



# **Quality Of Care Provided On The Elderly Care And Rehabilitation Wards At Daisy Hill Hospital**

## **– The Views Of Patients**

**A Report By The**

**Southern Health and Social Services  
Council**



**SOUTHERN**  
health & social services  
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## 1. BACKGROUND

In 1999 the Southern Health & Social Services Board undertook a review of hospital services for older people in the Southern Board's area. The aim of this review was to *'establish the appropriate pattern of geriatric hospital services required by the Southern Board in the future'*. One recommendation of the review was that the Trusts, in partnership with the Southern Health & Social Services Council (the Council), should obtain the views of users and carers of hospital services for older patients.

The Council has a statutory remit to represent the views and interests of consumers of health and social services in the Southern Board's area; to keep under review the work of health and personal social services, and to make recommendations for improvement where it thinks fit.

Newry & Mourne Health and Social Services Trust approached the Council to find out the views of users of hospital services for older people in the Newry and Mourne area. The services in question related to those provided on the Elderly Care and Rehabilitation wards (Levels 4 and 6) of Daisy Hill Hospital.

### AGEING SOCIETY

The number of older people in Northern Ireland is increasing. Since 1900 life expectancy for men and women has risen from 47 years to 75 years and 80 years respectively (DHSSPS 2000). It has been estimated that the percentage of the population in Northern Ireland aged 65 years or over will almost double from 13% to 24% in just forty years. (Age Concern 2000)

The increase in life expectancy is due to significant advances in a number of fields including medicine, standards of living, nutrition and social care. However, it has been argued that with an increase in age and frailty comes an increase in need for services provided by the health and social services. People over the age of 65 years occupy nearly two thirds of general and acute beds (DoH 2001). The Audit Commission (2000) reported that "...'very old' people are particularly high users of acute hospitals and other health and social services." However, the report by the Royal Commission on Long Term Care (March 1999) highlighted that society has *'lost an awareness of old age as a time of life valuable in itself, preferring instead to concentrate on it as a 'problem' or*

a 'threat'. The Royal Commission argued that most people will have an active old age and that only a minority are likely to need special care as they grow more frail.

## **OBTAINING VIEWS OF USERS**

There has been an increased trend towards valuing the importance of obtaining the views of service users (McKinley cited in Daly et al 1992). Gaining views of services from a user's perspective is regarded as providing a valued insight into problems experienced by the patient and as providing useful information on quality of care (South East Kent CHC 1999). Bruster et al (1994) pointed out that obtaining information about the experiences and views of patients can be used in the future planning of health care. Kelson (1997) argues that it is the patient who is most impacted by the quality of service they encounter and so it is necessary their needs are met. The National Consumer Council (1996) stated '*public services only exist for one reason - to serve the public*' and so gaining the public perspective is essential for the improvement and efficient delivery of public services.

## **PREVIOUS RESEARCH**

There are numerous examples of previous research into the quality of care provided to older people in hospital. A variety of factors have been identified as playing an influential role in the quality of care provided.

The importance of adequate staffing levels is a theme which has emerged consistently. Help the Aged et al. (1999) argued that good staffing levels are one of the pre-requisites for best practice care. Under staffing on hospital wards has negative consequences in terms of inadequate levels of help available to patients. South East Kent CHC (1999) found that 37.5% of patients did not receive adequate help at mealtimes. Sometimes the issue has not been about the absolute level of staff but rather the engagement of staff with patients. Enfield CHC (2000) noted that attention, concern and interest from staff promoted patient satisfaction with care received in hospital.

Research has also identified the importance of hospital facilities and the ward environment. West Essex CHC (1994) found that patient satisfaction was highest at hospitals that combined good quality, modern facilities with a caring, homely environment. Help the Aged et al. (1999) also identified good ward facilities as a fundamental requirement for good quality care.

Activities and the level of stimulation a patient receives in hospital have also been identified. A lack of stimulation for patients was regarded by Forth Valley Local Health Council (1997) as detrimental to the patient's quality of life. The authors recommended that more stimulation be provided for patients in hospital. This issue was also identified by West Essex CHC (1999) who reported that more able patients found their days long due to the lack of social activity.

Another factor identified as detrimental to good quality of care is early discharge. There is a concern that due to increased pressure on beds in the NHS, staff are encouraged to treat patients and discharge them as soon as possible. One study carried out by South Thames West CHC (1995) found that only 15% of patients had a discussion with a social worker before they were discharged.

Communication has also been identified as a key to good practice when delivering care. South Bedfordshire CHC (1998) reported that patients had not been provided with the amount of information they would have liked, especially regarding who was in charge of their care - 67% did not know who their named nurse was. In another study by West Essex CHC (1999) it was found that both patients and relatives did not know how to contact their consultant outside the weekly visit. Bruster et al (1994) reported that the hospitals included in their study failed to reach the standards of those outlined in the Patient's Charter in giving patients the option of not taking part in student training and in explaining the treatment the patient would receive.

Help the Aged et al. (1999) suggested that the most effective care for older people is that which creates an experience of well-being, both for older people and for those working with them. They considered this in terms of six 'senses'. The 'senses' apply to both older people and staff, albeit in different ways. To some extent these six senses encompass the issues identified above. They include:

- A sense of significance - staff taking time to get to know them and reciprocity.
- A sense of purpose – regular meetings with staff to discuss progress and the provision of activities to pass the time.
- A sense of continuity – team nursing, being able to keep in touch with family and follow-up after discharge.
- A sense of security – being able to see the nurses, quick response to requests for help and regular assessment and monitoring.

- A sense of belonging – being treated like family and having relationships with other patients.
- A sense of achievement – staff giving feedback on progress.

It is on the basis of the issues identified above that the present research was conducted to identify the views of older people on the services provided on the Elderly Care and Rehabilitation wards of Daisy Hill Hospital.

## **2. METHODOLOGY**

### **RESEARCH OBJECTIVES**

There were two main objectives of the research:-

1. To examine older patients' experiences and perceptions of the quality of care provided to them in two wards in Daisy Hill Hospital – the Elderly Care and Rehabilitation wards.
2. To highlight areas where change in the services might be appropriate and to make recommendations for improvement.

### **DESIGN**

A semi-structured interview schedule was developed to find out about the experiences and perceptions of older people who were inpatients on the Elderly Care and Rehabilitation wards. The main structure of the interview schedule was based on the framework outlined by Help the Aged et al. (1999) in their publication 'Dignity on the Ward'. This framework was designed to condense key factors of the subjective experience of receiving care in hospital. These related to factors shaping the patients' sense of security, continuity, significance, belonging, purpose and achievement while receiving care in hospital. Flash cards were designed and used to help overcome any hearing and/or speech difficulties which interviewees may have had.

### **SAMPLE AND PROCEDURE**

Patients (aged 60+ years) who were discharged from the Elderly Care and Rehabilitation wards between January – May 2001 were asked by hospital staff for their consent for the Council to invite them to take part in the research. Prior to the patients' discharge staff on the two wards distributed:-

- a letter providing information about the Council's research, and
- a consent form asking for the patient's consent to pass their name and contact details to the Council who would contact them at a later date about participating in the research.

Staff were also asked to discuss the research with patients before their discharge and to encourage participation.

Fifty completed consent forms were forwarded to the Council. These patients (or relatives of patients<sup>1</sup>) were telephoned 4-6 weeks after their discharge from hospital. If they were still willing to take part in the interview a date and time was arranged. Forty patients (or relatives) agreed to take part in an interview. Nine individuals no longer wished to take part. The reasons quoted for not wanting to participate included:- the patient was experiencing poor health, a family member had died and the relative had no time to take part, the patient had died since being discharged or they were simply no longer interested in taking part. In addition we were not able to contact one patient.

Three categories of interviews with the 40 consenting individuals took place – with the patient alone, with the patient and a relative present and with a relative alone. Nearly half of the interviews (n=17) took place with the patient only present, in 14 interviews the patient and a relative were present and in 9 cases, the patient’s relative was interviewed.

**Table 2.1 Interview type**

	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
Patient	9	8	<b>17</b>
Patient(& relative) <sup>2</sup>	4	10	<b>14</b>
Relative <sup>3</sup>	3	6	<b>9</b>
<b>TOTAL</b>	<b>16</b>	<b>24</b>	<b>40</b>

Twenty-four of the 40 interviews related to female patients and 16 to male patients. Twenty-five patients had stayed on the Elderly Care ward and 15 had stayed on the Rehabilitation ward.

Once agreement to participate was obtained and interview arrangements made a confirmation letter and an information leaflet about the role of the Council was sent out to participants.

<sup>1</sup> In some cases a relative of the patient provided consent for them to be contacted to take part in the interview instead of or on behalf of the patient.  
<sup>2</sup> Refers only to sex of the patient.  
<sup>3</sup> Refers to the sex of the patient. Information was only collected about the patient - including those interviews where the carer took part instead of or on behalf of the patient.

Interviews took place in the interviewee's own home or place of residence at the time. Interviews took on average 45 minutes – 1 hour to complete. Interviewees were asked for their permission to record the interview. All apart from one consented. Interviews were later transcribed. All interviewees were assured of confidentiality.

### 3. RESULTS

#### ABOUT THOSE WHO TOOK PART

The ages of the patients ranged from 60-69 to over 90 years of age. Over half (n=23) were over 80 years of age.

**Table 3.1 Age of patients (n=40)**

Age Group	Number
60-69	5
70-79	12
80-89	17
90+	6
<b>TOTAL</b>	<b>40</b>

Twenty-five patients had stayed on the Elderly Care ward on level 4 and 15 had been in-patients on the Rehabilitation ward on level 6. Patients over the age of 80 years were most likely to have stayed on the Elderly Care ward. Seventeen had been in-patients on this ward compared to 6 on the Rehabilitation ward. Most (n=13) patients who stayed on the Elderly Care ward were female over the age of 80 years.

**Table 3.2 Ward and age of patients (n=40)**

	Elderly Care (level 4)		Rehabilitation (level 6)	
	Male	Female	Male	Female
Under 80	5	3	3	6
Over 80	4	13	4	2
<b>TOTAL</b>	<b>9</b>	<b>16</b>	<b>7</b>	<b>8</b>

Before going into hospital, most patients lived alone (n=19), 11 lived with their husband or wife and 9 lived with a relative. Men were more likely to have lived with their spouse than were women. Most of those who lived with a relative were women over the age of 80 years.

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**Table 3.3 Residence before admission (n=40)**

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	MALE		FEMALE		TOTAL
	<80	>80	<80	>80	
Alone	4	3	5	7	19
Husband/wife	3	4	4	-	11
With a relative	1	1	-	7	9
Nursing/residential home	-	-	-	1	1

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Living arrangements for 9 patients changed after they were discharged from hospital. Eight patients (an increase of 7) went to live in a nursing or residential home immediately after they were discharged from hospital and an additional 2 went to live with a relative<sup>1</sup>. The number living alone decreased from 19 to 14.

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**Table 3.4 Residence before and after discharge (n=40)**

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	BEFORE	AFTER
On my own	19	14
With a relative	9	10 <sup>1</sup>
Husband/wife	11	8
Nursing/ residential home	1	8

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Of the 8 patients who went to live in a nursing/residential home after they were discharged from hospital, 3 had been patients on the Rehabilitation ward (level 6) and 5 were patients on the Elderly Care ward (level 4). Half (n=4) were over the age of 80 years.

