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Aneurin Bevan Community Health Council

# Visiting Report

County Hospital: Rowan Ward

November 2022

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# Why did we visit Rowan Ward?

As a Community Health Council, with a statutory duty to monitor and scrutinise health services, we are committed to undertake several face-to-face ward visits, to gain feedback from people at the point that they are receiving care. This report recounts what we heard from people about their experiences whilst a patient on Rowan Ward, County Hospital.

Our volunteer members attended Rowan Ward, County Hospital on Wednesday 23<sup>rd</sup> November 2022 for an unannounced visit. The purpose of these visits was to establish the level of patient satisfaction, the quality and effectiveness of the environment and observe staff interaction with patients.

During the pandemic and the restrictions that were in place, we were unable to visit this ward and speak to patients face-to-face. Instead, we sent patient surveys into this ward during April and May 2021. As restrictions have eased, it was important for us to revisit this ward to gain feedback from patients at the point that they were receiving care.

To complete this visit, information was collected via patient surveys, a ward environment form and mealtime observation form. To maintain the safety of everyone involved, CHC members carried out a lateral flow test on the morning of the visit.

The CHC would like to express thanks to Joanne Hook, Senior Nurse who very kindly assisted the visiting team to the ward and gave them an update on improvements that had been made since our last visit to this hospital.

# What we found

## **What we found:**

During the visit to Rowan Ward, members spent time seeing the department and speaking with people staying on the ward and asking about their experience.

The directional signage within the hospital grounds is unclear, which makes it hard to find your way around the site.

Visitors knock the door to enter Rowan ward, as there is no keypad entry due to safety reasons. If visitors wish to leave the ward, a keycode is required, which is given to them by staff. This code is changed frequently.

### *1. The Ward:*

When arriving at the ward, the visiting teams ID badges were checked by staff before entering. Fire exits were seen to be clear and fire notices were clearly displayed.

The visiting team were informed that the ward had recently been refurbished, and this was noticeable upon entering the ward. Door frames into patient bays were painted different colours, so people could easily identify the bed bays. This was also the same for patient accessible areas such as the bathrooms, toilets, day room and garden room. The door frames were painted different colours with a picture image on the door, to explain what the room was for.

The visiting team observed that the noise levels on the ward were satisfactory at the time of the visit. However, this can change depending on patient needs. The team were told that during the recent refurbishments, a new boiler had been installed, which means that the temperature on the ward is pre-

set. There were no trip hazards seen in the walkways of the ward, and it was clean with no unpleasant smells.

Hand cleaning facilities were readily available. However, it was noted that in most of the patient toilets/bathrooms, the hand soap had run out. This issue was raised with a senior nurse at the time of the visit, who informed us this would be replaced.

The medication room is locked with a keycode entry, and fingerprint access is needed to dispense the medication.

There are 18 beds on Rowan ward and on the day of our visit, the ward was supporting 14 men and 4 women.

At the time of the visit there were five people waiting to be discharged. The team were told the average waiting time to discharge someone was 25 days. There are a few reasons for delays when discharging someone from hospital, such as waiting for care home placements, packages of care in the community and there were also reported local authority delays.

Due to the ward being recently painted there wasn't a notice board that offered the following information:

- Nursing staff levels
- Information leaflets
- Complaint's procedure
- Staff information

Although this information was not displayed at the time of the visit, the team were informed that upon arrival to the ward, people are given an information pack.

Computers that were in open areas were not displaying patient information and there were no medical notes trolleys left unattended.

The ward manager informed the visiting team that there was no physical patient dashboard on the ward. This is because all information is logged electronically on Health Care Standards platform. However, it was noted that it would be beneficial for

visitors if they could see a patient dashboard upon entering the ward.

The ward did not have a hearing loop, but there was a headset that a person could use if needed.

If a person's first language is not English, staff on the ward would speak with family/friends of the patient.

The ward had an adequate supply of linen, which was stored in a clean environment and found to be of a satisfactory quality.

The visiting team were told that there were various volunteers that attend Rowan ward:

- Palliative care volunteers attend the ward if someone is at the end of life and have no family or friends to visit them. This offers the person comfort and company.
- Ffrind i Mi (Friend of mine) health board volunteers also attend the ward.
- The ward also has two pet therapy dogs that visit people.

### *1.1 Staff:*

Staff in the ward were not gathered but readily available to patients, wearing appropriate uniform and wearing name badges.

At the time of the visit there were two registered Nurses on duty and three Health Care Support Workers. One of the Nurses and two of the Health Care Support Workers were agency members of staff.

Members were unable to identify if any members of staff were able to communicate in Welsh.

The visiting team noted that staff were very helpful and friendly.

## *1.2 Patient areas:*

The area around peoples' beds on the ward were clean and tidy with adequate room for visitors.

