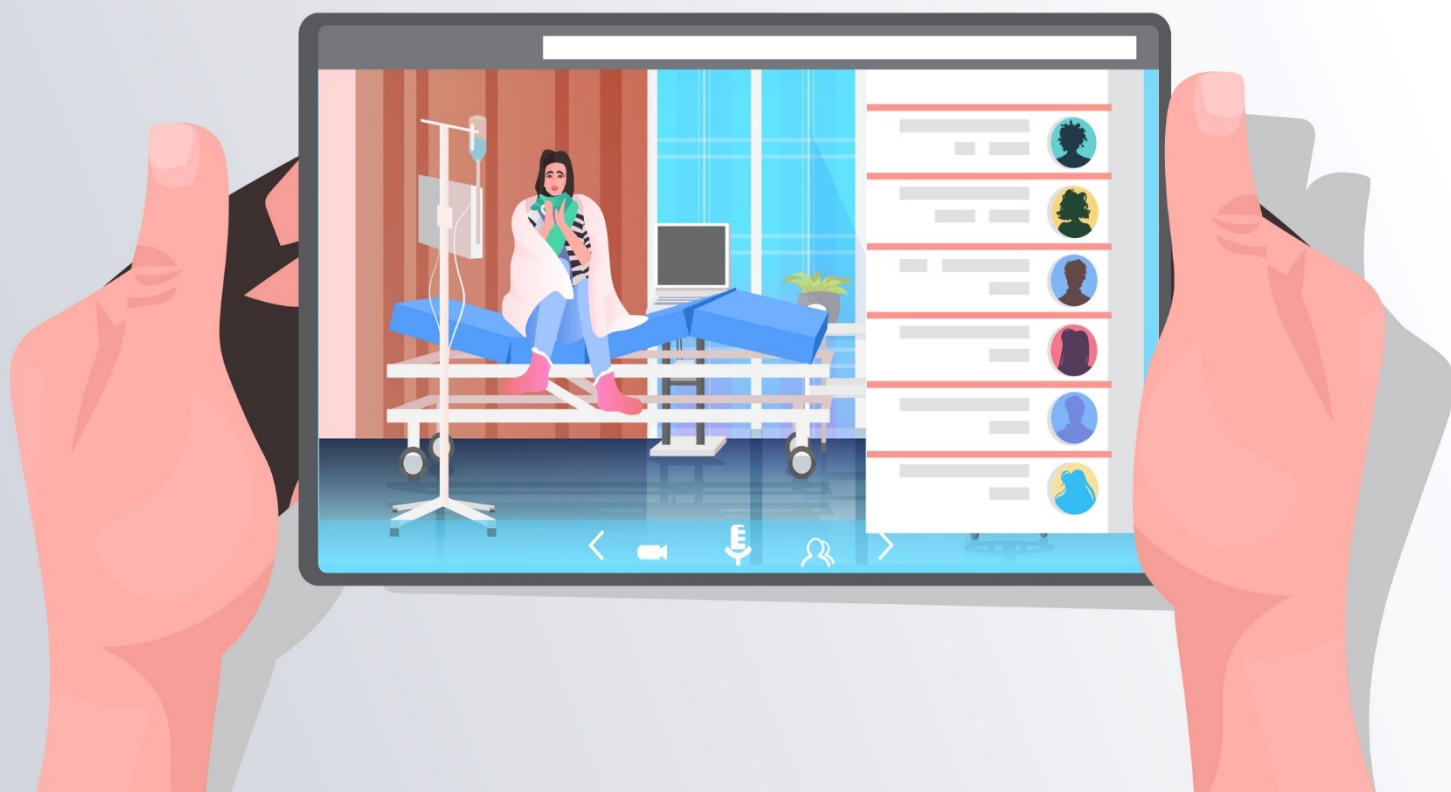


## Monitoring & engagement report

Inpatient's experience

Ward C3, Ysbyty Cwm Rhondda, Llwynypia

Publication date: June 2022



# 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

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Contact details can be found on page **18**

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# About Cwm Taf Morgannwg Community Health Council (CHC)

Cwm Taf Morgannwg CHC is the independent watchdog of the National Health Service (NHS) within Rhondda Cynon Taf, Merthyr Tydfil and Bridgend. We encourage and support people to have a voice in the design and delivery of NHS services.

