

# Healthwatch Cumberland Enter & View Report

North Cumbria Integrated Care Hospitals

June - July 2023



# Acknowledgements

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**Healthwatch Cumberland would like to thank all the people who contributed to this project by sharing their personal experiences, including those who we spoke with during the Enter and View visits, those who took part in the survey, and those who participated by completing a case study.**

We would like to thank our colleagues in Healthwatch Westmorland & Furness and Healthwatch Lancashire for supporting us with conducting the Enter and View visits, as well as our volunteer for generously volunteering her time to support this piece of work.

We would also like to thank representatives of North Cumbria Integrated Care (NCIC) who welcomed and facilitated our visits including senior leadership, ward staff and the estates teams.

## **Disclaimer**

*Please note that this report is related to feedback and observations made during the Enter and View visits made in June 2023, as well as related online surveys and case studies collated in July 2023. This report does not claim to represent the views of all people using the NCIC services, only of those who contributed within this time period.*

## **Glossary of Abbreviations and Acronyms**

**ASC** – Adult Social Care

**HWE** – Healthwatch England

**NCIC** – North Cumbria Integrated Care

**PALS** – Patient Advice and Liaison Service

**MND** – Motor Motor Neurone Disease

**EAU** – Emergency Assessment Unit

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# About Healthwatch

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## **Healthwatch Cumberland is the local health and social care champion.**

Independent of all services, Healthwatch is in place to engage with local people, communities, and neighbourhoods listening to their feelings, wishes and experiences of using health and social care services.

Healthwatch work to reduce inequalities and barriers to services by seeking out the experiences of those who could be classed as seldom heard and sharing intelligence gathered to drive improvements.

## **Defined by the Health and Care Act 2012, our statutory role is to**

- Gather the views of people about their needs and experiences of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- Make reports and make recommendations about how those services could or should be improved to decision-makers on how to improve the services they are delivering, enacting positive change.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing health and social care services and the options available to them.
- Making the views and experiences of people known to Healthwatch England, helping us to carry out our role as national champion.
- Making recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.

By law, there must be a Healthwatch in every local authority therefore Healthwatch are funded by and accountable to local authorities. Healthwatch England (HWE) acts as the national consumer champion for all local Healthwatch organisations, enabling and supporting HWC to bring important issues to the attention of decisions makers nationally.

# Introduction

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**North Cumbria Integrated Care NHS Foundation Trust (NCIC) are the main provider of hospital and community health services across North Cumbria for over half a million local residents.** NCIC are responsible for providing over 70 services across 15 main locations and employ 6500 members of staff.

In Spring 2023, Healthwatch Cumberland received an increased amount of feedback from a number of local residents who were patients and relatives of patients raising concerns about care and treatment received at NCIC's two main hospital sites, the Cumberland Infirmary and West Cumberland Hospital. These individuals were initially contacting Healthwatch for information, advice, and guidance and went on to share significant experiences. On the back of this feedback Healthwatch Cumberland decided to conduct Enter and View visits at both sites to observe care and treatment being provided and gather further experiences from people receiving that care and treatment.

Enter and View visits are a power afforded to local Healthwatch under the Local Government and Public Involvement in Health Act 2007 and Part 4 of the Local Authorities Regulations 2013 to access any health or social care services funded through public monies. The purpose of Enter and View visits are to speak with patients, relatives, and staff members to independently gather their views and experiences of receiving and delivering care from the service. While they are not inspections, they do allow us to collect evidence of what works well and what could be improved to make people's experiences of the services better. Healthwatch then use this evidence to make recommendations and inform changes both for individual services as well at a system wide level.

This report presents the findings of our Enter and View visit including intelligence gathered and recommendations we make to NCIC to improve the experiences of people accessing their services.

# A Relative's Experience

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This case study highlights one experience shared prior to our enter and view visit. This is the experience of a daughter whose mother was admitted to the Cumberland Infirmary after a major stroke prior to our Enter and View. Please note: all names have been changed to protect the identity of the patient.

In October 2022, Cath's parents were at Carlisle Train station awaiting a train to take them on holiday, when her mum suffered a major stroke. The stroke, which happened with out warning, left her paralysed down the left hand side of her body.

The station staff responded and called for an ambulance straight away. Cath reports that the ambulance staff were very professional and supported her mother to Accident and Emergency (A&E) at Cumberland Infirmary, quickly.

After a period of time in A&E, Cath's mum was admitted to a hospital ward. Initially and in the first 24 hours of being admitted to the ward, Cath felt that her mum was being looked after and the staff were really good. However Cath described her mum's care as going rapidly downhill from that point which left her frustrated and worried for her mum's health.

When Cath's mum was first moved to the ward the board behind her head didn't display her doctor's name on it. Cath asked who the doctor was treating her mother but didn't get a straight answer and Cath had to ask repeatedly as no staff seemed to be able to provide her with a name. Cath described her feeling that nobody seemed to take any responsibility and there was no clear communication about who was actually treating her mum. Cath said;

***"I phoned the ward one morning to ask how mum had been through the night and was told she had had been moved to a different ward... this really worried me as nobody had said she was being moved, after a bit of confusion I was then told that my mum was actually still on the ward and there had been no improvement."***

Cath shared that her mum was very confused, and this seemed to be getting worse. She repeatedly informed staff about her mum's confusion but she felt brushed off with the nursing staff saying, "*she is 81 what do you expect?*" This upset Cath, who then insisted they investigated this. The investigation concluded that Cath's mum had a chest infection which they then treated her for. However, after no improvement over a period of time they discovered that she also had a urine infection and required a different form of treatment. Cath explained that this meant her mum had had to suffer in pain and discomfort much longer than she should have.

Cath was concerned her mum was not eating due to being provided with pureed food which her mum did not like. Cath said her her mum was being forced to eat it rather than the ward staff exploring alternatives and this led to Cath taking homemade soup in to hospital for her mum as she was worried about her not eating enough and losing weight. Staff did not support her mum to eat the food so Cath started to attend the ward most mealtimes to feed her mum.

One day Cath noticed a burn on her mum's chest, her mum could not tell her how she got it, and neither could the nurses. One of the nurses said it could have been spillage of hot food which indicated that there had not been enough care taken to feed her properly. Her mum had also been washed in shampoo instead of bodywash, nobody ever put the television on for her, and whilst in hospital her purse was stolen.

Cath complained about all of these issues on several occasions but didn't feel listened to or that they were taken seriously at all. She felt the more she complained, the worse it became. The staff that were complained about were told and a doctor was really rude to Cath when he spoke to her. She recalled that she was told that her mum needed to be helping herself or she wouldn't get any better.

There was an occasion where a nurse called Cath to explain that her Mum had a shadow on her kidney. Cath asked the doctor she believed to be treating her mum for more information, to be told that that doctor wasn't her mum's doctor anymore. Cath then enquired to another nurse and the nurse said there was nothing wrong with her mum's kidney, however her mum was actually double incontinent, which she wasn't. Cath shared that this kind of miscommunication and abdicating responsibility happened on a regular basis and just made things so much harder at a very difficult time.

One day whilst visiting, Cath's mum told her she had been informed by staff that she was being moved to Penrith which really distressed her. But when Cath asked what was going on the hospital staff had changed their minds and said her mum wasn't getting transferred to Penrith after all because the relevant paperwork hadn't been filled in.

Cath also stated that once when her dad went to visit her mum, he wasn't allowed in as the staff falsely accused him of having Covid-19. Cath described her dad as being so upset as the staff were really "horrible" to him. When he had turned up at the ward door, they shouted at him to go away and wouldn't let him in, he didn't have Covid-19 and couldn't understand why the staff were doing this.

When Cath's mum was finally allowed home absolutely nothing was put in place for this. In the end Cath contacted her mum's GP to help, between the GP and the district nurse they sorted all the aids and adaptations needed for her to come home.

**Cath's mum was in hospital for a total of 20 weeks, and she described the experience as "horrendous" for her mum and all the family.**



# Methodology

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**Prior to the Enter and View visits, Healthwatch Cumberland contacted Lyn Simpson, Chief Executive of NCIC, on the 25th May 2023, to inform her of our intention to conduct Enter and View visits at the Cumberland Infirmary and West Cumberland Hospital.**

Lyn Simpson welcomed our visit and ensured we were provided with point of contacts for each hospital, and each day the lead Healthwatch representative contacted them to support us in ensuring that we could enter wards with no issues. We also asked them to make key ward staff aware of our visit. We provided them with posters which were placed on the door of each service area to inform people of our visit and how to get in touch with us to share their feedback.

