Comments from front line staff at York Hospital

Members of the Committee visited front line staff at the hospital on 06.10.2008. They spoke to 3 Members of staff from the Trauma and Orthopaedic Unit (a Health Care Assistant, a Staff Nurse and a Deputy Sister) and also a Matron. They made the following comments in relation to their experiences of caring for patients suffering from dementia who accessed secondary care:

Training

- There were large gaps in training provision and Members of staff on non-elderly wards did not have sufficient training in caring for patients with dementia.

- A forum had been set up for staff in relation to mental health issues but most of these had been cancelled at short notice, as staff were unavailable to attend. The Matron thought that these could possibly be revamped and was willing to explore the possibility of this.

- As part of their general nurse training qualified staff receive a 7 or 8 week placement that covers caring for people with mental health conditions. Much of the time staff were expected to learn about care for dementia sufferers 'as they went along'. The Health Care Assistant (HCA) had received no formal training in this respect other than "on the job" training/experience.

- There were link nurses for things such as manual handling and infection control. It was suggested that there could also be a link nurse for mental health.

- Staff felt that formal training in dementia care would be helpful. Discussions were had surrounding using a link nurse to do this. The link nurse would then cascade information learned down to other members of staff on the ward.

- There were twelve benchmarks of 'essence of care' and significant developments had been made in all areas apart from mental health.

Communication & Provision of Information

- Communication between the patient and members of staff could be difficult especially when a carer wasn't present.

- The information that staff had was often from a printed sheet which frequently did not indicate the social needs of a patient.

- If a patient has no carers/family then communication can be very difficult as there is very little information regarding the social

background of the patient (i.e. what they like to eat, what their usual routines are).

- If the patient is admitted from a care home the care assistant may not know them very well (especially if there has been a recent shift change). A written handover sheet is given to staff at the hospital when the patient is admitted from a care home but if there is not enough information on this then staff will ring the care home and ask for more information about the patient. This sheet would usually indicate whether the patient was suffering from dementia.

- The possibility of a checklist of standard information that staff could mark off once received was discussed.

- It was the 'little things' that could make a patient feel comfortable such as knowing what they liked to be called, what they liked to eat etc. In the case of patients with dementia there was a higher need for social care even if they were on hospital for a physical problem.

- If a patient had been referred to hospital by a GP then he/she will have some knowledge of the patient's history and this would be passed on to staff.

- Discussions were had regarding continuity and staff handovers. Communication between staff was good whilst working and when the shifts changed.

- Information was also passed on to the multi-disciplinary areas such as physiotherapists and occupational therapists.

- Staff should let the bed manager or the Matron know that they need extra staff to assist with vulnerable adults and if they want a visit from the Specialist Health Nurse.

- A safety briefing was carried out at all shift handovers. Discussion were had as to whether this could be elaborated.

- Discussions were had in relation to the 'This is me' document that the Alzheimer's Society were developing. Hospital staff thought this was a very good idea and would be a useful tool for them.

Hospital Environment & Patient Experience & Safety

- The hospital environment is often alien and therefore frightening for patients suffering from dementia. It is common for dementia sufferers to feel uncomfortable outside of familiar surroundings.

- A patient will have suffered a traumatic experience (i.e. a fall) that has required admission to hospital. When a patient also suffers from dementia this can heighten the trauma.

- Patients with dementia can often be unsettled when they are unfamiliar with their surroundings and the people near them.

- If a patient presents with confusion (but has not been diagnosed with dementia) then the staff would initially look at ruling out infection as a cause. Once this had been done and if the patient was still confused then they would look at exploring whether there was an underlying mental health issue causing the problem. They were supported by the elderly medicine physicians who would come and visit the patient and advise the staff. There was also a Nurse Specialist in Mental Health.

- If a patient does not feel safe and calm then this will have a negative impact on the rest of the ward.

- To assist with patient safety patients with similar needs were often kept together in one part of the ward to allow staff to keep a closer eye on them.

- Patients with dementia often feel more at ease with some personal belongings near them. In the surgical wards this is not always possible due to the risk of infection. Infection control limited the hospital as to what personal belongings a patient could bring with them.

Staff Time Constraints

- Staff on a busy ward (such as trauma and orthopaedics) can sometimes struggle to spend time with patients to reassure them that everything is okay.

- If a ward is short staffed then it was a struggle at mealtimes. It was also more difficult to watch high dependency patients and to prevent patients from falling and wandering.

- Some patients on the surgical ward require one to one care for 24 hours a day and staffing levels had been increased to cope with this and ensure patient safety. Staff would still be under pressure at busy periods of the day though.

- The Matron liaised regularly with the teams regarding staffing issues. If there were issues then, where possible, other staff were sent to assist on a ward.

- Mealtimes, drug distribution and answering patient bells often clashed. There were some very busy times of the day, especially teatime when all of the above happened and patients were still coming back to the ward post operation.

- Staff had concerns regarding patient's dignity when they were disorientated. Certain events could be upsetting for staff, patients and

visitors and needed to be avoided. It was important to make the patient feel at ease but time did not always allow for this to be as effective as it could be.

- There was only one Specialist Mental Health Nurse and if this area could be expanded it would be beneficial to all.

Involvement of Carers

- Staff do, where possible, encourage carers to provide information about the patient in order to care for them in the most appropriate way.

- Carers are also encouraged to help the patient at meal times and normal routines and where possible are incorporated outside of the normal visiting times. [Not sure whether this happens on all wards due to the protected meal times scheme].

- Staff try and get patients with dementia to follow a routine that they like and this can be achieved with the support of carers and family.

- Staff felt that communication could be improved with more carer involvement.

General

- People were living longer and therefore there were more instances of dementia in patients.

- Sometimes, in the early stages of dementia, the family would cover up for any problems there were.

- The introduction of a Psychiatric Liaison Service would be beneficial