Cwm Taf Morgannwg CHC works with the NHS, inspection and regulatory bodies. We provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

We hear from the public in many different ways. Before the coronavirus pandemic, we regularly visited NHS services to hear from people while they were receiving care and treatment. We spoke directly to some carers and relatives too. We also heard from people at local community events, and by having discussions with community representatives and groups.

Since the coronavirus pandemic, we have needed to change the various ways we engage with the public and patients. This has included the introduction of online surveys and videoconferencing using apps such as `Teams` and an increased social media presence to hear from people directly about their views and experiences of NHS services. We also continue to hear from people through enquiries and our independent advocacy service. Cwm Taf Morgannwg CHC represents the `patient and public` voice in Rhondda Cynon Taf, Merthyr Tydfil and Bridgend.

# Introduction & background

We have been committed to undertake engagement with people in our localities who have accessed NHS treatment and care throughout the pandemic. Due to Covid-19 restrictions however, we have been unable to undertake face-to-face hospital visits. To ensure we continued to obtain feedback from patients directly whilst they were staying in hospital, we undertook a (pilot) virtual ward visit via an iPad using the Microsoft Teams application.

## Ward C3, Ysbyty Cwm Rhondda

Ward C3 is a rehabilitation, care of the elderly ward.

27 patients were staying on the ward at the time of our virtual visit, 10 of whom lacked capacity and were under the Deprivation of liberty safeguards (DoLS) legal framework.



The DoLS legal framework protects a person receiving care and treatment and whose liberty has been limited in hospital or in a care home. More information can be found here:

[https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs62\\_deprivation\\_of\\_liberty\\_safeguards\\_fcs.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs62_deprivation_of_liberty_safeguards_fcs.pdf)

## What we did

We created a questionnaire to gather patient's experiences of care and treatment received, whilst an inpatient on a rehabilitation ward.

Cwm Taf Morgannwg University Health Board and the Community Health Council agreed that 4 CHC members (2 teams of 2) would meet with inpatients (and relatives) on Ward C3 at Ysbyty Cwm Rhondda, virtually (via an iPad, using Microsoft Teams), with the support of ward staff. It was noted that due to Covid regulations, the Ward was restricted to permitting 6 relatives onto the ward at any one time. The video calls took place on Friday 11<sup>th</sup> March '22, during the afternoon.

To support the visit we also provided ward staff with a supply of patient experience questionnaires, freepost envelopes & posters. The posters provided details of our survey and the various methods people could use to share their experiences with us (including telephone, email and a QR code). Staff supported us further by distributing the questionnaires (following our visit) over a 2 week period. The questionnaires were completed by relatives and staff on behalf of inpatients on the ward, who were unable to take part at the time of our visit.

## Who we heard from

We met with 7 inpatients and 1 relative. 2 inpatients however, had a cognitive impairment and the conversations had to be ended after a short period of time. We were therefore unable to obtain feedback from these 2 inpatients.

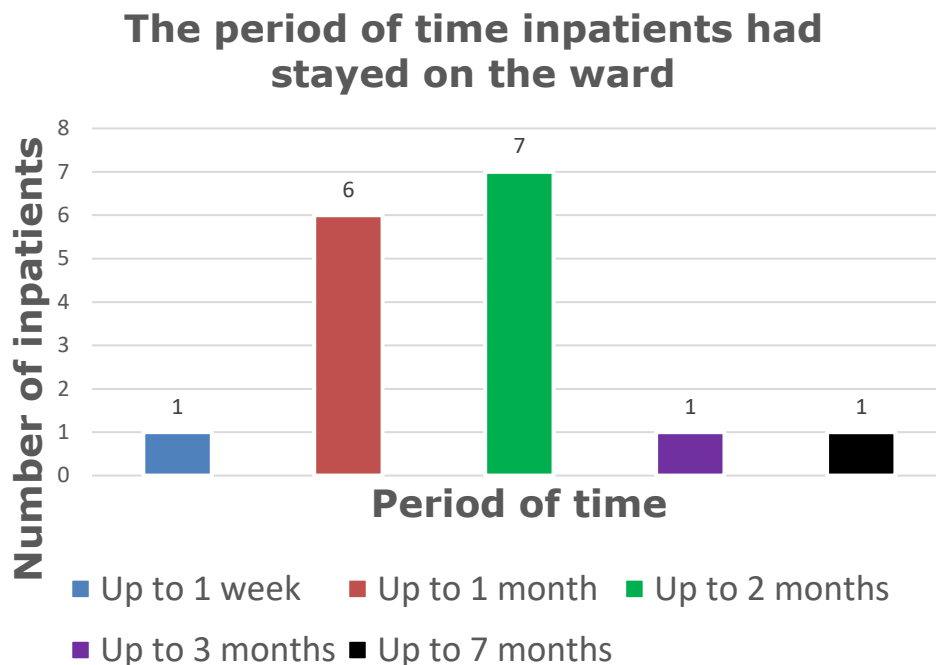
We did however, capture feedback from **5** inpatients and **1** relative during our discussions on the virtual visit. The inpatients were supported by a nurse whom (when needed) repeated the question to the inpatients and helped with their understanding.