We followed HWE guidelines for Enter and View visits and the whole process was conducted sensitively, paying the upmost attention to people's privacy and dignity. All feedback collected was anonymous.

Only 'Authorised Healthwatch Representatives' conducted the visits, who were all:

- Enhanced DBS checked
- Enter and View trained
- Infection Prevention Control trained
- Safeguarding adults and children trained
- Easily identifiable wearing uniform and ID badges

The Enter and View visits were conducted over six days across two weeks, Healthwatch adapted the dates of the visits due to the junior doctor strikes. 13 Healthwatch representatives carried out the Enter and View visits, observing a mixture of inpatient wards, outpatient settings and public areas, at the Cumberland Infirmary in Carlisle on:

- Monday – 12th June 2023
- Tuesday – 13th June 2023
- Wednesday – 14th June 2023

Then did visits at West Cumberland Hospital in Whitehaven on:

- Monday – 19th June 2023
- Tuesday – 20th June 2023
- Wednesday – 21st June 2023

During the visit, Healthwatch representatives observed the quality of a range of services being delivered. They also spoke with patients, relatives, and members of staff to create a comprehensive picture of the services that NCIC provide.

Furthermore, Healthwatch had an information stand located in spaces clearly visible to those entering and leaving the hospital on the days that we visited.

During the visit Healthwatch provided leaflets and information to patients, relatives, and staff so that they could make contact in their own time. Healthwatch Cumberland completed in-depth case studies with people following the visits to gather as much information and insight as possible through individual personal experiences.

There was also an online survey for patients, relatives and staff members to fill out, if they worked at or had used the services recently but were not present at the hospitals to speak to us during the visits. This was to ensure that we were hearing from as many people as possible, and getting as much feedback as we could. The survey ran from the 12th June 2023 until the 21st July 2023.

Healthwatch signposted engagement participants to other appropriate services, including Adult Social Care (ASC), the Patient Advice and Liaison Service (PALS) and NHS Complaints Advocacy service, where appropriate to do so. We also officially raised a safeguarding concern regarding a patient, after their relative expressed that the patient had not eaten for 24 hours, which was sufficiently dealt with.

Finally, Healthwatch conducted several case studies with relatives and patients during and after the visits. These give a more detailed account of some of the conversations that Healthwatch had. All the case studies conducted contributed to the findings highlighted in this report.

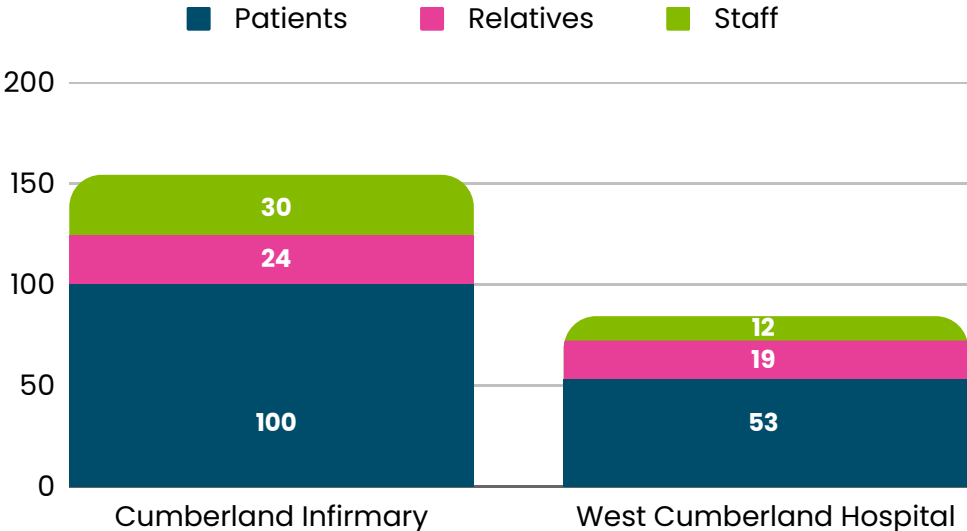
### Engagement Figures

In total, Healthwatch Cumberland spoke with **238** people through both face-to-face visits and the online survey.

	Number engaged with
<b>Patients</b>	153
<b>Relatives</b>	43
<b>Staff Members</b>	42

**154** of these people were based at the Cumberland Infirmary and the remaining **84** were based at West Cumberland hospital.

**Number of people engaged with:**



# Summary of Findings

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**Healthwatch conducted a series of Enter and View visits throughout the two hospitals over six days (spending three days at each hospital). During these announced visits, Healthwatch engaged with a total of 238 people, with additional feedback gathered from the online survey and case studies. 154 people were based at the Cumberland Infirmary and 84 at West Cumberland hospital.**

From this engagement, observations were made and Healthwatch was able to develop an overall picture of the experiences received by patients, relatives and staff at this point in time.

At the Cumberland Infirmary, 100 patients, 24 relatives and 30 staff members shared their experiences and feedback on the services provided. The main findings from observations and conversations regarding the Cumberland Infirmary are:

- The building is feeling 'tired', more could be done to give a better first impression and feel welcoming.
- The corridors on the wards often appeared cluttered and felt 'tight'.
- There is a lack of clear signage throughout the hospital, as well as a lack of British Sign Language and hearing loops available on the wards.
- Staff are mainly helpful and caring, and received a lot of praise from both patients and relatives. Though it was noted that staffing levels appeared to be inadequate.
- Busy staff cause issues with quality of care and being able to support both patients and other staff effectively.
- Communication between staff, patients and relatives was on occasion recorded to be an issue.
- The meal choices are limited for those on specific diets.
- The visitation system of booking appointments is not working for a significant number of patients and relatives.
- There are delays and poor communication in regard to patient discharge.
- Some people are unaware of how to raise a complaint if they need to.

At the West Cumberland Hospital, **53** patients, **19** relatives and **12** staff members shared their experiences and feedback on the services provided. The main findings from observations and conversations regarding the West Cumberland Hospital are:

- Hospital is being refurbished, but the new parts are spacious, clean and tidy.
- The hospital in general felt like a fairly calm environment.
- It was easy to navigate the hospital and find specific wards.
- There is a lack of British Sign Language and hearing loops available on the wards.
- Staff received a lot of praise for the level of care, though it was apparent that they are very busy.
- Staff could be doing more to support each other.
- The visitation system of booking appointments limits visitation and is negatively impacting on patients and relatives.
- Communication regarding discharge and treatment plans could be improved.
- Some people are unaware of how to raise a complaint if they need to.

Asked to provide an overall rating of the hospital on a scale of one to five, where one is very poor and five is excellent, patients rated the Cumberland Infirmary at **4.1**, while relatives rated it at **3.6**. At West Cumberland hospital, patients rated it at **4.4**, while relatives rated it at **4.3**.

It is evident from the feedback shared with Healthwatch that a significant proportion of people reported positive experiences of the care and treatment they received. However some people had extremely poor experiences at NCIC hospitals, with some issues relating to specific areas of the service.