As members walked around the bays, they observed that there were no potential trip hazards around beds.

There is enough room for people to store their belongings, but it was unclear if the storage was lockable.

Bed areas have curtains that close fully to give people privacy when required. Also, people who were in a single bed bay were able to close their door for privacy.

Call buzzers are easily accessible to people, although there were some issues with buzzers on the day of the visit. Staff were informed of this, and the visiting team were told that the ward does experience problems with the buzzers sometimes.

People staying on the ward had a whiteboard behind their bed, which showed their preferences, such as, preferred name, likes and dislikes, allergies etc.

## *1.3 Activities:*

It was pleasing to note that there are many activities for people on Rowan ward.

There is a TV in the day room, quizzes, arts and crafts and a garden for people to use. As mentioned previously, there are two therapy dogs that visit the ward, and the visiting team were also told that if people are staying on the ward for a long time, they can have their own dog visit them.

There are plans to set up in a post office in a section of the day room to encourage people to write letters to friends/family whilst in hospital. They are also planning to open a hairdressing area in the day room, along with a larger television.

During the pandemic, the ward engaged with a local primary school using Zoom chats and a "smile in a bag" initiative. This work, alongside other meaningful activities, had received two

awards and is seen as an exemplar initiative for other wards to learn from.

As Covid-19 restrictions have eased, there are plans for school pupils to visit the people staying on the ward and take part in activities during December.

There is a member of staff on Rowan ward who organises and arranges the activities for patients. During the time of the visit, it was noted that activities were being set up in the day room for people to participate in.

The day room has a "magic table" set up, which is a portable projector that displays images onto a table and is interactive. For example, if balloons are projected onto the table, people can tap the balloons and they will pop.

#### 1.4 Mealtime observation:

The visiting team observed that there was a calm atmosphere during mealtime and staff on the ward were ready to receive the food trolley and assist people with their meals.

Staff supported people into a comfortable position to eat and helped with their meal.

The food trolley remained plugged in during the mealtime.

Adapted cutlery was available to people who needed them, to support independent eating

However, it was noted that staff did not encourage the use of hand hygiene before the food was being served.

The visiting team were told that the hospital now orders in frozen meals from a company. The food is then heated and sent to the wards on the food trolleys. The visiting team were also informed that people are asked to choose their meals two days in advance. This can cause issues as people can often forget which meals they have ordered.

Three people gave us the following feedback regarding the food on the ward:



	Very good	Good	Ok	Poor	Very poor
<b>Quality of the food</b>		2	1		
<b>Temperature of the ward</b>			3		
<b>Presentation of the food</b>			3		
<b>Portion sizes</b>			3		
<b>Choice of food on the menu</b>			3		

Most people told us that they were not encouraged to use hand hygiene facilities before eating their food, some people said they use hand sanitiser themselves and do not need to be encouraged to do so.

People reported they always receive the meal they had ordered and were happy with the level of support they received to eat and drink.

We also heard that people have access to snacks during the day and night and they felt that their water jug was changed often enough.

We heard that people are given a choice of where to eat their meals.



# Patient feedback

The visiting team spoke with three people staying on Rowan ward during the time of the visit. None of these people had communication issues and we were told they were able to communicate in their preferred language.

Two of the three people we spoke to told us they were given an information leaflet when they were admitted to the ward.

All three people told the team that staff introduce themselves before they provide care and felt that staff listen to them and/or their relatives when making decisions about their care and treatment.

Two people felt staff are “*mostly*” discreet when discussing their care/treatment with them.

All three people told us that they felt staff are friendly and helpful. One person told us that they “*most definitely*” felt this way and another person told us that staff are “*very helpful*”. However, some felt there was not enough staff on the ward to meet their needs during the day and night.

Comments:

*“They’re rushed off their feet”*

*“More (staff) would be helpful, so staff are not so busy”*

*“Sometimes there is a shortage of staff, and they are overwhelmed”*

People told us that they were comfortable and had enough blankets and pillows. They were also able to shower and wash their hair as often as they would like.

There was mixed feedback from the people that we spoke with regarding the activities they have access to. Most told us that they have access to their own electronic devices that had been brought in from home.

Two people were unsure as to whether there were activities on the ward that they could join. These people also told us that they didn't have access to a television in their bed bays, only in the day room.

People were unsure if there was a private room/area they could use to make phone calls or see visitors as they had not asked staff.