## ADMISSION

Most patients (n=22) were taken to A&E before they were admitted to either of the 2 wards. However, a sizeable amount (n=11) were also planned appointments and 6 were sent in by their GP.

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<sup>1</sup> One person who lived with a relative before they were admitted to hospital went to live in a nursing/residential home after they were discharged.

**Table 3.5 Admission (n=40)**

	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
Taken to A&E first	9	13	<b>22</b>
GP sent me in	2	4	<b>6</b>
Planned appointment	5	6	<b>11</b>

\* 1 person could not remember

Most people travelled to hospital by ambulance (n=29) and 9 were taken by a relative or friend. Patients over the age of 80 years were more likely to have travelled by ambulance (n=20).

**Table 3.6 Travel to hospital (n=40)**

	<b>&lt;80</b>	<b>&gt;80</b>	<b>TOTAL</b>
Friend's/relative's car	7	2	<b>9</b>
Ambulance	9	20	<b>29</b>

\* 2 people could not remember

When respondents were asked if they would like to make any comments about their admission to hospital the majority made favourable remarks.

*"It was first class."*

*"It was smooth enough."*

*"Nothing I could say about it everything was very good they were all good to me."*

Some commented on the Ambulance service. The majority remarked on the efficiency of the service they received. Others, however, highlighted problems. One person found the journey caused them pain and others considered the service unpredictable.

*"The ambulance couldn't have been better it was first class."*

*"The ambulance service I would say is 99.9% good."*

*"No complaints, ambulance was there very quickly and he was admitted. Everything went smoothly."*

*"I had a very painful ambulance journey from the Royal Hospital."*

*"It's just a bit unpredictable ... one morning they came at half eight... but normally it's about 10am or 11am. She gets a bit anxious about going in and if I sort of knew I could have her sort of properly arranged."*

Others referred to their experiences in the A&E department. Some waited for long periods of time before being admitted.

*"I was treated right away and the same day they sent me up to the Royal and had an operation up in the Royal."*

*"He was about three hours in emergency waiting to see would he go up to bed or would he go to Belfast."*

*"It was a bit of a nightmare I didn't like the wait in that trolley because I was in agony with my back."*

*"I was put straight into bed and before I knew where I was there was a couple of Doctors round me and they started doing this sort of business and that sort but nobody told me nothing they were just doing this and that."*

## **LENGTH OF STAY IN HOSPITAL**

The length of time patients stayed in hospital varied from less than one week to over 9 weeks. Over half (n=23) stayed between 1-4 weeks, 6 stayed 5-8 weeks and 8 stayed over 9 weeks. All of the 3 patients who stayed less than one week were men under the age of 80 years, 2 had stayed on level 6 and one on level 4. Seven of the 13 patients who stayed in hospital 1-2 weeks were there for respite purposes.

<b>3.7 Length of stay (n=40)</b>			
	<b>Rehabilitation</b>	<b>Elderly Care</b>	<b>TOTAL</b>
<1	2	1	<b>3</b>
1-2	2	11	<b>13</b>
3-4	6	4	<b>10</b>
5-8	2	4	<b>6</b>
9+	3	5	<b>8</b>
<b>TOTAL</b>	<b>15</b>	<b>25</b>	<b>40</b>

## STAFF

### • NURSES

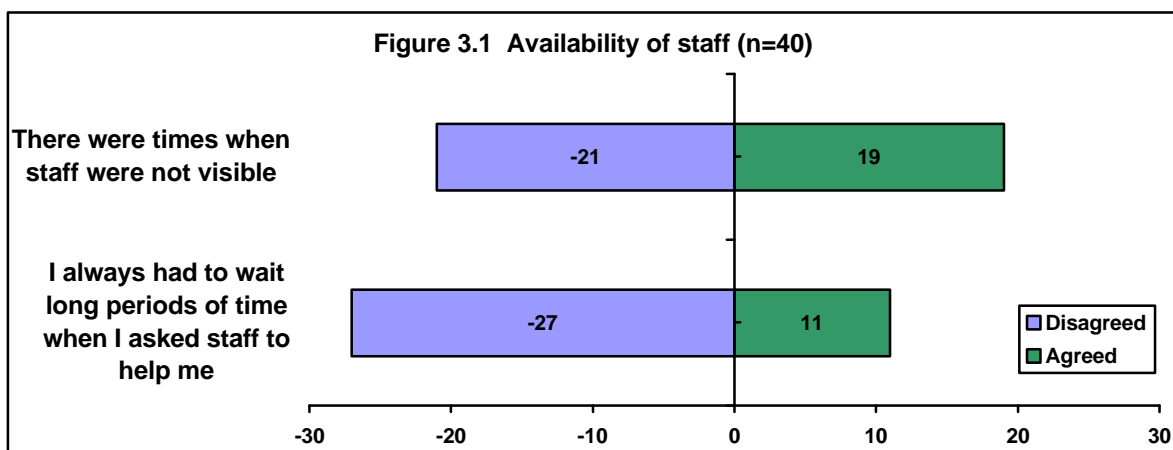
Eleven patients said one nurse looked after them more of the time than any other (named/primary nurse), 6 had stayed on level 6 and 5 on level 4. Five patients knew the name of the nurse who mostly looked after them either because they had introduced themselves, wore a name badge or the patients had seen their name displayed on a notice. Three patients said their named/primary nurse visited them about 3 times a day. Two said it was 2-3 times a day and one stated they visited once a day. Three patients were not satisfied with the frequency of contact with their named nurse.

**Table 3.8 Contact with named/primary nurse (n=11)**

Nurses Visits	Number
3 times a day	3
2-3 times daily	3
Once daily	1

\* 4 patients were not sure

Just over half (n=21) said that staff were visible all the time, however, nearly half (n=19) perceived that there were times when staff were not visible. While most patients (n=27) did not have to wait long periods of time when they asked staff to help them 11 did.



Some of the comments made by the patients and relatives who said they did not have to wait long periods of time when they asked staff for assistance referred to the conscientiousness and attentiveness of staff.

*"...even if you coughed or moved or anything, the nurse wasn't too far away and they would say 'are you alright'."*

*"God help her, she was there when she was able to do anything for you, she was that busy herself."*

*"They were always popping in and out, no matter if it was visiting time or not. They were coming in; 'Are you alright? Do you need anything? Do you need help dressed?' They were always around, I'll give them that."*

*"They couldn't have done anymore for me than what they were – great."*

*"They're more than good...if he wants a cup of tea, they'll give him a cup of tea...if he wakens during the night and he's looking for a smoke they'll wheel the bed down to the smoking room, they'll take him a cup of tea and they'll give him a smoke and sit with him and once he's had his smoke, wheel him back..."*

*"...they were very conscientious staff and I was well pleased with them and it taught me how diligent everyone of them was in their work. It was an education to me to be in hospital. The girls are so good, they were very understanding and really good."*

Patients and relatives who said they had to wait for long periods of time for assistance and who thought staff were not always visible also shared their experiences.

*"Sometimes nobody came when a patient asked for the toilet and they ended up wetting themselves and I'm talking now about a lady who was not incontinent and was very distressed when she had to let it go."*

*"There's not enough of them around. If they are around there weren't any to be seen. You could be in there for a couple of hours and not see a nurse."*

*"Sometimes three or four hours would pass and no nurse would enter the ward. Some patients asked for the toilet and they were not taken for ages, we saw that."*

*"I used to say I'll leave your buzzer there beside you and she would say well what's the use because nobody's going to come anyhow so she wouldn't have used her buzzer at all."*

*"One time a lady opposite my Mother was left sitting on a commode for about 15-20 minutes even though she called that she was finished."*

*"One night I rang the bell for the nurses but nobody came and I wanted to go to the toilet so badly...and there was a little tray thing for vomiting in and I had to use it to go to the toilet and it wasn't big enough and the bed got all wet."*

Many of the patients and relatives interviewed perceived a shortage of staff on both the Elderly Care and Rehabilitation wards and they thought that staff were overworked. In some cases they regarded this as the reason why patients had to wait for long periods of time when they asked for help. One relative mentioned that visitors helped out by taking patients to the bathroom and another suggested that the Trust should seek assistance by recruiting volunteers to help with some basic tasks.

*"I think they could be doing with a bit of help maybe even voluntary help to help feed the patients and things like that and feed them drinks. Because the nurses on the floor are quite busy."*

*"Once my sister took, in fact several times, took a patient to the toilet because nobody would be there."*

*"Nurses actually hiding the buzzer and things like that I would have seen - just to keep from being called, maybe nothing more than they knew they wouldn't be able to come, maybe there was too many other patients or something."*

*"We observed that some patients were made to feel a nuisance if they sent for the nurse for themselves or another patient...This is probably because the nurses are over-stretched, overworked, very busy, too many patients to look after, but this is the way we found it."*

*"They haven't enough staff, nurses are just run off their feet."*

*"...they would need more even a couple more auxiliaries. If you needed to go to the toilet you were shouting for ages."*

*"I think they were just so understaffed that it was just a matter of getting through as best they could and getting away as quick as you could."*

- **DOCTOR**

The frequency of patients' contact with a doctor varied from every day to less often than once a week. Sixteen patients saw a doctor once a week and 11 had contact more frequently than this. Thirteen patients saw the doctor less often than once a week, three of which said that they only saw the doctor twice in their whole stay. Two stated the doctor was there if needed and two patients who stayed on the Elderly Care ward said they never saw the doctor.

**Table 3.9 Contact with doctor (n=40)**

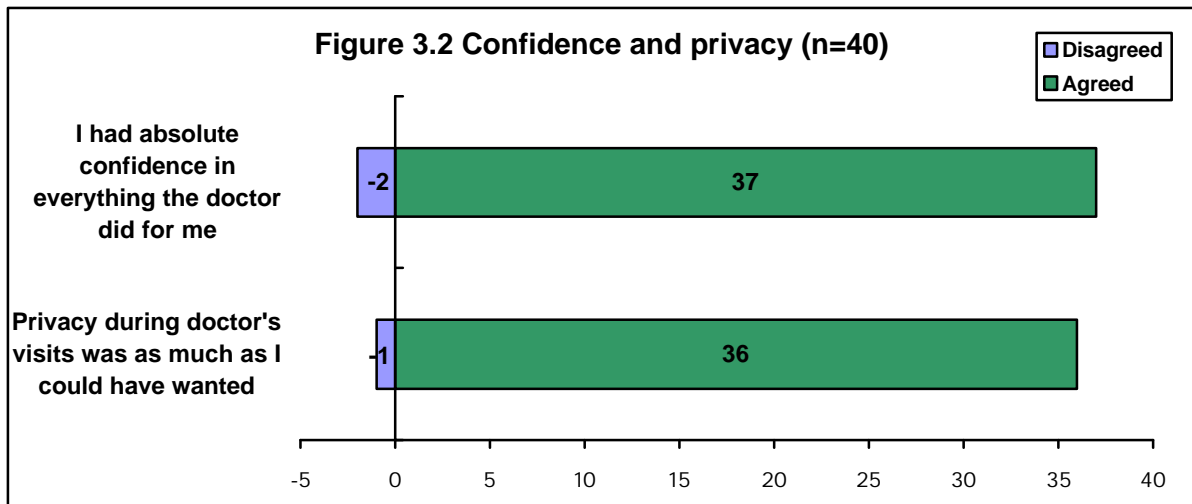
Everyday	7
Every other day	1
Every 3-4 days	2
Every 5-6 days	1
About once a week	16
Less often	9
There if needed	2
Never saw doctor	2

The vast majority of those interviewed (36) were satisfied with the frequency of contact between the patient and doctor while in hospital. Four were dissatisfied. One person was a relative and was dissatisfied because the contact between the doctor and the family was not enough to be kept updated. One person thought the doctor was overworked.