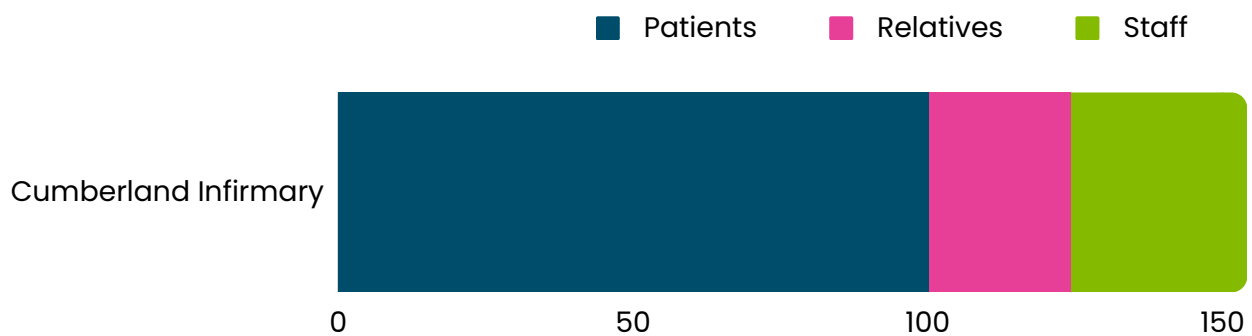
# Section 1: The Cumberland Infirmary

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Healthwatch engaged with a total of 154 people who had experiences of using the services provided by The Cumberland Infirmary:

- 100 patients
- 24 relatives
- 30 staff members

**Number of people engaged with:**



Over the 3 days that we visited the hospital we observed and spoke with patients, relatives and staff members on the following wards:

- Beech A and B
- Larch A and B
- Larch C
- Willow A and B
- Elm C
- Maple
- Heart Unit
- Accident and Emergency (A&E)

## General hospital observations made by Healthwatch representatives

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The Cumberland Infirmary is easy to access but on the days we visited, it did not feel like a very welcoming environment. The building felt tired and old, it appeared unclean, untidy and generally not well maintained which gives a negative first impression for anyone visiting the site. The entrance mat looked particularly dirty, the floors were heavily scuffed, and there were cobwebs hanging from the light and artwork on all the floors. Furthermore, some of the walls have random holes/dents, some posters and fire alarm triggers are not attached to the wall neatly nor properly, and there are some flooring tiles which need to be replaced. There was a cupboard placed against the wall in the main entrance which looked out of place, many chair covers in the main entrance need replacing as they have been well worn down, and there are several pieces of equipment and patient beds left on the ground floor.

The entrance way is large and spacious, and patients and relatives are required to walk approximately a quarter of the way down the building to reach the reception area. The main patient reception area itself was not immediately obvious, as it was located straight after the help desk desk (this is essentially the hospital staff reception desk for 'estate' issues).

Furthermore, while the main patient's reception desk did not appear to have a queue any day Healthwatch visited, it became apparent that it was not where all patients sign in. Quite often patients were only required to sign in at the department where their appointment was, for example, if a patient was attending hospital for an MRI scan, they would go directly to the Radiology department and not check in at the main reception desk. This could cause confusion, as the patient sign in process does vary and therefore, can be quite unclear.

There were public toilets on each floor, including toilets with disability adaptations. Whilst they were not always the cleanest, it was evident that they do get cleaned regularly. This could be explained by their frequent use.

On the days that Healthwatch visited, there was a heat wave, and the main entrance was incredibly warm. Where people were sitting waiting for patient transport, they were directly sat in the sun. There was no obvious access to free drinking water.




There was a lack of good, clear signage. For example, in one lift there were no signs informing what was on each floor. Whilst, on some floors, including the ground floor, signs had masking tape covering sections making them hard to read. In other areas there were multiple signs, and it was unclear which ones to follow. The poor signage resulted in many people asking our Healthwatch representatives located in the main entrance for directions. Although it was noted that there were hospital volunteers in the afternoons to help direct people. There were no volunteers in the mornings to support patients and relatives with directions. There was also no hearing loop or British Sign Language support for those who require those services.

Positively, there were several different locations that had leaflets and visible notice boards containing information about local support services including services provided by the hospital and other voluntary organisations.

### Ward observations made by Healthwatch representatives

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For each ward there is a colour coded table. Each question in the table is assigned a colour – red, amber, or green. Below is the table ‘key’ stating what each colour represents:

<b>Yes (positive)</b>	
<b>Neither yes nor no (neutral)</b>	
<b>No (Negative)</b>	

## Beech A and B

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During our visit we were informed there were **22** patients on the ward of which two were ready for discharge.

<b>Is the ward clean and tidy?</b>	Green
<b>Is the ward well maintained?</b>	Green
<b>Is it adequately staffed?</b>	Orange
<b>Do patients have access to call bells, drinks, side tables?</b>	Green
<b>Are staff professional and courteous to patients and people using the service?</b>	Green
<b>Is there a patient information/feedback board? Is it up to date?</b>	Orange
<b>Is there an accessible toilet with disability adaptations?</b>	Green
<b>Is it clean with appropriate hygiene measures available?</b>	Green
<b>Is there access to British Sign Language support and hearing loops?</b>	Red

There was a screen divider in front of the ward door. Therefore of the double doors only one was accessible. This could potentially cause issues with disabled access and/or potentially be a fire safety hazard.

While the ward appeared to be well staffed at the time of the visits, a staff member explained that this was not always the case. It was reported that sometimes the ward only has four doctors available when it would expect to have five to six doctors on duty.

There was patient information/feedback board on the main corridor. The board displayed information for June but was dated as April. The information on the board included feedback from the friends and family test ("You said, we did"), Patient Advisory Liaison Service (PALS), and Patient Experience Involvement. There was a patient experience questionnaire box in the corridor but at the time of observation there were only four forms available for people to fill out.

The toilet had accessible grab rails and was not on raisers. The ward had a hydro/physio bath, but there was equipment that surrounded it which meant that it was cluttered and could not be easily used.

There were no visible access to British Sign Language support or hearing loops. A staff member shared that the ward had just been decorated, and the signs might not have been put back up by the time of our visitation.

**Larch A and B**

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During our visit we were informed there were **22** patients on the ward of which two were ready for discharge.

<b>Is the ward clean and tidy?</b>	Orange
<b>Is the ward well maintained?</b>	Green
<b>Is it adequately staffed?</b>	Orange
<b>Do patients have access to call bells, drinks, side tables?</b>	Green
<b>Are staff professional and courteous to patients and people using the service?</b>	Green
<b>Is there a patient information/feedback board? Is it up to date?</b>	Orange
<b>Is there an accessible toilet with disability adaptations?</b>	Green
<b>Is it clean with appropriate hygiene measures available?</b>	Green
<b>Is there access to British Sign Language support and hearing loops?</b>	Red

The inpatient ward areas were clean and well maintained. The corridors were crowded with trolleys and other pieces of equipment which made it seem untidy and created potential trip hazards. The personal hygiene cabinet was open. The main corridor was better than the side corridor. Between the first and second ward visit, some of the equipment had been removed which reduced the risk of trips.

There were 12 staff members on duty, which appeared sufficient. A staff member shared that this was not always the case.

While there was patient feedback information displayed it was not as specific to the ward and more about the hospital in general. Furthermore it was relevant to the wrong month. There was a “You said, we did” poster explaining the improvements that have been made based on patient feedback. It also showed that there had been four complaints made over three days.

Healthwatch observed good practice around communication: in one instance a gentlemen told a nurse they shouldn’t ring his wife to avoid alarming her after she had no sleep the night before. The nurse listened and agreed when an appropriate time to call would be. While the nurse’s communication appeared to be good, it seemed that the doctors were talking at speed to patients and this was confirmed by patient feedback around poor communication on medication and leave dates.

### **Larch C**

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During our visit we were informed there were **33** patients on the ward, of which one was ready for discharge.

<b>Is the ward clean and tidy?</b>	
<b>Is the ward well maintained?</b>	
<b>Is it adequately staffed?</b>	
<b>Do patients have access to call bells, drinks, side tables?</b>	
<b>Are staff professional and courteous to patients and people using the service?</b>	
<b>Is there a patient information/feedback board? Is it up to date?</b>	
<b>Is there an accessible toilet with disability adaptations?</b>	
<b>Is it clean with appropriate hygiene measures available?</b>	
<b>Is there access to British Sign Language support and hearing loops?</b>	

There was a buzzer and camera access to the ward, and the Healthwatch representatives were signed in and out. The staff on the ward were very welcoming and helpful.

The ward was clean. At the time of our visit, the food trolley was left out for 30 minutes after mealtime.

The ward seemed to be fully staffed with five staff members, and it was evident that everyone was being kept busy. A staff member explained that if they ever have too many staff members on the ward, then some staff would be redeployed to other wards. The staff knew all the names of the patients and one nurse was observed going to each bed and saying “bye” to the patients before they left their shift. This felt like the nurse had built a positive relationship with her patients.

