one or more criticisms of the hospital were prepared to answer this question in the affirmative though one must be aware that the scoring of the question that the Department of Health is proposing to ask will ignore the “probably” votes and will deduct the No and Unlikely votes from the Yes votes to give a hospital score and on this basis the RBH would score 73%.

Ref <https://www.wp.dh.gov.uk/publications/files/2013/02/Friends-and-Family-Test-Publication-Guidance-v2-FOR-PUBLIC%E2%80%A6.pdf>

There were of course a number of favourable responses to this question :



- 1) *The Royal Berks is a super hospital and would recommend to anyone.*
- 2) *As a retired physio assistant, I was very pleased with everything.*
- 3) *The overall experience was very acceptable. Good care, nice clean hospital and excellent parking.*
- 4) *Fantastic treatment and excellent nursing and caring. Will never worry about all operations again.*
- 5) *I really have nothing but praise for all the staff, from porters to consultants. Only 1 or 2 didn't quite reach the same high level as the rest. Taken overall - an excellent hospital.*
- 6) *I have stayed and visited people in private hospitals in the past, this NHS hospital would put any of them to shame. I would strongly recommend. From the moment of arriving until the moment I left every member of staff were very helpful, caring and most importantly cared about everyone with a big smile on there face.*
- 7) *Would have to find a fault but I cannot. Very well done everybody. Carry on the good work. Lucky to have the RBH.*

And a few adverse ones :

- 8) ***Patient was discharged to W BCH for rehab with perforated bowel (symptoms evident for 2 days). W BCH refused admission. On return to RBH patient was taken to theatre for emergency surgery. Some RBH staff have no aptitude for nursing. Some have English which is almost incomprehensible. In my view the care was bodged. It could have resulted in her death and I shall be making a formal complaint.***
- 9) *Old cleaning equipment, dusty floors, mop and bucket style*
- 10) ***When I had been on the ward the 16 days prior, I had no concerns and would recommend the RBH. However, the CDU was appalling. I was surprised at how bad it was as, on a tour of the ward in the past, everything was perfect! Enough healthcare assistants to help feed our elderly and the Unit was clean and tidy. It was not an unannounced tour and I can only assume that all stops were pulled out. Such a shame as they have done themselves no favours.***
- 11) *No wouldn't recommend it to anyone.*
- 12) *If I need to be in hospital any time, I've said I refuse to go in Woodley ward and Mortimer ward.*

#### **4 Discussion**

The response rate of just 19% was disappointing particularly as a significant proportion of those that did respond were day patients. There was a relatively low number of responses from elderly care wards and none at all from Burghfield. However it is acknowledged that this was the first occasion that the RBH has co-operated with a LINK in an independent survey of this type and the managers and staff should be congratulated for their willingness to submit themselves to scrutiny.

The graphs indicate that the majority of patients are complimentary about most aspects of care at the RBH but there are exceptions with weekend and night care and hospital administration attracting a number of poor to average ratings

There are a small number of really quite disturbing reports that have been highlighted in bold type. (3.2 Adverse comments 6 and 7 for both days and nights/weekends) The reported behaviour of agency staff is completely unacceptable and undesirable staff should be reported and blacklisted. Frail elderly people that can eat should be encouraged to eat and catering staff should be charged with ensuring that they can actually reach the food provided. Where food is untouched or barely touched this must be recorded. These are hopefully isolated incidents but they are happening and they need to be eradicated.

It is dangerous to jump to conclusions on the basis of what is still a relatively small sample set but it must be underlined that it is the personal testimonies that are more powerful than the graphs of satisfaction levels. Patient satisfaction may well be up in the 90% levels and above but it is the personal stories that highlight potential dangers ahead.

If we were forced to indicate areas for further investigation then, apart from the wards where one or less questionnaires were returned, there are some grounds to look more closely at Mortimer ward, the CDU and possibly Hurley ward.