*"I would have thought they'd have made a point of meeting the patient's family or discussing her progress maybe once a week. You're just left in the dark, you don't know anything unless you go and make a little bit of a nuisance. Unless you pursue things yourself you would be sitting there for weeks and not know what was happening really."*

*"I think X was overworked too I think they were all overworked."*

The majority of patients (n=37) said they had absolute confidence in everything the doctor did for them, two disagreed. Most (n=36) felt they had enough privacy during the doctor's visits.



Over half those interviewed (n=21) stated that medical students sometimes accompanied the doctor. However, only 8 said they had been asked if they minded the presence of medical students during examination.

**Table 3.10 Presence of medical students (n=40)**

	Total
Yes	21
No	10
Don't know/ Can't remember	9

Some patients commented that they didn't really know what they were agreeing to when they gave their permission for medical students to be present.

*"They come in with students just for pure annoyance they were all in listening to my heart they asked me sure but they didn't tell me what I was going to go through I didn't know they were all going to poke at me."*

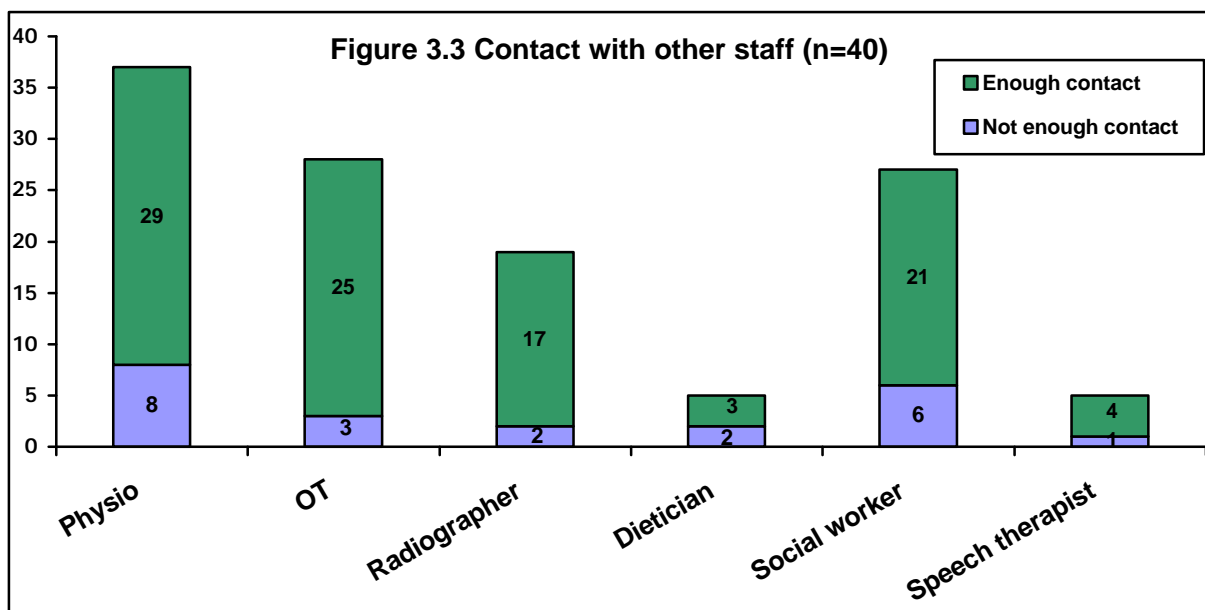
- **OTHER STAFF**

Patients came into contact with a range of other health and social services staff while in hospital. These included physiotherapists, occupational therapists, social workers, radiographers, speech therapists and dieticians.

**Table 3.11 Contact with other staff (n=40)**

	<b>TOTAL</b>
Physiotherapist	<b>36</b>
Occupational therapist	<b>29</b>
Radiographer	<b>19</b>
Dietician	<b>5</b>
Social worker	<b>27</b>
Speech therapist	<b>5</b>

Most patients felt they had enough contact with these other staff groups. However, 8 patients did not see the physiotherapist as often as they would have liked, 6 patients did not see the social worker as often as they would have liked and 3 did not have enough contact with the OT. Two patients wanted to see the radiographer and dietician more frequently and one patient would have liked to have had more contact with the speech therapist.



\*Not all patients saw all members of staff.

\* 1 person who did not have any contact with the physiotherapist would have liked to have had.

Patients and relatives had the opportunity to comment on these other members of staff. The majority of the comments were positive. Some of the negative feedback related to not having received enough of the particular service. Some of the comments on each staff group are outlined below.

### **Social worker**

Comments about the social worker related to the accessibility of the service, the good quality aftercare services which were put in place and the need for information and feedback. One person highlighted the problem they encountered in getting the home care package, agreed upon, delivered.

*"He was available anytime I wanted to see him."*

*"There if needed only have to ring."*

*"Aftercare has been very good with the social worker and all."*

*"It was arranged OK but we had to keep pursuing it ourselves we thought we weren't getting enough feedback from them as we went along."*

*"Well they were very good, of course they were talking more to the daughter than they were to me because the daughter would tell them more than I would."*

*"The social worker had problems getting people on the ground, putting the home-care package in place so from that point of view they would have meetings with her at different times and the problem was then getting the home-care people..."*

### **Physiotherapist**

Many positive comments were made about the physiotherapist and also on the impact physiotherapy had on their progress. However some of those interviewed thought the amount of physiotherapy provided was inadequate.

*"They were brilliant, lovely people, great girls. Sent cards to them to thank them. Physio's definitely kept him at it. We would nearly put his good progress down to them."*

*"The physio had promised to come round and when she did come round she just looked and away she went. They just didn't seem to have time. We thought she should have been there oftener."*

*"They get very little physio you know I would say they get about 5 minutes a day. We got her on her feet, we walked her every day... We always made a point of getting her up out of the chair, taking her down the corridor and back, so when she came home she was very mobile."*

*But we did it because we felt that 5 minutes, 10 minutes a day was no good...."*

*"The Physiotherapy done a good job no doubt about it. In a remarkably quick time I was flying about..."*

*"... They explained pretty well what they were doing to get her back and get her mobile again ... most of the time they were reassuring her really well and were saying 'Oh you'll be back on your feet again', when I'm sure they were thinking we'll have a hard battle. They were boosting her confidence...."*

*"I thought the wee girl was good, she paid a lot of attention to me and sure I was going on leaps and bounds. But when I came out the old leg and the feet were very sore."*

*"The physios are very good in as much as there is not enough of them, you know, there is not enough of them to go around..."*

### **Speech therapist**

Some of the comments made about the speech therapy service by those that were interviewed related to the inadequate level of the service.

*"They were wanting her to come into Daisy Hill from home in the ambulance for speech therapy but she wasn't really fit for it."*

*"I saw speech therapist once a week but she didn't teach me how to read or write. The speech therapy was poor. I didn't know how to write or how to read the paper, the day my niece took me up I scribbled and scribbled and only for Speech Matters I wouldn't be able to read or write."*

*"One of the main things that X would have maybe to complain about and she has said to me a lot of the time was the lack of input from the speech and language therapist in relation to her specific speech and language difficulty."*

*"She would always leave her notes."*

### **Dietician**

Comments made by interviewees in relation to the dietician included the accessibility and availability of the dietician.

*"I just have to lift the phone."*

*"I would have loved to see a dietician, because I'm too heavy for my age and my height."*

*"She came up and explained it all to me about my diet and that. She says 'you're not getting enough protein'. Explaining to me and giving me a paper and all of what I should have in my diet. I was quite happy with her."*

### **Occupational therapist**

Interviewees who had contact with the occupational therapist made positive comments however, some felt they would have liked more than what they received. One relative pointed out that there was some inconsistency between the occupational therapy and nursing care and another perceived inequities in the occupational therapy available after they left hospital because of where they lived.

*"They were very very good, very attentive to my wife."*

*"I was down with them several times. They were very good. I don't know where they got their patience. They were very very friendly."*

*"The OTs would put a fair bit of emphasis on the transfer from the chair to the bed and that sort of thing and then the nurses would turn about using the hoist. So...one was counter acting the other all the time, when one was prescribing one thing the other was doing something else..."*

*"She did have occupational therapy but she didn't have the getting in and out of bed occupational therapy until coming up to the very end. She had occupational therapy but maybe not as much as she would have liked."*

*"I never saw one since I left the hospital, if I was living in Newry I would be taken in twice a day in an ambulance. Just because I'm living in no-man's-land there's not a word about seeing them."*

### **Radiographer**

Some interviewees commented positively on the radiographer that they came into contact with.

*"They were great. There was a bit of a laugh."*

*"They were very helpful we were well pleased with the x-ray department definitely."*

### **Ancillary services**

Many of the patients and relatives interviewed made positive comments about ancillary staff including domestic and catering staff and porters.

*"They are very friendly and very helpful."*

*"You asked them to do anything they done it there."*

*"I have no complaints about any of them you know, they were all very nice and that's what I said to nurse the day I was going home."*

*"Domestics were good, cleaning up, shining, polishing, they definitely worked."*

*"The cleaning staff was an awful nice woman, she was really nice if you needed a drink she would get it for you."*

*"The porters were very good and friendly and I saw a lot of them because I was up and down to the physiotherapy department and they were very pleasant."*

*"They were quite good they come on time to leave me off, no trouble at all."*

*"Those ones coming with the tea were very nice, they got to know you."*

*"They were all good and even the staff who brought round your cup of tea, they were all good."*

*"Tea Trolley staff that came round were not very...they had no rapport with the patients really, they didn't even try to make any kind of comment to each patient they just shouted 'Cup of tea'."*

### **• PROBLEM AREAS**

Whilst most of the patients and relatives interviewed (28) did not identify any difficulties or problems with staff, 12 did. Apart from the issue of perceived staff shortages highlighted previously, other difficulties and problems included; respect shown to the patient, the level of attention and quality of care provided to the patient and the difficulty in

distinguishing between the various categories of staff and their subsequent roles.

Some commented on the lack of respect shown to patients. This included a perceived lack of respect for the patient as an older person and also a lack of respect for the patient's wishes.

*"Put you in bed when you didn't want to go, but they thought that was for your betterment but still they can't expect you to be in agony."*

*"They treated the older ones with total off-handishness I thought anyway"*

*"Some of the nurses had a very poor attitude to the patients they didn't talk to them they talked to each other over them. If they were making the bed or settling the patient in the bed or maybe shouting across the ward at them but very rarely did they come up to them and smile at them and make eye contact with them and have a brief chat, very rarely."*

*"I'd say tone of voice and...talking as if you're taking to the dog..."*

Some patients/relatives commented on the quality of care or the level of attention provided. In some instances this included patients not receiving attention when it was required and also the lack of stimulation on the wards.