There was a patient information board displayed with clear and concise information and feedback. However the board was not dated therefore it was difficult to measure the relevancy and applicability of the information being shared via this medium at the time of the visit. Furthermore, when the board is not dated it means that staff, patients and relatives are unaware of the most recent figures or information, which is an issue with transparency.

There was no access to British Sign Language support and hearing loops despite there being lots of hearing aid users on the ward.

## Willow A and B

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During our visit we were informed there were **22** patients on the ward.

<b>Is the ward clean and tidy?</b>	Orange
<b>Is the ward well maintained?</b>	Orange
<b>Is it adequately staffed?</b>	Green
<b>Do patients have access to call bells, drinks, side tables?</b>	Green
<b>Are staff professional and courteous to patients and people using the service?</b>	Green
<b>Is there a patient information/feedback board? Is it up to date?</b>	Green
<b>Is there an accessible toilet with disability adaptations?</b>	Green
<b>Is it clean with appropriate hygiene measures available?</b>	Red
<b>Is there access to British Sign Language support and hearing loops?</b>	Red

There was a room off the main corridor filled with walkers, wheelchairs, zimmer frames and other equipment, which looked crowded. A nurse was witnessed to be struggling with accessing the equipment inside. A section between the corridor and two individual rooms had several machines (they appeared to be heart rate monitors) bunched together. There was a lot of dust on fixtures hanging from the ceiling, and the door was open on a first-floor store cupboard. The patient toilet appeared to be covered in urine.

The signage seemed to be reasonably clearer and less busy than the other wards. The noticeboards were up to date with sufficient information present, such as how many patients are ready for discharge and staffing levels, as well as compliments from patients and awards.

Healthwatch observed that there were three qualified members of staff present at the time of the visit. However the staff on the ward appeared to be under pressure with staff rushing back and forth, as well as verbally acknowledging to each other that they were feeling pressured. One member of staff said in passing *"I have no one to work with because my person hasn't come in"*, and another said that *"it's awful"*. It was also commented that any 'spare' staff were usually redeployed to other wards. This made the Healthwatch representative feel like there was a tense atmosphere.

**Elm C**

During our visit we were informed there were **22** patients on the ward.

<b>Is the ward clean and tidy?</b>	
<b>Is the ward well maintained?</b>	
<b>Is it adequately staffed?</b>	
<b>Do patients have access to call bells, drinks, side tables?</b>	
<b>Are staff professional and courteous to patients and people using the service?</b>	
<b>Is there a patient information/feedback board? Is it up to date?</b>	
<b>Is there an accessible toilet with disability adaptations?</b>	
<b>Is it clean with appropriate hygiene measures available?</b>	
<b>Is there access to British Sign Language support and hearing loops?</b>	

There were 20 staff members on duty, which felt adequate. Patients had the freedom to move around and do what they wished, including playing music and games. However there was equipment blocking corridor access. The staff were observed to be very interactive with the patients. During the visit, Healthwatch representatives were informed that it was a quiet day, compared to what the ward is usually like.

There was an information board. But as with Larch C ward, there was no date, therefore it was not clear the timescale of information displayed.

The patient bath had an adaption to lower patients into the tub and the bathroom was clear from excess equipment so easy to access should a patient want or need a bath.

## Maple

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At the time of the visit the number of patients on the ward was not shared.

<b>Is the ward clean and tidy?</b>	Green
<b>Is the ward well maintained?</b>	Green
<b>Is it adequately staffed?</b>	Orange
<b>Do patients have access to call bells, drinks, side tables?</b>	Green
<b>Are staff professional and courteous to patients and people using the service?</b>	Orange
<b>Is there a patient information/feedback board? Is it up to date?</b>	Green
<b>Is there an accessible toilet with disability adaptations?</b>	Green
<b>Is it clean with appropriate hygiene measures available?</b>	Green
<b>Is there access to British Sign Language support and hearing loops?</b>	Red

The ward appeared to be clean and tidy.

A patient told us that the people who can administer medication are very stretched. One member of staff on Maple Ward was very aware they were late (that day) giving medication to a group of patients because he was so busy seeing to another group of patients.

A member of staff came around to hand out ice lollies to the patients, and the majority of patients spoken with said that staff were polite, but one had a negative experience. The same patient said that staff weren't answering when he was ringing the bell, and in general he was very negative about the attitude of some staff members.

There were multiple information boards up on the walls explaining the specialities of the ward and patient feedback.

## **Heart Unit**

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At the time of the visit the number of patients on the ward was not shared.

<b>Is the ward clean and tidy?</b>	Orange
<b>Is the ward well maintained?</b>	Red
<b>Is it adequately staffed?</b>	Green
<b>Do patients have access to call bells, drinks, side tables?</b>	Green
<b>Are staff professional and courteous to patients and people using the service?</b>	Orange
<b>Is there a patient information/feedback board? Is it up to date?</b>	Orange
<b>Is there an accessible toilet with disability adaptations?</b>	Green
<b>Is it clean with appropriate hygiene measures available?</b>	Green
<b>Is there access to British Sign Language support and hearing loops?</b>	Red

The heart unit is located in a portacabin (which appeared to be functioning well) and has been at the hospital for 11 years. It was originally set up as a temporary fixture but has since become permanent, though the Cumberland Infirmary have shared plans to expand and renovate the heart centre.

On the way to the entrance, there was an open grid which was a risk and there was no proper path for patients and visitors. Instead, they were required to walk on the road to reach the path by the entrance way/ ambulance turning point.

We were informed there were more staff than usual on the ward as international nurses were training at the time of our visit. Several staff were observed to be friendly and helpful to patients. But there was one incident observed, where an admitted patient had three different staff attending to him at the same time. One was asking for next of kin details, another confirming personal details and one checking the patient's blood pressure. None of these staff members introduced themselves, or explained clearly to the patient what they were doing, instead just giving the patient orders. They were noted to be wearing name badges that said *'hello, my name is...'* but did not introduce themselves in this way.

It was noted that the cleaner was very dedicated to keeping the ward clean and tidy. However, there was equipment left in the shower and it was clear that it regularly flooded.

There was an assortment of leaflets on the walls displaying a variety of information. There was also a big board displaying a range of thank you cards from patients.

## Accident and Emergency (A&E) Reception

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During our visit we were informed there were **22** patients on the ward.

<b>Is the ward clean and tidy?</b>	
<b>Is the ward well maintained?</b>	
<b>Is it adequately staffed?</b>	<b>N/A</b>
<b>Do patients have access to call bells, drinks, side tables?</b>	
<b>Are staff professional and courteous to patients and people using the service?</b>	
<b>Is there a patient information/feedback board? Is it up to date?</b>	
<b>Is there an accessible toilet with disability adaptations?</b>	
<b>Is it clean with appropriate hygiene measures available?</b>	
<b>Is there access to British Sign Language support and hearing loops?</b>	

During our visit there were 12 people in the waiting room. The environment was calm with no patients in visible distress. The area was clean with good facilities including a water machine, a TV, vending machines, and free hot drinks. There were accessible toilets which were clean and well stocked. However there were two empty hand sanitiser dispensers at the entrance.

There was an information board which contained detailed information about the A&E journey with an explanation on what to expect. The TV screen at the entrance was turned off therefore there was no way to tell the current expected waiting time for patients.

The security guard present shared that he often deals with what he termed “*psychotic patients*” and he and colleagues have to deal with personal assaults on a regular basis. During the visit all patient interactions with reception staff, and vis versa, was observed to be polite and respectful. The receptionist was calm and asked appropriate questions while answering all of the patients’ questions leaving them satisfied.

Healthwatch Representatives spoke with paramedics in an ambulance outside A&E. The feedback provided by paramedics outside A&E explained that it is not always made clear to them who they need to hand patients over to. Previously, there was an allocated staff member which made the handover process easier, but this no longer is provided. Since this has changed it can create unnecessary delays, ultimately, preventing the paramedics from being able to quickly respond to the next emergency call.