In addition to the inpatients & relative we met on the day, we received **10** completed questionnaires. Included within this report is the feedback obtained from these **16** individuals.

## What we heard

We asked inpatients to tell us **how long** they had been on the ward. The chart below indicates the duration of inpatient's stay.

**Table 1**



### Involvement with care and treatment plan

We asked inpatients whether their treatment care plan had been fully explained to them. **The majority (12)** of inpatients felt that their treatment plan had been fully explained.

*"Yes fully very good"*

1 inpatient highlighted, however, that communication regarding their treatment plan *"wasn't good at first"*.

A couple of inpatients did not feel that their treatment plan had been fully explained. No further comments were shared in relation to this.

### **Support with eating and drinking**

We asked inpatients if they required help from staff with eating and/or drinking, whether they received the support they needed. 4 inpatients told us that they did not require support. The majority (11) of inpatients who did require support, felt that the assistance they had received was adequate.

*"Staff always help me at mealtimes"*

*"I am eating 3 meals a day and if I call for something then I get it"*

1 inpatient commented that whilst they didn't require any support, they had witnessed another inpatient receive assistance.

*"Definitely. I feed myself and I'm able to wash but the patient opposite has special needs and staff help her lots"*

1 inpatient told us however, that they did not always receive the support they required

*"I need it but don't get it as they are short staffed, he tries his best on his own"*

### **Support with personal care**

We asked inpatients if they needed help from staff with personal care such as washing, whether they received the support they required. The majority (14) of inpatients who did require support felt that they received adequate assistance.

*"They wash and dress me"*

*"I have a wash every day and a shave, I also have a bath once a week"*



1 relative told us

*"He looks a lot better than he does at home"*

An inpatient who responded positively did, however, raise some concerns in relation to delays they had experienced receiving support.

*"They wash my back. I press the buzzer and I wait a while but they come as soon as they can"*

1 inpatient told us that they were dissatisfied with the level of personal care support. No further comments were shared in relation to this.

### **Support to access the toilet or use a commode.**

We asked inpatients if they needed help from staff to get to the toilet or use a commode, whether they received the support they needed. 3 inpatients/ relatives told us that they didn't require any support, 1 relative explained

*"He has a catheter in"*

The majority (10) of inpatients who did require support felt that they had received adequate assistance.

*"At all times"*

*"I'm bed bound, they get a commode"*

*"I have a bed pan and the staff help me"*

An inpatient who responded positively did, however, explain that their preference for support from a female member of staff was not always possible.

*"For the last 4 days I have been taken to the bathroom. Was on a bed pan before that. It was awkward sometimes with male staff. It was embarrassing but you have to get used to it with staff shortages"*

We heard how 3 inpatients didn't always receive the support they needed, to access the toilet and/or use a commode or bed pan.

*"Can be waiting a while for bed pan as staff shortages"*

*"It's uncomfortable to use a bottle and pan which is what he uses"*

### **Adequacy of sleep on the ward**

We asked inpatients whether they had enough sleep on the ward. Half of the inpatients we heard from told us that they had received sufficient sleep.

*"Sleep too much"*

*"It can be noisy on times but I have a room on my own"*

However, an equal number of inpatient's told us that their sleep had been disrupted during their stay on the ward. The most common disturbance reported, was due to noises from other inpatients.

*"Patients making noises, machines making noises"*

*"There are patients calling out, porters trolleys are noisy and the lift is"*

## **Food and drink**

We asked patients whether they were satisfied with the meals and drinks on the ward.