*"Some patients asked for the toilet and they were not taken for ages, we saw that. We could take my Mother but some of the other patients on the ward have had very few visitors, very few and they could call the nurses several times and nobody would come."*

*"It's more the actual nursing care that I would be worried about, and the actual attention and dullness of the whole place with a lot of people just vegetating."*

*"That time she had a stroke she must have been lying there three and a half hours and nobody had noticed it... it was OK when they were notified about it they got the doctor fairly quickly but that was only after the harm was done."*

*"Apart from washing me, that nurse would hurt me greatly, then she was forbidden."*

*“I would have liked them to look after the old people because it was the old people that was annoying you ... it’s when they’re not well, you see, they can be very trying. I didn’t ask staff to help me at all until they were coming round.”*

*“They are busy so maybe helping them to eat or helping them to feed a wee bit more. I don’t know how you would get around that because they’re busy. They do feed the ones that are lying and can’t do it. X can but she still needs a wee bit of help, her dinner’s left and sometimes there would be big bits of meat that’s not cut up small enough.”*

*“Getting washed in the mornings she would have liked a shower in the mornings, when she went into hospital she had to wash herself and when she’s at home she’s washed down by the carers every morning and has a shower every other morning.”*

Some patients and relatives said they had difficulty in recognising and distinguishing between different staff groups. While they may have dressed differently, they weren't able to differentiate between their roles. Some were concerned about the continuity of care when staff changed shifts.

*Patient - “Just there was that many of them I wouldn’t know whether they were coming or going.”*

*Carer – “You had just got used to one and then there was somebody else.”*

*“I must say we found the change-over in the rota very unsettling ... It took us ages to get to know who was really responsible or in charge. There was no one to explain to us the order of seniority in the nurses and unless you’re experienced in going into hospitals you wouldn’t know a yellow coat from a white, from a green coat, to a blue to a purple coat and that was confusing. My Mother hadn’t a clue, they were all the one to her.”*

## **INFORMATION AND COMMUNICATION**

Just over half (n=23) those interviewed said that doctors and nurses talked to them about their health and treatment while in hospital, 17 said this did not occur and 26 said they did not receive any written information or leaflets. While the majority of those interviewed (n=30) felt they got enough information, 8 did not and 2 said they got none at all. Some

relatives mentioned that they would have appreciated regular feedback on the patient's progress.

*“It was more a case of us asking them how she was doing or if she had sore eyes or a dry tongue, we had to point these things out to them and then they followed it through. I would have liked to see the doctor and been given a progress report at least once a week.”*

*“Family had to make an appointment to see how her progress was coming on because when we ask mummy doesn’t really understand that. So when we come in we didn’t really know what sort of progress she was making unless we actually made an appointment to see the doctor.”*

Nurses were the patients' main informants (n=16) about their health and treatment, however, in 11 cases a relative was the main person who kept the patient informed. Six patients said the doctor was the main source of information.

**Table 3.12 Source of information (n=40)**

Doctor	6
Nurse	16
Relative	11
Other	6

\* 1 person did not know

Most people who received information were able to understand it but 9 had difficulties. In addition 12 patients had problems remembering it. Patients over the age of 80 years had more difficulty remembering and understanding the information.

**Table 3.13 Understanding & remembering information (n=40)**

	<80 (n=17)	>80 (n=23)	TOTAL
Had difficulty understanding	2	7	9
Had difficulty remembering	4	8	12

\* 2 patients did not know

The difficulties experienced by patients were due to both the limitations in the patient’s capabilities as well as the use of technical language/jargon by staff or them not speaking loudly enough.

*“She was a wee bit hard of hearing and she couldn't make them out, some of them spoke awful soft and she couldn't make out what they were saying.”*

*“She's just 84 and everything just doesn't make sense to her.”*

*“When I had my stroke I was out for the count and since I recovered or partially recovered. As time went on I understood it more. I have difficulty with written information. The thing with the stroke I improved day by day and I assimilated quite a bit.”*

*“Except the medical words, I just would skip over them.”*

*“When they were reading the scans and that.”*

Half the patients (n=21) felt they had been involved in the decisions about their health and treatment, 18 patients did not. However, only 2 wanted to have been more involved.

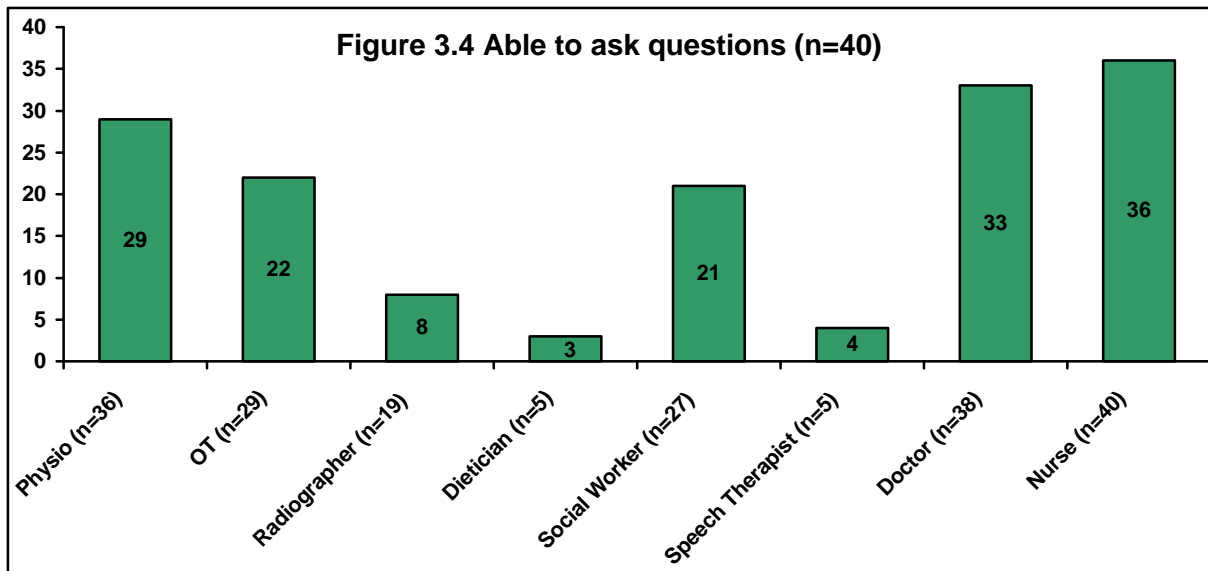
*“When they're doing something for you there's no use having a doctor round you if you don't accept what he's trying to do for you.”*

*“I usually leave it to the professionals, I'm happy enough to leave it to their professional judgement.”*

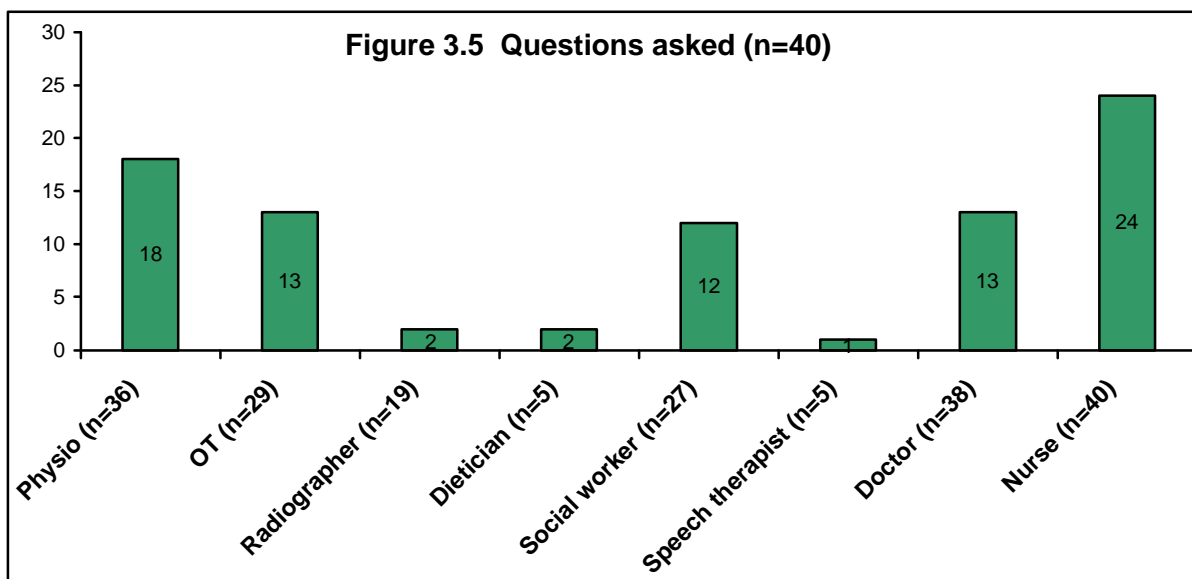
*“I was always satisfied with those making the decisions.”*

*“The way we were reared you always listened to your superiors you never asked questions,...it's still in us...you just listened and did what you were told.”*

Most patients and relatives felt they could ask the doctor, nurses, physiotherapist, dietician, social worker, speech therapist and occupational therapist questions. Patients were less likely to have felt they could ask the radiographer questions. Less than half (8 out of 19) felt they could have asked the radiographer questions.



Questions were most likely to have been asked of nurses and physiotherapists. Questions were also frequently asked of the social worker and the occupational therapist. The radiographer was least likely to have been asked questions.



When asked why they did not ask questions, patients commented on having no opportunity to do so, staff having no time, or patients being unsure as to which member of staff would be relevant. Some felt they had no need to ask questions.

*“I presumed everything was going alright.”*

*“I just did what she told me to do and that was it.” (Referring to Physiotherapist)*

*“They seemed to always be in a hurry.” (Referring to physiotherapist & OT)*

*“She was busy and she hadn’t time to talk.” (Referring to speech therapist)*

*“Oh no you don't ask Dr X too many questions.”*

*“I wasn't in good form, wasn't fit to ask questions.”*

*“No I accepted all they were doing, took it that they knew more than me.”*

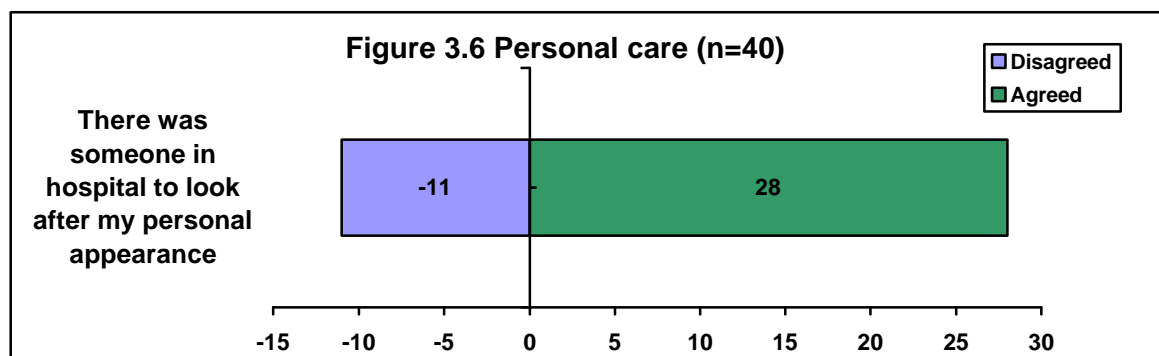
Most patients were satisfied with the responses they received to their questions however, 4 were not. Their dissatisfaction was mainly due to the lack of feedback.

*“They couldn't really give me much information. I knew myself I wasn't doing well.”*

*“You know what doctors are like in the hospital they talk to anybody apart from the patient I noticed that myself so to what extent doctors do explain anything they probably did.”*

## PERSONAL CARE

Most patients (n=28) said there was someone in hospital to look after their personal appearance, however over a quarter (n=11) did not.