## **Patient feedback**

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During the Enter and View visits (and through the online survey) patients were asked to rate their overall experience of the service, as well as other aspects of the hospital. The rating system was a five-star rating, with five being excellent, and one being very poor. Not all patients responded or could answer every question, therefore the figure stated in the table is the average based on the feedback obtained:

<b>Rate</b>	<b>Out of 5</b>
<b>Your overall experience of this service</b>	<b>4.1</b>
<b>The cleanliness of the ward</b>	<b>4.2</b>
<b>The attitudes of the staff</b>	<b>4.2</b>
<b>The quality of communication staff have had with you</b>	<b>3.7</b>
<b>The quality of care and support that you have experienced</b>	<b>4.1</b>
<b>Your experience of receiving medication</b>	<b>3.9</b>

Rate	Out of 5
Your experience of mealtimes	3.4
Your opinion of the visitation arrangements that the ward has set out	3.3
Your experience of being discharged from hospital	3.0

## Cleanliness

Patients shared that they felt the hospital and wards were clean, however some feedback highlighted that it could still be cleaner (though people suggested this was more a time issue). Several mentioned that the cleaners are visible and constantly busy cleaning the areas. However, the feeling was that the wards were cleaner than communal hospital areas. The explanation for this could be that the communal areas have a higher and more consistent footfall than the wards. Concerningly, it was raised that on the wards there are often piles of paperwork around (in the reception areas in particular) which could be confidential patient information and thus needs to be locked away;



***There are piles of things, your notes, other people's notes. If I was nosey, I could tell you about other patients.***



But while the majority felt that it was a clean environment, some people did not agree and felt that there were issues with the cleanliness, for example a lack of clean sheets and showers.

## **Staff Attitude and Communication**

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The majority of comments about staff attitudes were very positive, with staff being described as “friendly”, “kind”, “helpful”, “polite” and “caring”. It was mentioned several times by the patients that they felt that nothing was too big of an ask, and that the staff are hardworking individuals. The nurses in particular got many compliments from patients, but there were a few issues raised about the doctors, mainly around how little they have interacted with patients and how they can come across “rude” when talking to patients and relatives. It was also mentioned multiple times that while the majority of staff have great attitudes, concerningly, there are a few members of staff that have not been as good with patients. Staff are busy and can be rushing around, which can mean occasionally patients have to wait for someone to be available to get help. But it was also spotted that sometimes staff can spend extended periods of time talking amongst themselves and appear to ignore patients.

The level of communication required from patients can vary significantly depending on the individual, with some people needing more than others. As a consequence, this means that the feedback on staff communication levels appears to vary from good to poor. The main theme was that it appeared that often patients were aware of what was happening at a surface level (daily activities being undertaken), but there was a lack of clear communication on a deeper level regarding what was happening with their treatment and what doctors are intending to do about their situation (treatment and/or discharge). It was mentioned that to get this insight, patients (or their relatives) are required to ask questions to find information out; however, when questions are asked patients often get given appropriate answers.

## **Quality of Care and Support**

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It was highlighted by patients that the majority of staff are caring and provide support. Several patients shared that they have had no issues, with one stating “they make me feel very comfortable and happy”. Others have suggested that due to how busy staff are, patients do not always receive an adequate level of care or support. One patient summed it up by saying, “I feel that under the circumstances they did try... they were clearly understaffed”.

An example shared by a patient was that;

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***When nurse comes to wash you it is fine, but a lot of water gets everywhere, it's hot and it's unpleasant but it's better than nothing***

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Based on this, it appears that staff do not always have the time to provide the highest quality of care and on those occasions instead provide the minimum required. However, there were several patients who shared that they were “impressed” with the quality of care and support that they received.

### **Medication**

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For the majority of patients, receiving medication was a set event which was part of their regular daily standard schedule, and it was administered at roughly the same time each day. One patient shared that the staff had gone as far as to ensure that it fit around their sleeping pattern. On the other hand, there were a few patients who had issues with receiving their medication on time. A patient explained that;

6

***Because the staff who are responsible for giving out medication and are qualified to do that are also incredibly busy so sometimes the gaps between medication have been a bit wobbly***

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Another issue raised by patients in reference to receiving medication is that some of the medication they were getting made them feel unwell, and they expressed that the doctors were not listening to their reservations around continuing to take the medication.

## **Mealtimes**

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The patient feedback on food and meals was rather mixed, as some patients felt that the food and the range of choices was excellent, whereas others had not enjoyed the food at all and felt that the options were limited.

Additionally, many patients shared that they were not in a position to comment, as due to the nature of their hospitalisation they were not currently eating or receiving meals.

One patient mentioned that meals were difficult for them as they were on a specific diet and because the ward was unable to offer food choices, which suggests that the meal options are not as flexible as they need to be to cater for all patients.

Whilst mealtimes are expected to be roughly the same time each day, patients commented that the times have a tendency to change every so often. There were, however, no strong complaints about the times of meals.

## **Hospital Visiting**

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Patients' experiences of visitation differed across the hospital. Several patients expressed satisfaction with the visiting and shared that it seemed to be working for them.

Several patients shared that they had no issues concerning visitation, with some even mentioning that staff have helped to make it more flexible to accommodate their personal situation.

However it was apparent that other patients were struggling. The feedback received made us feel like there was not a standard procedure for visiting across the wards, and instead it depended on staff discretion.

This meant that the visitation arrangements were not always considerate of the patients who rely on visits (to improve their recovery) or of the visitors who are limited to when they can attend.

## **Hospital Visiting**

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For most wards it seemed that the visitation system had changed to the visitor having to ring up (on the day) and book a slot to come in, whereas it used to be a lot more flexible as there were dedicated visitation hours where people could come in.

Furthermore, for many people visitation was to be set to only an hour long. The visitation arrangements were changed during the Covid-19 pandemic and for several wards had not returned to the original arrangements, meaning that both the length and flexibility of visitation continued to be limited.

This has caused issues for some patients as it has made visitation difficult for their relatives and friends. They do not get to see them as much, which has had a negative impact on their experience.



***Visiting times are not always suitable for the visitor especially if they work full-time and can only visit between 1pm and 2pm***



Another mentioned that for visitors who are travelling from far away, not being able to book a visitation appointment at least the day before made planning difficult (as there is no guarantee that they will be able to get to visit the patient).

We were also informed that if someone is in a room by themselves, their visitors can stay for longer than the 1-hour slot, which others highlighted as being unfair on those who are in an open ward.

## **Discharge**

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The majority of patients that Healthwatch spoke with were currently in hospital at the time we spoke with them and therefore, had not yet gone through the discharge process.

From those that could share their experience, reports suggested that for many the discharge process can be delayed. The reasons for delays that patients experienced ranged from having to get the necessary equipment set up at their place of residency, to waiting for the information they need (such as a discharge letter or a pharmacy brief), to staff capacity issues. This led some patients to be frustrated by the delays.

The majority of comments and feedback was positive with a smaller proportion of concerns raised in all the areas that Healthwatch explored. The areas that patients felt could be improved were meals, visitation, and discharge.

92% of the patients that were asked shared that they felt that during their experience at the Cumberland Infirmary they were treated with dignity and respect, while 87% of patients who were asked stated that they felt safe. 39% of the patients that were asked stated that they did not know how to raise a complaint if they needed to.

# A Patient's Experience

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This case study highlights the experience of Tom whose mother with Motor Neurone Disease (MND), was admitted to the Cumberland Infirmary. Please note all names have been changed to protect the identity of the patient.

Tom spoke with the Enter & View project team said that his mother and therefore, the wider family had a very negative experience of the Cumberland Infirmary. He went on to explain why.

Tom's mum was admitted to a ward on the Saturday night and Tom described this ward as *"fantastic, with no problems at all."* Because of the advanced stages of his mum's MND, she can only communicate by operating a computer with her eyes.

Tom said:

***"We went on Sunday, Mum was in decent spirits. She was messaging me via the computer saying everything's good but on Monday morning, I was messaging and getting nothing back."***



Tom shared that he knew something was wrong with his mum's computer because there was no response.

His sister visited their mum and found that she had been moved from the first ward to a second ward without her computer. Tom stated that his sister *"burst into tears"* when she found her mum slouched over without the computer.

Tom shared that the communication between the hospital staff and the patient's family was;

***"Non-existent. From our point of view, it looks like the handover's just not happened... We couldn't have been any clearer that when Mum goes in that she needs this computer."***

The patient was also very distressed by the experience. Her son Tom said:

***"She made me promise not to take her back to that hospital, she said she'd rather die at home."***

Tom stated that his sister has made a formal complaint, and so has the MND nurse but they have not had a response yet.