When we asked people what had been pleasant about their time on the ward, one person told us *"(staff) kind and good"*. Another person also told us *"(The) view from my window is pleasant"*

We also asked if there were any improvements or comments people had, and we were told the following:

*"There's nothing to do all day here"*

*"A TV to get the news"*



# Recommendations

- 1) The CHC would be pleased if the positive comments in this report could be shared with staff on Rowan ward. With recognition given to the ward and Team for the environment decoration that helps orientate people to room functions by using different colours and pictures.
- 2) Whilst the CHC was informed of a variety of excellent ward activities and volunteer schemes, a few people did not appear to be aware of the activities available to them, despite some receiving an information leaflet. The Health Board is asked to address this awareness need.
- 3) The Health Board is asked to review the directional signage at the hospital site.
- 4) The Health Board is asked to review the feedback in relation to the reported issues experienced (and the frequency of reported issues) with call buzzers on the ward.
- 5) The Health Board is asked to clarify if people have access to lockable storage by their beds.
- 6) The Health Board is asked to review the staffing levels on Rowan ward as a result of people's feedback.
- 7) The CHC asks if meal choice reminders are feasible, to help people remember what meals they choose for particular day, given that meal choice requests are made two days in advance.

# Contact details



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CIC Aneurin Bevan CHC

## Appendix 1 – Equality and Diversity Survey Results

Number of people who filled in the Equality and Diversity Questions: 1

Preferred Language								
English		Other		Not answered				
1		0						
Gender								
Woman/ Girl	Man/Boy	Non- binary	Prefer not to say	Other	Not answ ered			
0	1	0	0	0	0			
Do you consider yourself to be a trans person?								
Yes		No		Prefer not to say	Not answered			
0		1		0	0			
Sexual Orientation								
Asexu al	Bisex ual	Gay	Le sb ia n	Heterose xual/ Straight	Pans exua l	Prefer not to say	Oth er	Not answ ered
0	0	0	0	1	0	0	0	0
Month and Year of birth								
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
0	0	0	0	0	0	0	0	0

Sept	Oct	Nov	Dec	1950-54	Not answered		
0	0	0	0	1	0		
Ethnicity							
Asian or Asian British:							
Bangladeshi	Chinese	Indian	Pakistani		Other		
0	0	0	0		0		
Black or Black British:							
African		Caribbean		Other			
0		0		0			
White:							
Welsh/English/Scottish/Northern Irish/British		Gypsy or Irish Traveller		Irish		Other	
1		0		0		0	
Other Ethnic group:							
Arab		Prefer not to say			Other		
0		0			0		
Religion or belief							
Buddhism	Christianity		Hinduism		Islam	Judaism	
0	0		0		0	0	
Sikhism	Atheism		No Religion		Prefer not to say	Other religion or belief	
0	0		1		0	0	

Not answered	0		
Do you consider yourself to have a disability?			
Yes	No	Prefer not to say	Not answered
1	0	0	0

<b>Do you look after, or give any help or support to a family member, friend, or neighbour because of a long-term physical disability, learning difficulty, mental ill-health or problems related to old age?</b>			
Yes	No	Prefer not to say	Not answered
0	1	0	0

<b>Are you currently pregnant or have you been pregnant in the last year?</b>			
Yes	No	Not answered	Prefer not to say
0	1	0	0

## Appendix 2

### Equality Impact Assessment

Please complete the following table to state whether the following groups will be adversely, positively, differentially affected by the **CHC policy/activity/report** or that it will have no affect at all

Impact	None	Negative	Positive	Comments
<b>Protected Characteristics</b>				
Age	x			
Disability	x			
Sex	X			
Race	X			
Religion/Beliefs	X			
Sexual Orientation	X			
Gender reassignment	X			
Marriage and civil partnership	X			
Pregnancy and maternity	x			



<b>Other characteristics to consider</b>				
Welsh Language			x	Reports & Surveys published bilingually
Other Languages		x		Reports & Surveys can be published in required language on request
Human Rights	x			
Poverty level	x			
Persons with dependents	x			
Rural residence	x			
Gypsy and traveller communities	x			
Digitally vulnerable	x			

## **Risk Assessment**

<p><b>Are there any risks arising from the implementation of this policy?</b></p> <p>N/A</p>
<p><b>What measures are in place to manage or remove these risks?</b></p> <p>N/A</p>
<p><b>Welsh Language</b></p> <p>This document/policy/report has been assessed in line with our Welsh language requirements for standards:</p> <ul style="list-style-type: none"> <li>i) 37,38</li> <li>ii) 69,70,71</li> </ul> <p>In coming to our impact determination, we can evidence that:</p> <p>All CHC public facing documents are available in Welsh &amp; English.</p>

The CHC undertakes an Equality Impact Assessment for all public documents and identify them as positive for Welsh translations.

**Outcome**

Positive impact –

Standards 37, 38 – All public documents are produced and published bilingually in Welsh and English.

Standards 69-71 - We undertake Equality Impact Assessments for all public documents and identify them as positive for Welsh translations

Negative Impact – None

## **Accessible Formats**

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.