Some patients and relatives explained that staff took time to look after the patient’s personal appearance – arranging their hair or ensuring they

looked well for visitors arriving. On the other hand some patients said they themselves took care of their appearance and in some cases relatives did this for the patient.

*“I would have a shower and you see my hair and all was wet and this nurse would come and set my hair and she would go round with a dryer and a brush and done it all. It wasn't just me they done that too anybody who had a shower. They were very good like that.”*

*“I shaved myself and washed my face no bother.”*

*“No...occupational therapy combed my hair about two or three times and left me to get on with it. I took an hour to do my toilet and that included washing and washing my teeth and general things. There was people there to help me while I needed it and they discontinued it.”*

*“I usually combed my own hair but should I have asked them to I'm sure they would. But they did wash my hair and looked after my wee personal things.”*

*Relative - “I would usually clean her teeth when I was in, combed her hair and that, but I don't know how often they would clean her teeth. Would they do that?”*

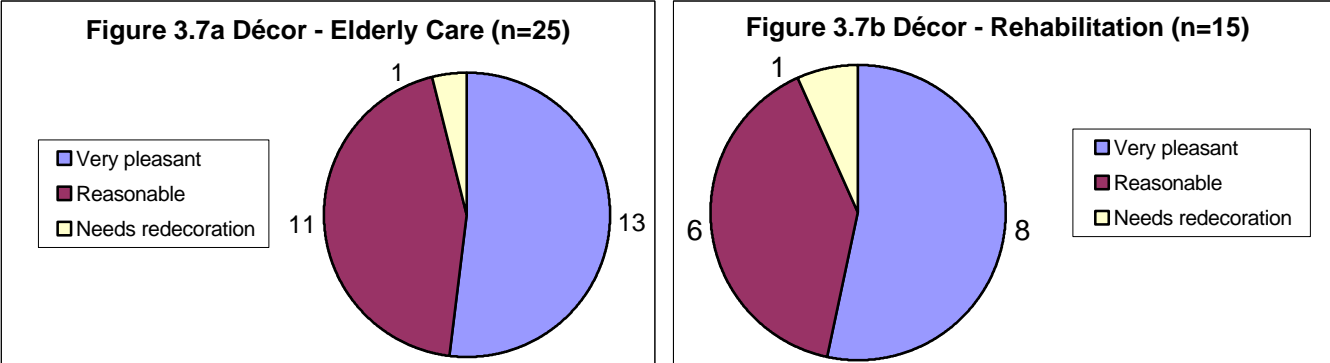
*Patient - “Only unless I ask them.”*

All patients except 2 were given medication while in hospital. Of these 38, 32 knew what medication they received without having to ask, one knew because they asked and 5 did not know the purpose of the medication they received.

## **WARD ENVIRONMENT**

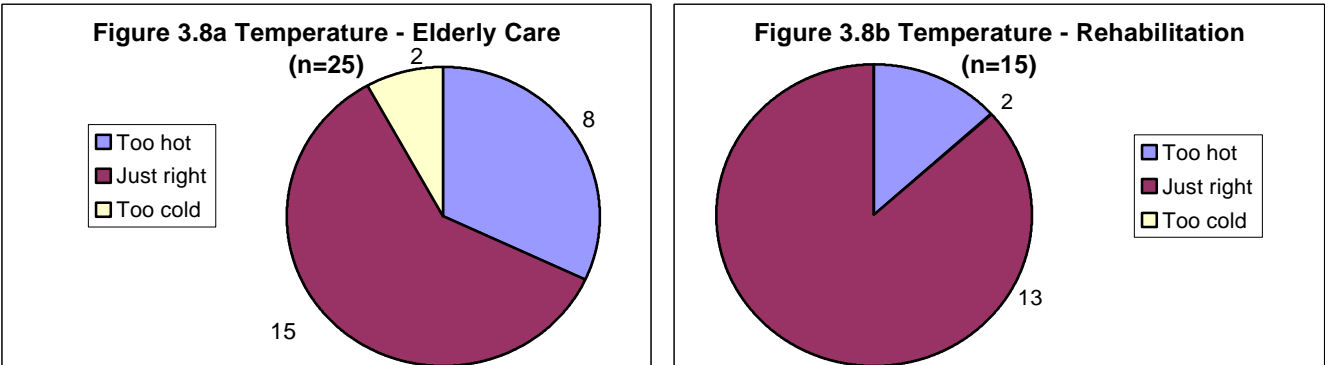
The majority of patients (n=38) said there was somewhere on the ward where they could keep their clothes. One female patient said she didn't have anywhere to keep her clothes and one male patient did not know. A high proportion (n=17) said there wasn't anywhere provided for them to keep their valuables. Fifteen patients said there was – usually at the nurses' station and at the owner's own risk. Two patients said that their personal items had been stolen while in hospital, these items included a radio and pair of slippers.

Most patients on both wards thought the décor was either very pleasant or reasonable. Over half (n=21) thought it was very pleasant and 2 considered there was a need for redecoration.



Most patients thought the temperature on both wards was just right. However a number of patients on the Elderly Care ward (n=8) found it too hot.

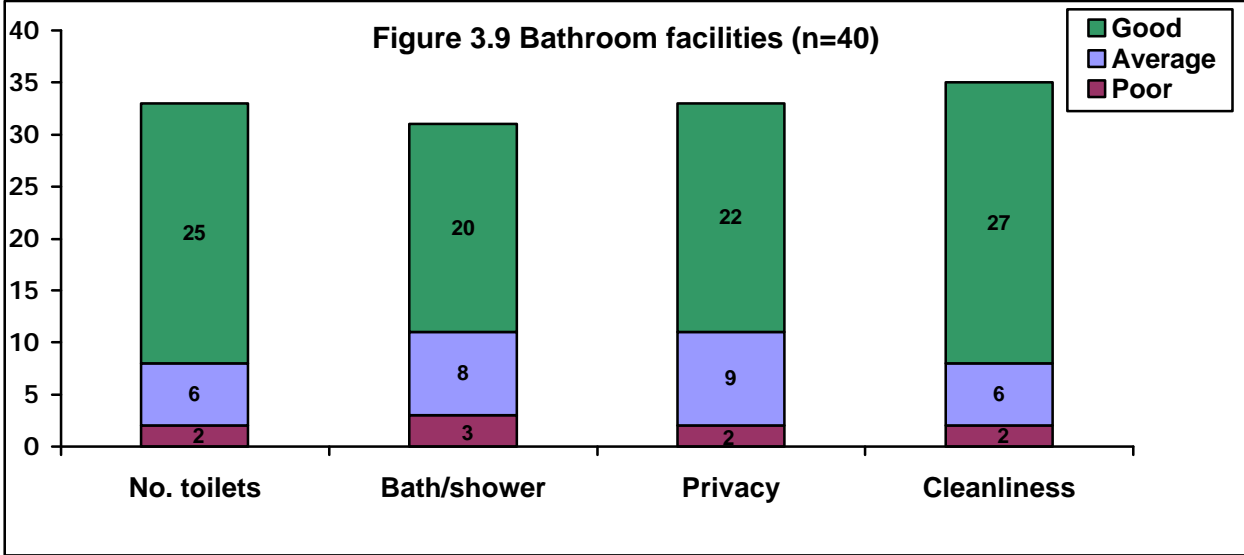
All patients on both wards thought cleanliness was good, 28 thought the wards were kept very clean, 9 thought they were quite clean and 3 thought cleanliness was adequate.



*“It was just nice and the girls come in, in the morning and cleaned it. Cleaned it and talked away.”*

*“They never stopped cleaning, everything was perfect, they were down under the beds and everything.”*

The majority of those interviewed were satisfied with various aspects of the bathroom facilities. They mostly thought there were adequate numbers of toilets and baths and that privacy and cleanliness were good.



Three people thought there wasn't enough baths or showers, 2 thought the number of toilets was poor and 2 also thought privacy and cleanliness in the toilets/bathroom was poor.

Some patients commented on the actual physical environment of the ward.

*“The lay-out was lovely and there was a good view from the windows.”*

*“The ward was grand it was a nice airy ward, the only thing I could have said was if they could give them a few more chairs that was all. It was 100%.”*

Most patients (n=22) found other patients easy to get along with while in hospital. Ten said they got along with everyone apart from one or 2, 2 said some annoyed them and 4 said they didn't interact with others on the ward.

**Table 3.14 Interaction with other patients (n=40)**

	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
All easy to get on with.	10	12	<b>22</b>
Apart from one or two I got on well with everyone.	3	7	<b>10</b>
A number of patients annoyed me.	1	1	<b>2</b>
I didn't mix with the other patients.	2	2	<b>4</b>

Some patients commented on why they did not get on well with some other patients on the ward. Most of these comments related to how they interacted with each other, some patients were disruptive and one patient was in a bay with patients with whom she could not communicate because of their hearing difficulties.

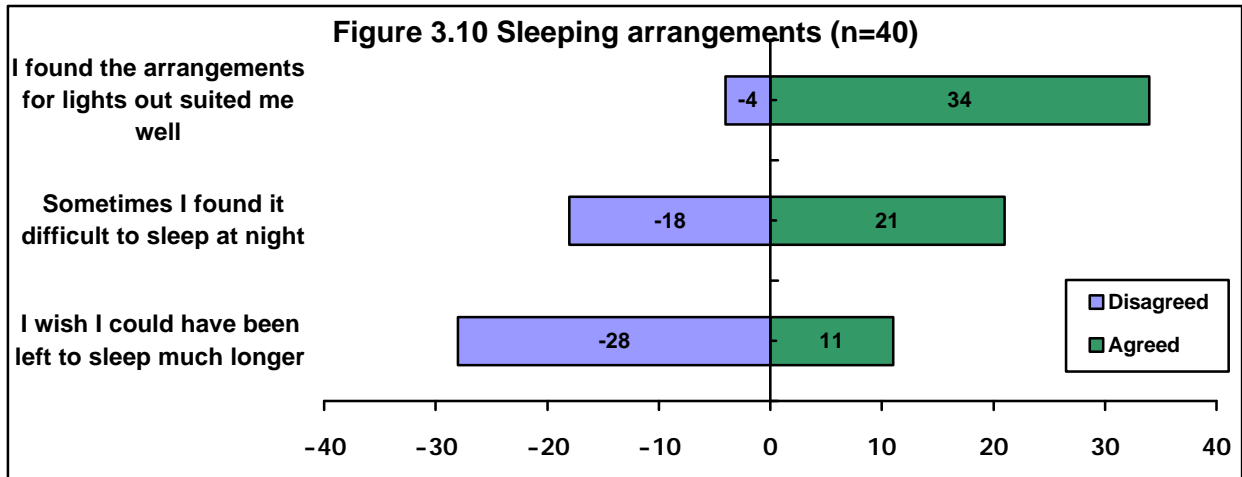
*"...They put me in a bed next to this woman, she must have been senile or something and she talked to me the whole time but I didn't understand a single word she said and she started at 6 o'clock in the morning and went on and on..."*

*"Everything was great apart from one man next door to me he was a headache, he sure was."*

*"...this man next door to me he was always shouting..."*

*"There was five in that ward and I would say there was only one could hear."*

Patients were asked to agree or disagree with a number of statements related to their experiences of sleeping in hospital. The majority (n=34) said that the time at which the lights were dimmed suited them. While most patients (n=28) disagreed with the statement that they wished they could have been left to sleep much longer, over a quarter (n=11) agreed.