## Relative's feedback

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During the Enter and View visits (and through the online survey) relatives were asked to rate their overall experience of the service, as well as other aspects of the hospital. The rating system was a five-star rating, with five being excellent, and one being very poor. Not all patients responded or could answer every question, therefore the figure stated in the table is the average based on the feedback obtained:

<b>Rate</b>	<b>Out of 5</b>
<b>Your overall experience of this service</b>	<b>3.6</b>
<b>The cleanliness of the ward</b>	<b>3.8</b>
<b>The attitudes of the staff</b>	<b>3.9</b>
<b>The quality of communication staff have had with you</b>	<b>3.4</b>
<b>The quality of care that your relative/friend has experienced</b>	<b>3.7</b>
<b>The quality of support that you have received</b>	<b>3.4</b>
<b>Your relative's/friend's experience of receiving medication</b>	<b>3.6</b>
<b>Your relative's/friend's experience mealtimes</b>	<b>3.0</b>
<b>Your opinion of the visitation arrangements that the ward has set out</b>	<b>3.5</b>
<b>Your relative's/friend's experience of being discharged from hospital</b>	<b>2.4</b>

## **Cleanliness**

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Relatives shared that they felt the hospital and wards were clean, however a few people suggested that it was not clean enough. A relative shared that *“people do knock it, but I can't see why, it's perfect. From what I've seen I've no qualms”*, whilst another summarised by saying *“the ward seems clean and tidy”*.

One of the relatives said that they had to speak to the staff about cleanliness as the toilet *“smelled so bad”*, and further shared that from their understanding the cleaners had not cleaned inside the room their daughter was in, only outside.

One relative mentioned that they used to work at the hospital years previously and they couldn't believe how dirty the floor in the atrium had gotten. They said that it wasn't *“overly unclean”* but that they would make sure it was *“shining”*, as it would show that *“they care”*. With the atrium being the first aspect of the hospital people see, it would be the best way to provide a good impression and show how much the hospital cares.

## **Staff Communication and Attitude**

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Relatives shared that they felt that most of the staff had a great attitude towards patient care. Staff were described as *“good”* and *“easy to speak to”*. However, one relative described an incident where a member of staff had been *“sharp”* with them about visitation.

Others mentioned that the staff are often busy, and there was a belief that this contributed to their sometimes being limited communication, which in turn can come across as staff having a negative attitude.

Relatives shared that there are sometimes a lot of doctors or staff involved in a patients care, with patients and relatives forced into repeating the patients story multiple times. This gives the impression to both relatives and patients that the handover and internal communication has not been good enough. An example of this was when a relative shared that the doctors did not know the patient was deaf.

This issue is a constant theme of patient and relative feedback about integrated care and co-morbidities. It is felt that it is often a consequence of medical professionals not keeping and handover, as they want to hear the story directly themselves. But this neglects the effect that repeating the story can have on patients and relatives. In the feedback, the issue was also linked to inadequate staffing levels.

When staff are brought in from other wards, they do not know the patients and therefore require a proper handover which does not appear to always happen, meaning instead they question the patient or relative. Another relative explained that;

***Some staff have excellent communication, but other staff have given incorrect information. They did not have the information initially handed over and then have passed on incorrect information further***

It was not just incorrect patient information that relatives highlighted, as some also received inconsistent visitation information from staff. But other relatives felt that communication was good and that there was a clear patient care plan explained to both the patient and the relative.

There was mixed feedback on the quality of care that relatives believed that patients received, several shared that they felt that there were no issues with multiple people saying that staff was *“brilliant, they couldn't do enough”*. One relative shared that the staff are;

***Helpful when I ring, sometimes it takes a while to answer but when they do, the staff are helpful***

## Quality of Care

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Concerns were raised from relatives where they felt that the quality of care had not been of an adequate standard. One relative told Healthwatch that;

***At times the care has been poor. This is not just from this ward but throughout my relative's journey. It often feels like things are forgotten, missed, referrals not made or followed up***

This was not the only relative who expressed these opinions, with another sharing that the patient they were visiting “*had a fall and staff were unaware of delirium*” until the relative commented on it.

Relatives mentioned that they themselves got little to no support when their patient was receiving care from the Cumberland Infirmary, or they would have wanted more support than was offered. But some relatives were happy with the support that the patient had received, and for them this was enough.

## Medication

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Concerning medication, the relatives that we spoke with did not have a lot to share on the topic, as the patients they were visiting either had not asked about the patient's medication (meaning they did not know) or patients hadn't received any medication at the time we spoke with their relatives.

Those that shared experiences on patients receiving medication stated that there were no issues and the medication appeared to be helping the patient.

## Mealtimes

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Relatives seemed to be impressed with the meals and were very complimentary about the food including variety and portion size. One stated “(my relative) eats better when they are in hospital than they do at home.”

Relatives stated that their patients did not appear to have their food and drink intake monitored. This specific issue was raised as a safeguarding concern by our Healthwatch representatives. The patient’s granddaughter told Healthwatch that she had experienced quite a negative view of the care provided by the hospital. She further elaborated that she needed to check what tasks had and hadn’t been done for her grandmother because she found out that she hadn’t eaten. After speaking with the relative, the Healthwatch representative raised the issue with our own safeguarding officer, who raised it appropriately with the hospital. Healthwatch was reassured that the staff on the ward were aware of the situation, and that it was being handled with care (as the situation arose because the patient was refusing to eat).

Some relatives pointed out that the meal options did not cater to specific diet requirements, which meant some patients had very limited meal choices:

***My husband is gluten free, and it is the same menu from when we were here year ago. There isn't a choice***

and

***Although my relative ate all his meals they were often poor quality with limited choice, especially on a nighttime. He is diabetic and often does not have enough carbs in meals***

Furthermore, it was mentioned that there are often mistakes with orders, “today he ordered lamb tagine and got roast beef”. This is concerning if patients have selected their meal choices because they are vegetarian, or because of religious reasons (for example, Halal meat). Furthermore, mistaking meal orders could be potentially very dangerous if the patients have food allergies.

## Hospital visits

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Visitation appeared to be an issue for some relatives but not for others. The deciding factor seemed to be the attitudes of staff on the ward, as some staff strictly followed the rules. However, this failed to take into consideration the benefit visitation can have on a patient's wellbeing (especially someone who has been through a significant life changing injury and/or undergoing rehabilitation).

Some relatives felt there was a difference between a general visitor and a family carer and that some family visitation should be seen as part of a patient's recovery. However for the majority of people Healthwatch spoke with their visitation right was not viewed this way.

Visitation was primarily arranged through booking appointments; this is not always the best for relatives as one relative explained;

***You have to call at 8am for appointment to visit. Often given inconvenient slot and changed arrangements - then attended and other relatives were in the room anyway. If you couldn't get a suitable appointment, then you might not be able to visit your loved one***

Another shared that they have;

***Gone from unrestricted visiting to restricted visiting. I was then told the wrong visiting information and so when I went, I was pulled to the side and spoken to sharply; "what do you think you are doing." The nurse told me I can't just visit when I want***

On the other hand, some relatives have had a more positive visitation experience:

***I am able to ring and let them know when I'd like to visit. They have not said no yet. I have help to get here from family as I'm 92 now. Parking is difficult so I'm sometimes late for my visiting slot, but the staff have not complained***

Another relative shared that the staff allowed them to stay in the same room as her daughter who has learning disabilities, which was considerate of the situation. While a different relative explained that they were able to book extra visitation slots, but this was not standard practice across the hospital.

## **Hospital discharge**

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As previously noted, the majority of relatives that Healthwatch spoke with had patients currently in hospital at the time of the Healthwatch visits and therefore had not yet gone through the discharge process. From those relatives that could share their experience of a patient's discharge, it tended to be negative.

One relative told Healthwatch that the patient they were visiting had been discharged and then had to be readmitted the next day, indicating that they were not ready to be discharged initially. Another felt that the discharge letter was "very poor" and described it as "unsafe", as there was not sufficient information included to ensure that the patient was able to receive the support and help, they required at home.