The majority (10) of inpatients were satisfied.

*"I like all the food"*

*"They are always nice. I am on a soft diet and the portions are big enough"*

Some (6) inpatients did, however, dislike some or all of the food.

*"No words to describe it, today it arrived and they plonked it down and I didn't know what it was"*

*"Lost 2 and a half stone muscle wastage really, the taste of food here was totally different to home cooking and the sweets had no sweeteners in them".*

*"Not all of them they could be better, had stew today that was alright sometimes it's watery"*

*"Sometimes there are no bananas or coleslaw. Veg is over-cooked (carrots and sprouts). I like peas but they are always cold so I don't have them".*

## **Mobility treatment and/or therapy**

We asked inpatients if they required treatment or therapy to help improve their mobility, whether it had been sufficient to meet their needs. This question did not apply to 1 inpatient, their relative explained.

*"He is nearly 96 so there is nothing that can be done to improve his mobility"*

The majority (10) of inpatients felt that they had received adequate support.

*"Can't walk but learning to stand on my feet. Receiving physiotherapist almost daily and staff help, we work as a team"*

*"They come every day, physiotherapist is very good"*

*"I do exercises when I get out of bed. I don't have a walker. I used to have one but don't now. I would like to have it"*

Some inpatients who reported positive feedback did, however, indicate that additional support may have been needed.

*"In splints over 6 weeks. Gavin comes every day to see me, I've broken both knees. Plaster has been taken off and I'm in splints. Not much physio yet. They came Wednesday and are due again today"*

5 inpatients told us that they did not feel that the support they had received was adequate.

*"Could have had more frequent help"*

*"Feel it should be everyday"*

*"I think I can walk but they won't let me"*

### **Satisfaction rate with overall care**

We asked inpatients whether they were satisfied with the overall care they received during their stay. The vast majority (15) of inpatients were satisfied with the overall care they had received.

*"Staff show a lot of empathy, treat you as an individual, they talk and look at you as an individual"*

A relative commented

*"He's getting better care than at home"*

Although high satisfaction was reported overall, a number of inpatients highlighted certain aspects of their care that could be improved.

*"Can be waiting a while for a bed pan as staff shortages"*

*"I wish I had a room of my own. I spent my birthday in the hospital too"*

*"It would be better if windows could be open as I have asthma and it's too warm, but the others would be too cold"*

1 inpatient was dissatisfied with the overall care they had received. No further comments were shared in relation to this.

### **Awareness of support to raise any concerns**

We asked inpatients if they would know who to speak with if they had any concerns about their care and treatment. The vast majority (13) of inpatients told us they did and most said that they would speak with the nurse in charge.

*"Line of command is simple, nurse, senior nurse, doctor, management"*

*"There's a pad with names written down. I can ask anyone and they help"*

A couple of inpatients told us that they were unsure, 1 inpatient commented

*"Staff are usually on holiday"*

### **Respect**

We asked inpatients whether staff had treated them with dignity and had been polite, courteous and respectful during their stay. 1

inpatient did not respond to this question. The majority (14) of inpatients felt that they had been treated with respect.

*"The staff are all lovely and friendly"*

*"More than courteous"*

1 inpatient who responded positively however, also commented

*"Need more staff. They are always rushed off their feet"*

### **Contact with family and/or friends**

We asked inpatients whether they had been able to keep in touch with family and/or friends. The majority of inpatients (14) had been able to keep in touch with their relatives. The main method inpatients kept in touch was via the telephone.

*"Mobile phone use, at least twice a day, wife paying a visit this coming Sunday"*

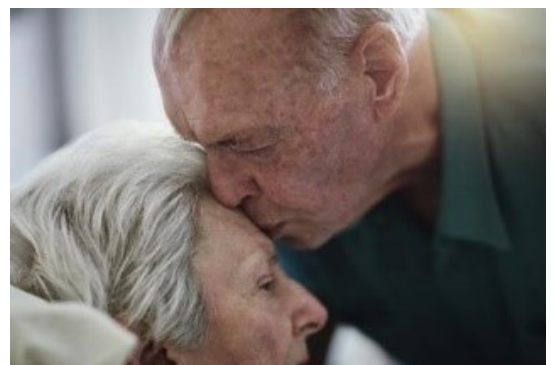
Some difficulties were, however, highlighted by 1 inpatient with regards to the telephone signal.