\* Some interviewees neither agreed nor disagreed

Over half (n=21) said they sometimes found it difficult to sleep at night. The reasons for this were due to a number of factors including their own health as well as disruptions from other patients.

*"I have arthritis in my knees and the pain would keep me awake sometimes."*

*"You never get a rest in the hospital from 6 o'clock in the morning. Bad cases in there and they have to attend them during the night."*

*"There was this other old lady and she would come over in the middle of the night, 'Put those clothes up round you and keep yourself warm' and I would be just beginning to dose when she would do this and that would make me jump up with a start."*

*"Shouting in the ward kept me awake."*

## ACTIVITIES

Most patients (n=35) had access to a television while in hospital. Twenty-five had access to a radio, some patients brought their own with them, and 30 were able to obtain reading material. Thirteen said they didn't have access to a telephone and 11 said they did not have access to the shop. Most pointed out that the shop was situated in the hospital foyer on the ground floor.

**Figure 3.15 Access to Amenities (n=40)**

TV	35
Radio	25
Telephone	25
Book Trolley/ Library service	30
Shop	28

While most patients said a TV was available, in practice some could not watch it because of a variety of reasons including; where it was situated, consideration for other patients and a poor reception.

*"They were all old people and they didn't want it so it was never turned on."*

*"The TV wasn't good; I couldn't hear a thing - bad reception."*

*"I would have liked the television that's all but you couldn't do anything about that because some people wanted to sleep and if it was on you couldn't hear it. I never got to watch anything."*

*"We didn't have the TV on it was over an old lady's head and we were afraid of waking her and it was too small anyway, you couldn't see it from where I was."*

*"There was no television unless you were on a certain ward. The last time I was in there was no television so one of the nurses brought in a radio."*

Most patients spent their day, while in hospital, doing very little. Others said they chatted to other patients, watched TV, listened to the radio or read.

*"Just sat in a chair and looked around me. There was a day room but I couldn't walk well enough to go to it."*

*"Just waiting on my husband coming up to talk and my family they come up every day they never missed a day."*

*"Nothing much except maybe a bit of reading or something like that."*

*"I went to occupational therapy for an hour and otherwise I was left pretty much to my own devices."*

*"He doesn't read very much so he just listens to the radio I suppose."*

*"Talking to other patients there was plenty of craic. Nobody wanted the television on. Walking round the ward and chatting to this and that."*

*"Well I was on a wheelchair most of the time you see, the nurses they would take you down to the television and they would take you back and if you wanted a wee sleep in the afternoon you had a wee sleep in the afternoon."*

Over half the patients (n=21) were bored while in hospital. They attributed this to the lack of stimulation because of the absence of activities and not being able to engage in conversation with other patients. Comparisons were made with the atmosphere on different wards within the hospital.

*"It was lone-some you know like you couldn't have friends all the time, there were days you would have had nobody."*

*"The fact that they're all elderly, they're missing the stimulation that they get from young people next to them. Younger patients stimulate older ones that's lacking...There was a big difference between the attention and activity of the surgical ward."*

*"The change over from surgical to level 4 was alright except we noticed straight away a different atmosphere. We felt they were in the back water, that this was a place where there was little stimulation."*

*"Frequently (bored), because the activities were non-existent."*

*"I got bored on level 4 because there was no one really to talk to. They were nice enough old people but you couldn't hold a conversation with any of them because they were always looking for something."*

*"I just couldn't wait to get home, I got depressed, I think I felt I would do better at home."*

Some patients said they would have liked some type of activities to stimulate them and prevent boredom.

*"There could be more of a musical session, a bit of craic and a bit of music there's no Doctor could give as good a medicine..."*

*"It would be lovely if somebody came in and did a bit of music therapy with them ...Even a one-to-one to sing with them or maybe read a few poems to them."*

*"Anything to break the monotony would be good...there was nothing really happening even some other patient might latch onto you, they'd be just dying for some conversation or someone to give them a bit of attention."*

## FOOD

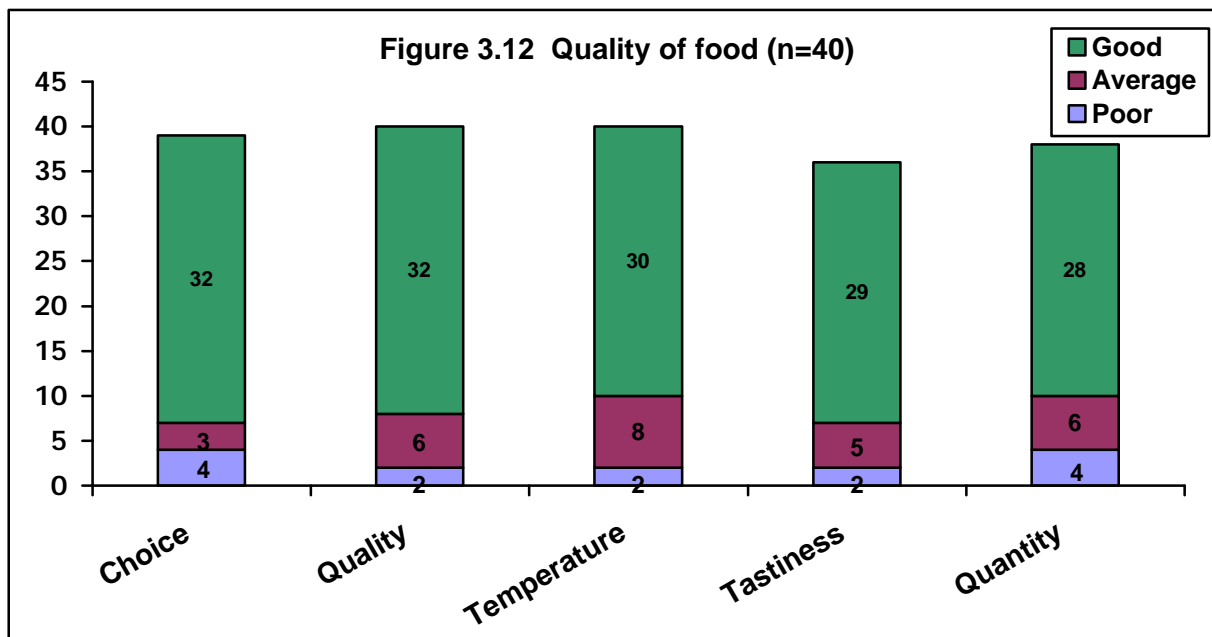
Most patients (n=24) were asked by staff when they arrived on the ward whether or not they had any special dietary requirements. In total 16 patients had special dietary requirements. However 14<sup>2</sup> patients hadn't been asked, of whom 3 had special dietary requirements (2 were diabetic and one required soft food).



Fourteen patients with special dietary requirements said they always received the food they were supposed to and 2 said they only received the correct food sometimes.

The majority of those interviewed were satisfied with all aspects of the food provided in hospital. This included; the choice of menu, quality, temperature and tastiness of the meals and the size of the portions

<sup>2</sup> Two patients didn't know whether or not they had been asked about their special dietary requirements.



*"Food was beautiful. How you could have such meals with the price of everything I just don't understand..."*

*"The grub was exceptional it was the best grub in Ulster. The grub in Daisy Hill would beat any hospital I was in to tell you the truth."*

*"I loved it, it was very good."*

*"I wouldn't get as nice a meal in that hotel in Newry that's the truth."*

Four patients thought the choice of the menu poor and the quantity of food poor. Those who thought the quantity poor said the portions were too large. One relative said her Mother received the same meal for tea most days.

*"Food was the best, there was just too much. For God's sake you couldn't eat a quarter of what they were putting out."*

*"Too much, I used to write small portions, you got a sheet of what you wanted for your breakfast, dinner and tea and I used to put small portion but they ignored it of course."*

*"Variety of the diet was very poor Mother got scrambled egg nearly every evening for tea."*

Some relatives were concerned that the patient was not receiving suitable meals because of inappropriate choices. They suggested that

assistance should be provided to enable appropriate choices to be made and that the relative should be given the opportunity to complete the menu sheet with the patient.

*"We had never any say in ticking her menu and quite often things were ticked on it and that she couldn't have eaten, and she would tick anything..."*

*"The only problem was there was nobody there to help her choose they were rattling away and asking this that and the other and putting down answers without waiting to see if she was comprehending it...So I think the result was that she got food that she didn't like because nobody took time to help her to fill out the menu."*

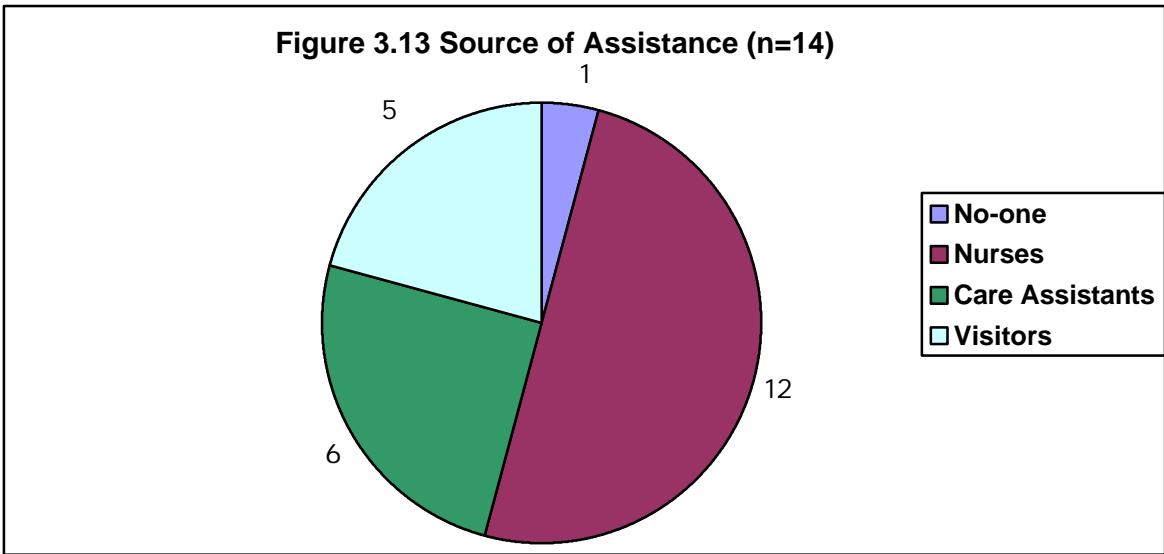
Fourteen patients needed assistance with their food. Most of these (n=10) were over 80 years of age.

**Table 3.16 Assistance required with meals (n=40)**

	<80	>80	TOTAL
Yes	4	10	14
No	11	14	25

\* one interviewee did not finish the interview

Most patients who required help (n=12) received it from nursing staff. Visitors (n=5) and care assistants (n=6) were also common sources of assistance to patients at meal times. One male patient over the age of 80 years said no-one helped him with his meals.



\*Some interviewees indicated more than one source of assistance

In addition 5 patients said on occasions there wasn't anyone to help them. This was due to staff either being busy with other tasks or not knowing that the patient required assistance.