Another relative had shared that her husband had been discharged earlier in the year from A&E with a serious infection and nearly lost his life, but because of the numerous medical needs he has, he has to keep accessing the hospital where he felt he had been traumatised. The husband and wife use hospital transport to access his appointments and although the hospital had scheduled two appointments for the same day, it had meant that, with getting ready for transport, and travel included, they were having an 8 hour day. When describing this to the Representatives, the relative expressed worry that her husband's Stoma bag was probably full and could burst on the way home. The Healthwatch Representative offered signposting support to PALS and the hospital department they had visited that day for support.

There were some concerns in all the areas that Healthwatch explored, however, the majority of comments and feedback was fairly good. The areas that relatives felt could be improved were meals, communication, and discharge. Furthermore, 89% of the relatives that were asked shared that they felt that they were treated with dignity and respect at the Cumberland Infirmary, however, 33% of relatives who were asked stated that they felt that the patient they were visiting was not safe. However, only 31% of the relatives that were asked confirmed that they knew how to raise a complaint if they needed to.

## Staff member's feedback

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During the Enter & View visits Healthwatch spoke with staff members who were on the wards or those who had time to stop and talk to Healthwatch representatives at the main entrance of the Cumberland Infirmary. Healthwatch also encouraged staff members to fill out the online survey at a later date by handing out leaflets with a QR code and sharing social media posts.

Healthwatch asked staff members what motivated them to work at the hospital, to which the overwhelming response was that helping people was the main inspiration:

***"I love my ward specialities and want to learn each day more about them. I love taking care of patients and nursing them from critically ill to discharge home is the utmost importance"***

***"To be able to look after patient effectively and give them care they deserve"***

***"I've been here 23 years, I absolutely love it, I love looking after the patients"***

Healthwatch also asked staff members what they enjoy about their job:

***"Interaction with patients and the amazing teamwork"***

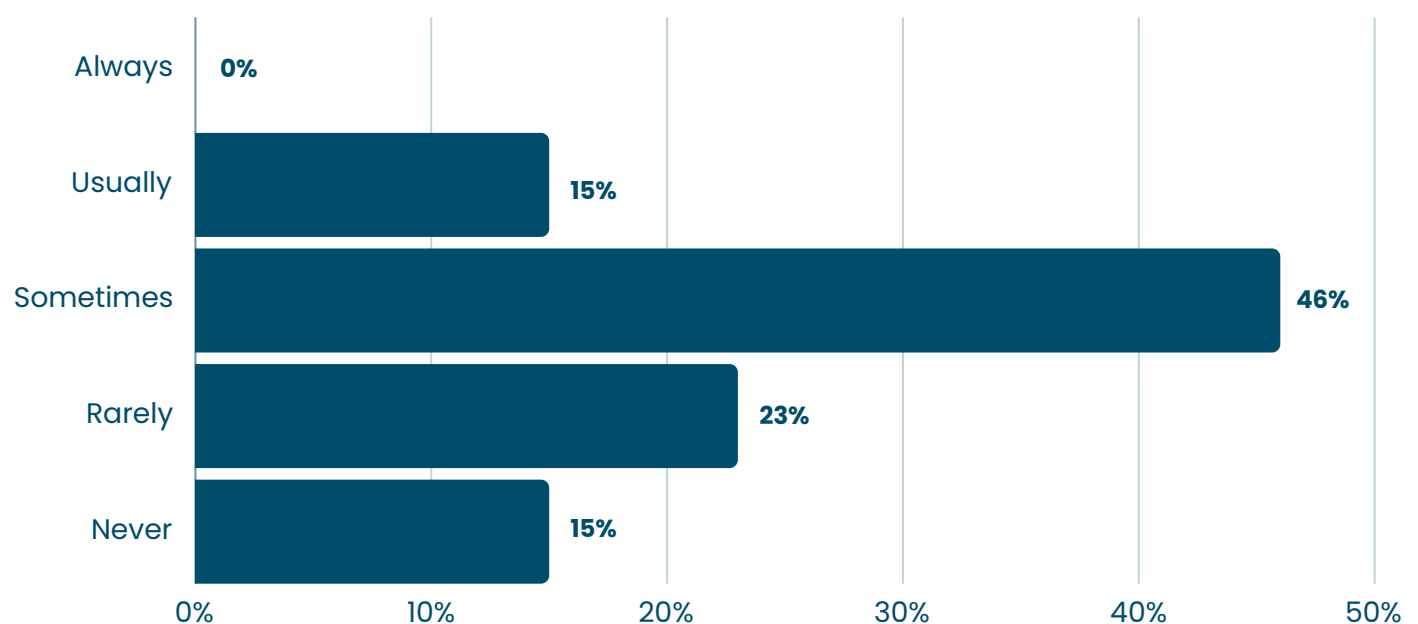
***"Learning new skills and no two days are the same"***

***"Patient satisfaction, if you help a patient get back on their feet and they're all smiles"***

***"Great job satisfaction from helping people"***

46% of staff said that “sometimes” their department is adequately staffed. No staff member said that the department they work on is “always” adequately staffed, while 15% stated that they felt that their department was “never” adequately staffed. One staff member expressed that they felt that their department “often runs at unsafe staffing levels”, and another said that they were “rarely well-staffed for patient volume”. A staff member explained that when there are shift gaps they are not well advertised and are rarely filled, even if the department is aware of them in advance of the shift taking place. It was also shared that if one department has a full team on a shift, often staff get deployed to another ward to help with their staffing levels, sometimes leaving the original ward short. Thus, it is evident that there is a need to increase the number of staff employed, to ensure staffing levels are reached.

### Do you feel like your department is adequately staffed?



64% of staff felt that they had enough time to care for patients. Staff explained that there is no perceived rush on how long they have to spend with a patient, and it is their decision to judge how long is appropriate. But it was clear from feedback that the length of time would depend on the staffing levels. Even those that said they felt that they had enough time to care for patients, shared that staffing levels had a direct impact on if staff felt if they had adequate time to care for patients.

One staff member summarised that;

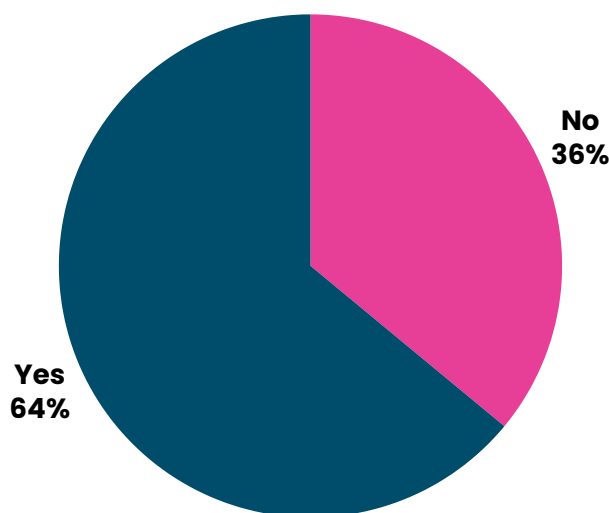
6

***There are days you're fully staffed but with a particularly poorly patient it's really difficult because then you're lagging behind with other patients***

9

It shows that in the unpredictable environment of a hospital ward, incidents can occur which consequently means that spending quality time with each patient per shift is not possible. Therefore, to make it as manageable as possible, there needs to be a good staff to patient ratio. It was also mentioned that it is often the distribution of medication that gets rushed or moved to accommodate for unplanned changes, and another staff member shared that sometimes they do not have the time to bathe patients. While staff stated that they have never been given a time limit on how long to spend with a patient, the feeling was clear that *“if I give adequate time for each patient I [staff member] would never leave on time”*. However, *“usually the standard basic care need [of the patients] is being met”*.