*"I have kept in touch on what's App. Lots of my friends have house phones only so I struggle to speak to them as the phone signal is very poor"*

A few inpatients received a visit from relatives, a relative with whom we met on our visit told us

*"His sons visits him"*

1 inpatient who had been in hospital a couple of weeks told us that they hadn't been able to keep in touch with relatives.



*"No one has come in to see me"*

## **Suggestions for improvement**

We asked inpatients whether they had any suggestions on how their stay on the ward could be improved. A number of suggestions were put forward, which included additional:- activities, physiotherapy and staff. Also inpatients felt improvements were needed with the food and the phone signal.

*"Would like more activities. Moved from one ward to another"*

*"Physio everyday"*

*"More foot soldiers on the ground, more nurses, the nurses that are working hard here could have more time, they are working very very hard trying to do umpteen tasks, they need more staff. Example when catering is delivered the nurses have to serve them I think catering should be doing that, the nurses should be focussed on giving help to patients that need support feeding"*

*"Good staff but not enough of them"*

*"Only the meals, I'm being honest and telling the truth, I'm not a big eater"*

*"Better phone signal. The wifi is good but not the phone signal".*

1 inpatient told us

*"I would like a room on my own so I can watch TV"*

CHC members brought this inpatients request, to the attention of the ward staff at the time of the visit. The inpatient was offered a single room, it was noted that another patient had just gone home so the room had become available.

## **Additional feedback**

Inpatients were invited to share any additional feedback they had about their care and treatment. 6 inpatients responded & all were very complimentary about various aspects of their care and treatment.

*"All staff have been excellent"*

*"Overall stay was very good due to good care and friendship made with other patient"*

*The bedding is spotless and changed every day. The staff deserve a medal*

*"Happy with all care received on all wards"*

*I'm perfectly happy with the treatment I'm getting it couldn't be better"*

## **Learning from what we heard**

Overall it is evident that the experience of the majority of inpatient's & relatives we spoke with (and inpatients and relatives we received feedback from via completed questionnaires) was on the whole very positive. Care and treatment plans were generally clearly communicated to inpatients, and staff were spoken of in a high regard. Some inpatients, however, felt that there was a shortage of staff and that this had had some impact on the support they had received.

Whilst inpatients who had received physiotherapy were pleased with the treatment, some inpatients felt that they would benefit from having sessions more frequently.



There was also a recurring theme with regards to the food, a number of inpatients expressed their dissatisfaction with the quality of meals provided.

With the ease on Covid visiting restrictions, inpatients were able to enjoy and look forward to visits from loved ones. It was pleasing to hear that inpatients were able to keep in touch with family and friends. There were however, issues reported with the mobile telephone signal on the ward and with the majority of inpatients relying on this method to keep in touch, this issue is of some concern.

A lack of activities was highlighted by 1 inpatient who had been on the ward for several weeks. We would be interested to learn what range of activities are available for inpatients to interact with, to alleviate boredom and reduce social isolation.

As a result of the feedback we have received from inpatients and relatives, we make the following recommendations for the Health Board to consider and respond to.

## Recommendations

1. The CHC would be pleased if the Health Board could note and share the positive comments highlighted throughout this report.
2. Staffing levels was highlighted as a concern by a number of inpatients, which was having some impact on the level of support available to them. The Health Board is asked to advise what the staffing levels were on the ward during March '22 and advise what action will be taken to address this issue?
3. The Health Board is asked to consider undertaking a review of the meals provided on the ward to ensure (where possible) the meals are appetising for inpatients.

4. The Health Board is asked to investigate the quality of the mobile telephone signal strength on the ward and advise what action will be taken to address any shortfalls?

5. The Health Board is asked to outline what action will be taken to respond to inpatients who wished to receive physiotherapy on a more frequent basis?

6. The Health Board is asked to clarify what activities are available for inpatients on the ward and advise whether the current programme could be expanded upon to meet the needs of inpatients?

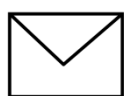
## Thanks

We thank everyone who took the time to share their views and experiences with us. We hope this influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

## Feedback

We would love to hear what you think about this report, and any suggestions on how we could improve it, to make our future work better. The report is available in Welsh and English.

## Contact details



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We welcome telephone calls in Welsh.

**Cwm Taf Morgannwg Community Health Council**