*"Well sometimes they were too busy to help I had to wait until they were not busy."*

*"It was only in the last week she needed help to eat because she lost power in her right hand. My brother went in and found her with her dinner sitting there and she wasn't able to manage it ...the nurse that was on said that no-one had told her that she had lost the power of her hand..."*

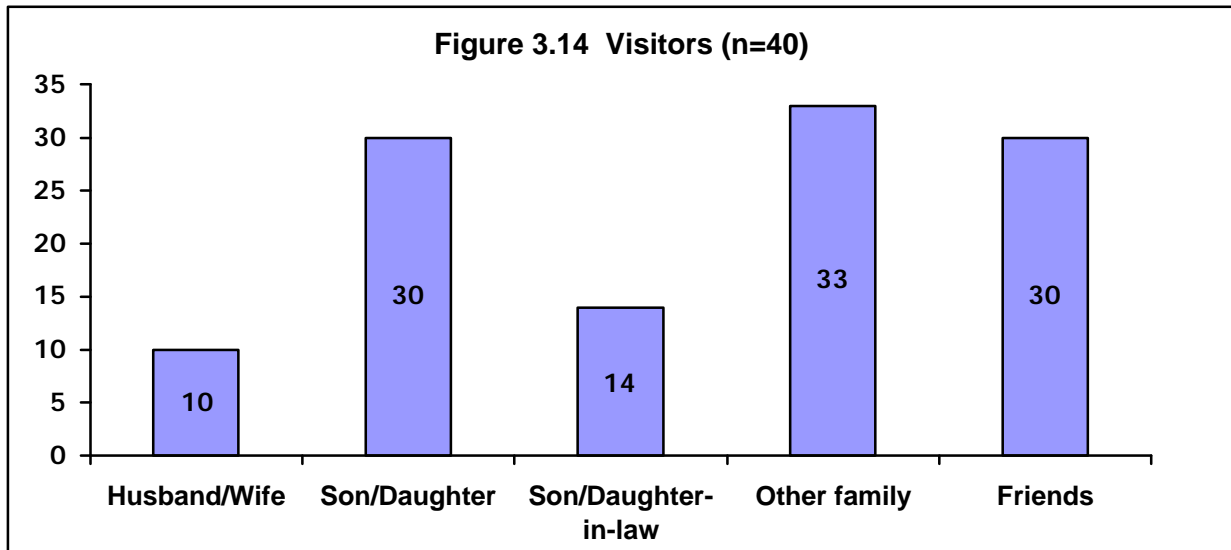
*"...If a person wasn't able to feed themselves very well it was left for ages it was probably practically cold. Sometimes a nurse came to help her eat it, other times it was taken away by one of the auxiliaries and they'd hardly touched it."*

*"A couple of times my sisters and I would have gone to the patients and helped them with a drink or their food ... we were told on at least three occasions 'we would prefer if you didn't help the other patients to have their meal' ... but at the same time it's hard to sit there when you see them struggling and can't feed themselves and can't even reach their drink because the trolley's slightly out of reach..."*

*"...we noticed there were patients and their food would be set on their trolley and they wouldn't be given assistance to eat that until all the food would be distributed around all the floor. So by the time the person came back to feed that patient the food would be fairly cold. That could be some of the reason why some of the patients didn't eat..."*

## **VISITING ARRANGEMENTS**

All patients had visitors during their stay in hospital. Family members were the most frequent visitors. Thirty patients were visited by their children, 33 were visited by other family members such as siblings, grandchildren etc and 10 patients were visited by their husband or wife. Friends also commonly visited patients in hospital (n=30).



Most patients (n=32) received visitors everyday and for the majority (n=24) this was as often as 2/3 times a day. Five patients stated they had visitors most days and three patients had visitors some days.

**Table 3.17 Frequency of visitors (n=40)**

	MALE	FEMALE	TOTAL
2/3 times a day	10	14	24
Once a day	3	5	8
Most days	3	2	5
Some days	-	3	3

All those interviewed were pleased with the visiting arrangements. They liked the policy of open visiting. However, a number of patients found that it could be tiring and that it impinged on their privacy.

*"Loved visiting times. They could come at any time 9pm or anytime."*

*"There was nothing wrong with them they weren't awfully strict, in surgical you keep more to visiting times. In level 4 they didn't chase them out as much. They were more or less delighted to have them in to help to look after the old people you know."*

*"Very good, you could go in any time you liked, they were fine. Except there were never enough chairs for the visitors to sit on, sometimes it was difficult to find a chair to sit on."*

*"Excellent. When it came to going home I was discussing financial matters and then I would have needed privacy, I didn't get privacy."*

*"I thought the visiting arrangements was alright I mean years ago it was different when there used to be only two got in and then they were put out after so many minutes. It seems more natural, more like home now they come and go at any time it doesn't seem to bother with the working of the ward or with the nurses."*

*"There was an old lady beside me...her relatives would visit her and stay late and none of the nurses would say 'it's time to go'..."*

*"I couldn't believe it, that's the truth. Visitors would have started at 10 o'clock in the morning until half eleven except for the rest hour."*

The majority of patients and relatives interviewed (n=39) said that visitors were always made welcome by staff on the ward.

*"Oh very friendly. Laugh and joke."*

*"Perfect. No-one ever chased anyone."*

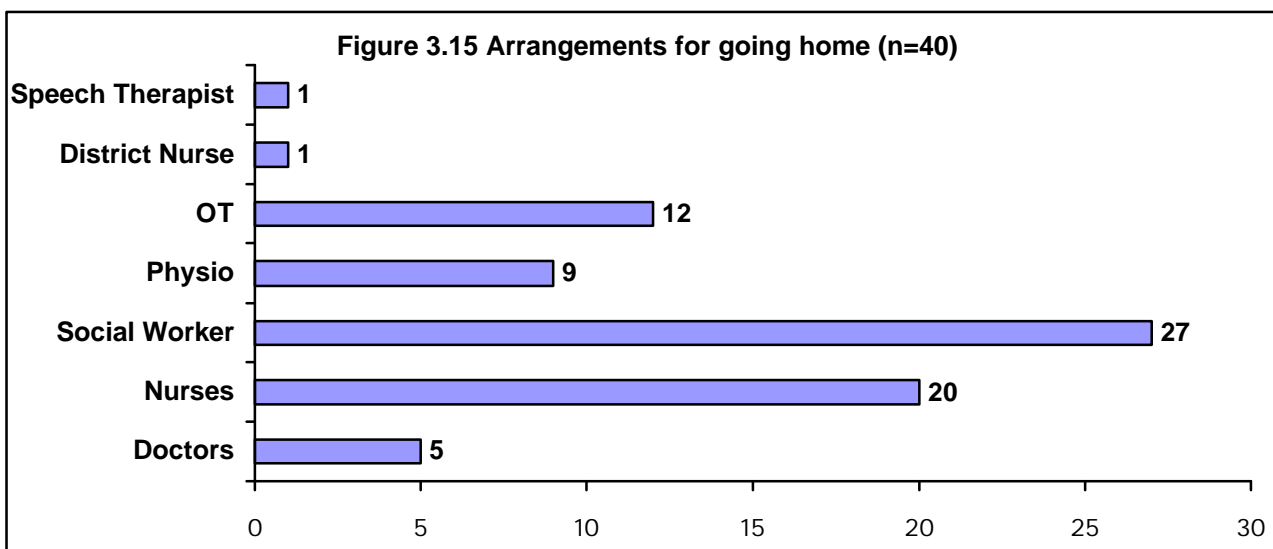
*"Anytime you would see them they were OK. Most of them if they came round they were friendly."*

*"Sometimes you felt they didn't really want you there. Some of them had no manner at all, there are exceptions, there's always a few."*

*"Nobody ever passed much remarks on you, just let you get on with it."*

## **DISCHARGE**

Most of the patients and relatives interviewed (n=31) stated that someone had spoken to the patient before they were discharged from hospital, about how they might manage when they went home. Seven said no-one spoke to them. Social workers were the staff group most likely to have spoken with patients (n=27) about their arrangements for going home. Nurses (n=20), occupational therapists (n=12) and physiotherapists (n=9) also frequently spoke with patients.



\*One person did not finish the interview and one said it did not apply to them

The majority of those interviewed (n=35) said family were involved in planning the arrangements for going home. Four patients said their relatives were not involved.

## ASSISTANCE REQUIRED AT HOME

All patients leaving hospital required some sort of assistance to be provided at home. Nearly all needed help with cooking, housework, laundry, shopping and transport. A sizeable amount also needed help with bathing, going to bed and getting dressed.

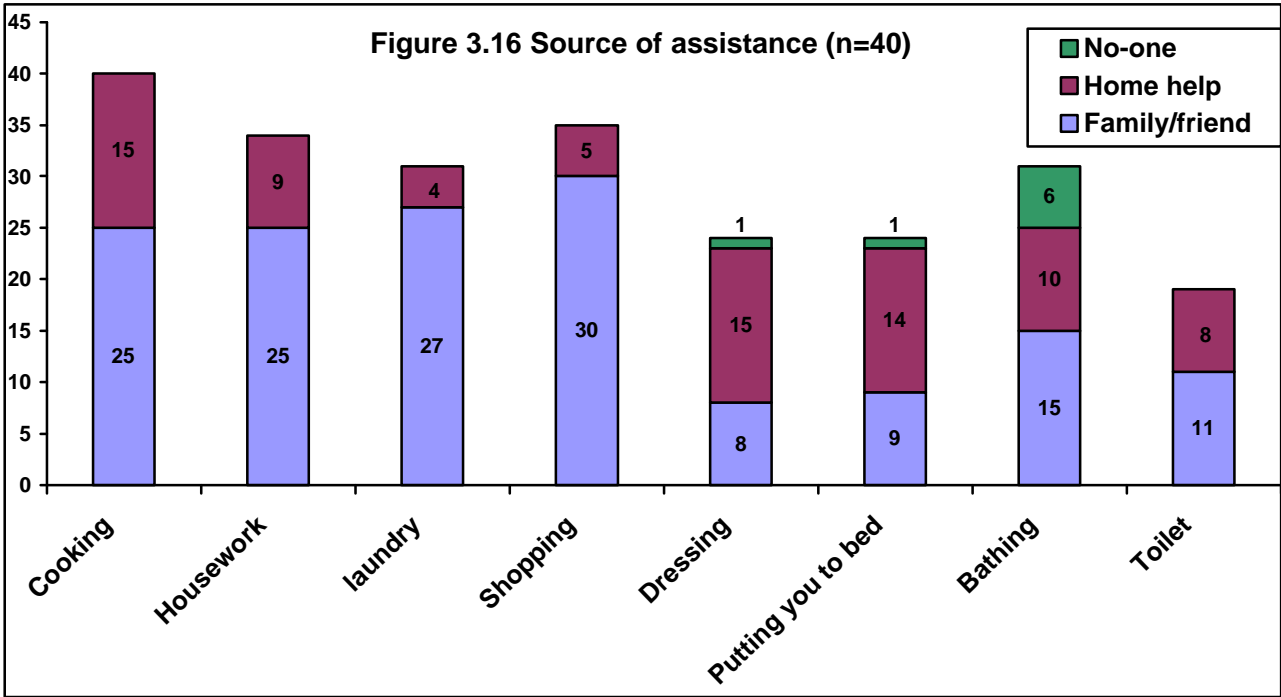
**Table 3.18 Assistance required on discharge (n=40)**

Aspect of living	Needed help
Cooking meals	38
Housework	39
Laundry	38
Shopping	38
Dressing	25
Going to bed	24
Bathing	33
Taking medicines	21
Toileting	16
Transport	37
Wound dressing	9
Injections	3
Other	12

\* one interviewee did not finish the interview

Some patients highlighted areas for which they felt they required more help than was currently provided. Four needed additional home help and three said they would have liked more physiotherapy.

Most patients who required help with daily living tasks received this from their family or friends. Family were most likely to have provided help with cooking, housework, laundry, shopping, bathing and taking medicine. Patients also received help from social services in the form of home help services and meals on wheels. Home help services provided assistance with getting dressed and going to bed. They also provided assistance in preparing meals (n=15) and bathing the patient. Two relatives interviewed said private carers cared for their relative during the day. District nurses were the main source of assistance in wound dressing (n=8).



A number of patients interviewed identified aspects of their daily living with which they felt they needed help but had to manage without. One patient did not have help with getting dressed, another didn't have help going to bed at night and 6 patients interviewed stated that they could not or did not feel confident enough to have a bath after they were discharged from hospital. Reasons for this included not having received the required equipment or delays in adaptations being carried out.

*" I lay in my pyjamas for at least a fortnight."*

*" I can't manage the bath, I couldn't get out of a bath, I would be afraid in the shower."*

*"I just wash myself. They were supposed to bring me out one of those chairs for the shower but they haven't come out yet."*

*"I haven't had a bath in months, not since January. They're talking about putting a shower in for me. They were going to send a nurse out once a week to put me in the bath but they were afraid they wouldn't be able to manage."*

Seven of those interviewed stated that no-one helped them with transport.

*" She doesn't go anywhere at all."*

*" She sits in the house, everybody has to come to her."*

Most patients (n=25) were given instructions on medication they were to take at home after they were discharged. Thirteen patients did not receive this information.

**Table 3.19 Instructions on medication to be taken at home (n=40)**

	Male		Female		TOTAL
	<80	>80	<80	>80	
Yes	5	6	6	8	25
No	3	2	3	5	13

The majority of patients (n=26) stated that they would be very happy to go back to Daisy Hill Hospital if they had to. Eight patients stated they wouldn't mind. Three patients were not sure with one stating they would prefer to go somewhere else, one said they did not want to go back to any hospital and one would be happy to go back to Daisy Hill provided it was the Surgical ward and not the Elderly Care ward.

## **4. SUMMARY AND RECOMMENDATIONS**

### **OVERALL**

Overall there was a high level of positive feedback about patients' experiences of care provided on the Elderly Care and Rehabilitation wards of Daisy Hill hospital. Positive comments were made about nursing and medical staff, the benefits of therapeutic treatments and the ward environment. The majority said they would be very happy to go back to Daisy Hill Hospital if they had to. However patients and relatives did identify some areas where improvements could be made. This section summarises the main finding of the research and where appropriate makes recommendations for improvement. One overarching recommendation is that the Trust should develop an Action Plan to outline how they plan to address and take forward the issues identified by patients in this report.

### **ABOUT THOSE WHO TOOK PART**

Over half the patients (n=23) included in this research were over the age of 80 years and most of these (n=17) had stayed on the Elderly Care ward. After coming out of hospital a proportion of patients, both younger and older than 80 years of age, were unable to go back to their original living arrangements – particularly if they lived alone. Some of these individuals required nursing/residential care. All patients who were discharged required some sort of assistance to be provided at home after they left hospital.

### **STAFF**

Just over a quarter (n=11) of the 40 patients interviewed were aware of a primary nurse assigned to look after them. Three of these patients were not satisfied with the level of contact they had with their primary nurse.

Nearly half the patients and relatives interviewed (n=19) said there were times when staff were not visible on the ward and over a quarter (n=11) said they had to wait for long periods of time when they asked staff to help them. Both patients and relatives frequently commented on their perception that there wasn't enough staff to adequately tend to the needs of patients. A number of incidences were referred to when staff were not available to assist patients with toileting needs. In some instances visitors escorted patients to the bathroom but in other instances assistance wasn't available.

- 1. The Trust should endeavour to ensure that staffing levels at all times are adequate to meet the needs of patients. Where areas of unmet need are identified these should be fed into the Trust's planning processes.**
- 2. Staff on the Elderly Care and Rehabilitation wards should ensure that patients do not have to wait for long periods of time for assistance – particularly if they require help with toileting.**

Over half those interviewed (n=21) stated that medical students were sometimes present when they were examined by the doctor, however only 8 recalled having been asked for their consent. In addition some of those who said they had been asked didn't accurately know what would be involved. They were not aware that the medical students would also take part in the examination.

- 3. All patients should be asked for their consent for medical students to be present during any examinations. The precise role and level of participation of the students should be explained to the patient.**

Positive comments were made about the services provided by the professions allied to medicine<sup>1</sup> and the social worker. However patients and relatives commonly perceived that they did not have adequate contact with these staff groups and the level of service available to them was inadequate both in the hospital and as a follow-up after they were discharged.

- 4. The Trust should increase the level of PAMS and hospital social work services available to patients on both the Elderly Care and Rehabilitation wards and after they are discharged home.**

Some relatives highlighted inconsistencies in the treatment and care provided to patients by different staff groups. One person explained how the occupational therapist had been concentrating on developing the patient's ability to transfer from the bed to the chair, however when nursing staff required the patient to be moved they counteracted the occupational therapy by using a hoist.

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<sup>1</sup> This includes physiotherapy, occupational therapy, speech therapy, dietetic services and radiography.

- 5. Information on the patient's rehabilitation therapy should be provided to all staff groups involved with the patient's care to ensure consistency of practice.**

Some of the problems patients and relatives highlighted related to a perceived lack of respect by some staff for the patient as an older person.

- 6. The Trust should provide training on working with older people to all staff involved in providing care to older people. This training should address issues such as respect, dignity, ageism etc...**

A number of patients highlighted the difficulties they experienced in distinguishing between different staff groups and subsequently their function. Some also found it difficult to know which member of staff was in charge.

- 7. The Trust should develop a method/system of providing information to patients and relatives in relation to how to distinguish between various staff groups. This information should be provided to patients and relatives when they are admitted to the wards.**

## **INFORMATION AND COMMUNICATION**

Nearly half those interviewed (n=17) said the doctor and nurses did not talk to them about their health and treatment while in hospital and a higher proportion (n=26) did not receive any written information or leaflets. While most were satisfied with the amount of information they received, 8 did not get enough information and two said they got none at all. Some relatives said they would have liked to have received regular feedback on the patient's progress. Some patients felt unable to ask questions because they had no opportunity to do so, unsure who to ask or thought staff were too busy.

- 8. All staff involved in the care and treatment of the patient should proactively provide information about the patient's health and treatment to patients and relatives.**
- 9. Staff should routinely offer patients and relatives an opportunity to discuss the patient's health and treatments and to ask questions.**

Some patients had difficulty in understanding the information they received and in addition some patients found it difficult to remember it. The

difficulties experienced by patients were due to both the limitations in the patient's capabilities as well as the use of technical language/jargon by staff or them not speaking loud enough.

- 10. Staff should be cognisant of the patient's capabilities/limitations in communicating information and should avoid the use of jargon and medical terms.**
- 11. Where possible, written information/leaflets relevant to the patient's health and treatment should be provided to overcome some of the difficulties experienced in remembering information.**

## **PERSONAL CARE**

While most patients said somebody looked after their personal appearance while in hospital over a quarter (n=11) did not have anyone to help them.

- 12. All patients should be assessed as to their need for assistance with taking care of their personal appearance. All those assessed as needing it should subsequently receive it.**
- 13. Where it is the case that the patient taking responsibility for their own personal care is part of their rehabilitation therapy, staff should explicitly communicate this to patients and relatives.**

## **WARD ENVIRONMENT**

The vast majority of patients said there was somewhere on the ward where they could keep their clothes however a high proportion (n=17) said there wasn't anywhere provided for them to keep their valuables. Most patients on both wards thought the décor was very pleasant or reasonable and all thought cleanliness was good. Eight of the 25 patients on the Elderly Care ward thought the temperature was too hot.

- 14. Staff on the Elderly Care and Rehabilitation wards should inform patients of arrangements for the secure retention of their valuables.**
- 15. The Trust should monitor the temperature on the Elderly Care and Rehabilitation wards including patients' satisfaction with it.**

Some patients commented that they did not get on well with other patients because of their disruptive behaviour. In some cases patients' sleep was

disturbed by others on the ward. Over a quarter of patients (n=11) would have preferred to have been left to sleep much longer in the morning.

- 16. Where feasible staff on the Elderly Care and Rehabilitation wards should take steps to prevent patients being disturbed by others on the ward.**
- 17. All patients should be asked what time they would like to get up in the morning and where possible these requests should be met.**

## **ACTIVITIES**

Most patients had access to a TV on the ward but in practice many could not watch it because of where it was located. Most patients spent their day in hospital doing very little and over half said they were bored. One person felt depressed and thought they would progress better at home. Some patients were able to put the day in talking to other patients but others were not. Comments were frequently made about the lack of stimulation provided on the wards. Some relatives noted differences in the atmosphere between the different wards within the hospital.

- 18. The Trust should take steps to make the ward environments on both levels 4 and 6 more stimulating for patients. This should include actively encouraging and seeking out volunteers to converse with patients and to provide activities such as music.**
- 19. The Trust should explore options of how patients who wish to watch the TV could be facilitated to do this without disturbing other patients.**

## **FOOD**

While the quality of food was considered to have been very good by the patients and relatives interviewed 14 required assistance to eat their meals. Six of these reported that they didn't always receive help due to staff sometimes being busy with other tasks. Some relatives commented that the patient was not always able to make an appropriate selection from the menu and thought that either they (as the patient's relative) should be consulted to facilitate this choice or staff should take more time with the patient to ensure appropriate choices were made. Three people who had special dietary requirements said they had not been asked about these. Some patients thought it would have been useful for them to have been referred to a dietician while they were in hospital because of their weight.

- 20. Staff on Levels 4 and 6 should make it a priority at mealtimes to ensure that every patient who requires assistance to eat their food receives it.**
- 21. The Trust should provide extra staff or recruit volunteers who could be trained and supervised to provide assistance to patients assessed as requiring help at mealtimes.**
- 22. All patients should be asked about any special dietary requirements they may have.**
- 23. All patients should be screened to determine whether or not a referral to the dietician is appropriate.**
- 24. In cases where patients may not be able to comprehend the menu choices on their own – assistance should be provided or relatives should be consulted as to the patient’s meal preferences.**

## **VISITING ARRANGEMENTS**

All patients received visitors during their stay in hospital – sometimes 2/3 times per day. All those interviewed were pleased with the visiting arrangements. They liked the policy of open visiting. However a number found that it could be tiring and that it impinged on their privacy. One patient suggested that additional seating be provided for visitors.

- 25. The policy of open visiting should be retained. However, staff should take into account the patient’s need for privacy and rest and advise visitors accordingly.**
- 26. The Trust should consider the feasibility of providing additional seating for visitors.**

## **ASSISTANCE REQUIRED AT HOME**

All patients leaving hospital required some sort of assistance to be provided at home. Nearly all needed help with cooking, housework, laundry, shopping and transport. Some patients highlighted areas for which they felt they required more help than was currently provided. Four needed additional home help and 3 said they would have liked more physiotherapy. Some patients said they required help with dressing and getting into and out of bed and 6 did not feel confident enough to have a

bath because they required equipment and adaptations which had not been provided. Thirteen patients did not receive instructions on medication they were to take at home.

**27. The Trust should ensure that all patients leaving hospital receive the appropriate type and level of care according to their needs. Where the full package of care can not be provided due to resource constraints this should be made explicit to those affected.**

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