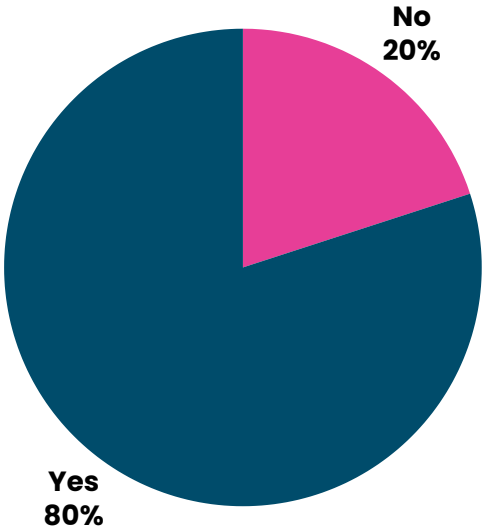
**Do you feel like you have enough time to care for patients?**



80% of staff felt that they have received adequate training to fulfil their role. Staff shared that they receive regular training, and additionally they can always ask for more training or find it on the staff intranet. A staff member said that “being on the job for a year, I received plenty training” but they also admitted that they hadn’t felt the same way when they had started the job, feeling like they had been “thrown in at the deep end with little training”. Another staff member shared that whilst they felt that they had received adequate training to fulfil their daily duties, they felt that they had not received enough training for specialist cases, such as dementia. Therefore, showing that more training could be offered to support staff with their roles, however, the key is to ensure all staff are offered the training. One individual expressed frustration at the poor scheduling/communication of training meant that they miss out;

**Unable to access training courses as I am always rostered on duty when the courses take place, despite telling management in advance. Also, I’m often randomly rostered for training on rest days which I’m not informed about until the last minute when I have made family plans**

Do you feel like you have training to fulfil you role?



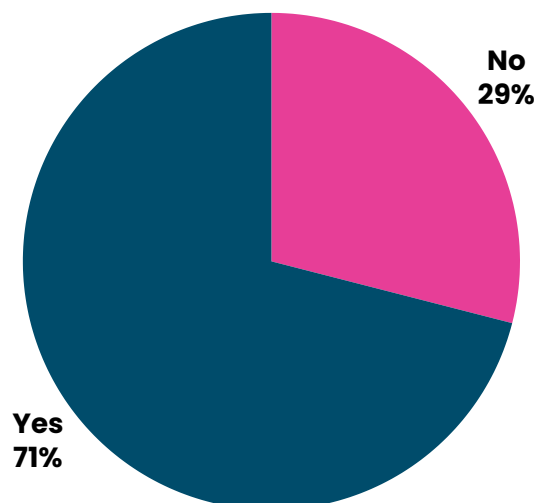
71% of staff felt that they have been well supported in their role. Some of the comments staff made about the support they receive included “my staff and ward manager are amazing”, and “I’ve received incredible support from management”. Another member of staff shared that “I have a very supportive team” but confessed that as a consequence of staff shortages they felt that sometimes they don’t get enough support. A newly qualified employee shared that they actually “feel very unsupported within my job”. Another member of staff agreed, stating that they have felt very unsupported especially by those outside her department;



***Never shown how to do things, have to try and figure it out as you go. Staff outside my ward expect you to know everything and if you do not they are rude and mean towards you. There’s no sense of patience and every manager is so stressed that they take it out on the first person they come across. The amount of times I have been screamed at by management from other wards, and been left in tears is too high to count at this point.***



**Do you feel well supported in your role?**



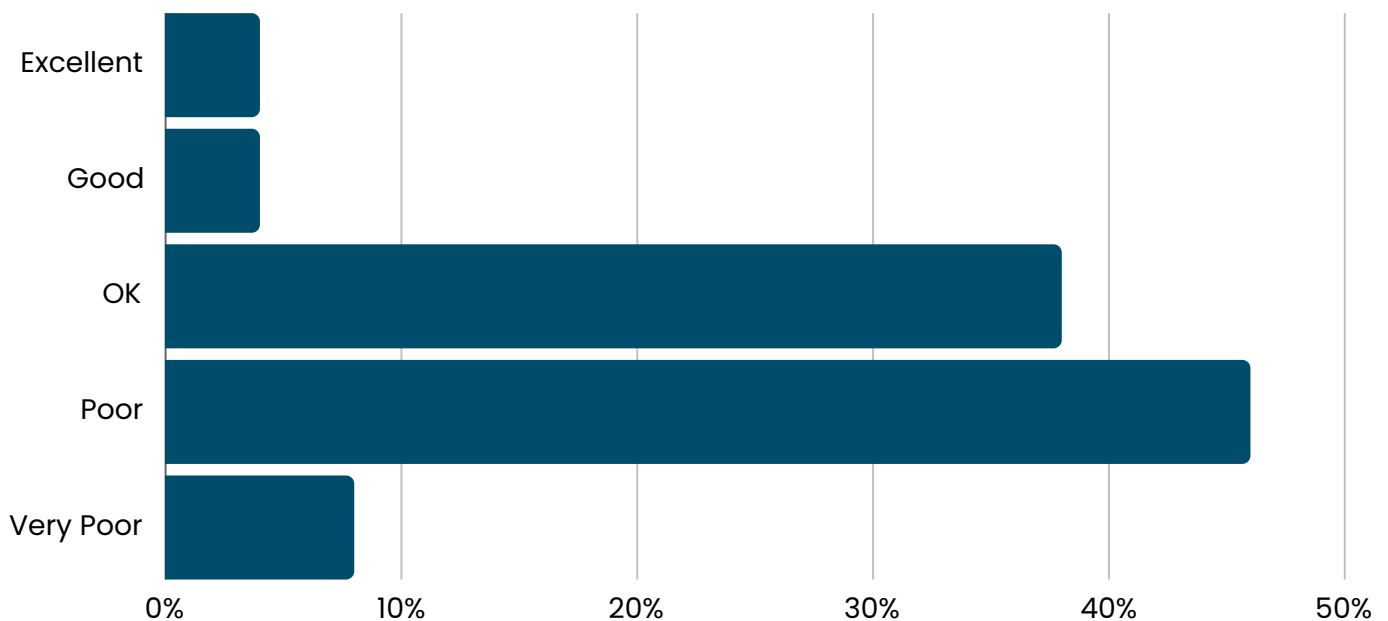
46% of staff members described how they are treated by patients and relatives as “good”. It was evident that this largely depends on the individual, but the majority of the time staff are treated well. One staff member shared that they felt this was because most of the patients and relatives are grateful for the service the hospital is providing, so they only share positive feedback. In contrast, one person felt that relatives are more likely to be difficult on occasions when they feel the need to advocate for the patient, but the staff member said that the relatives “*don’t see the whole picture, they just demand to know why we haven’t done other things*”. Another staff member supported this view saying that;



***Someone might phone up and ask for information on their relative and they aren't happy with it but it's all we've got***



#### How well are you treated by patients and relatives?

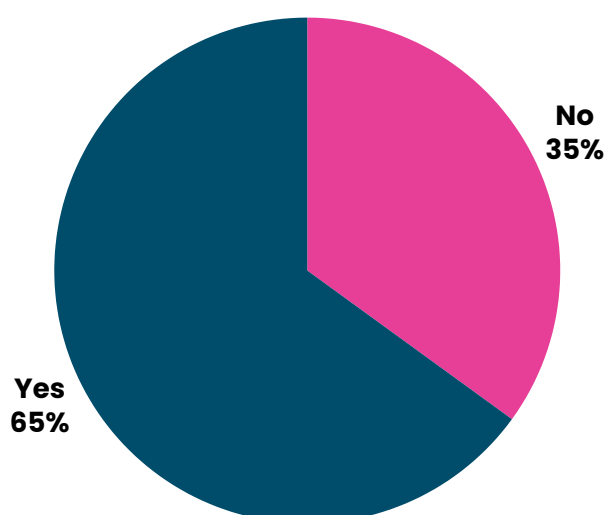


Healthwatch asked staff members if there were any barriers to them doing the best job they could, and if so, what they were. Staff shared a variety of barriers that they felt that they had experienced during their time working at the Cumberland Infirmary. The following were the main concerns that came from the conversations and survey responses:

- Staffing issues (particularly being understaffed, lack of staff rooms)
- Lack of correct equipment and a lack of space for storage
- Heavy workloads (contributing to time constraints)
- Low pay
- Car parking issues
- Communication between wards (causing unsafe handovers, and poor treatment of staff from other staff members)

When asked if there is anything else they would like to share, a staff member mentioned that they felt that internally there is too much division in the hospital. They shared that they felt that phrases such as “managers discretion” is an excuse to allow inequality across the hospital. Others spoke about how much they liked their colleagues, and another voiced that there are “*patients who are medically optimised waiting to go home*”. But, overall, 65% of staff members would recommend working at the Cumberland Infirmary.

#### **Would you recommend working here?**



# A Relative's Experience

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**This case study highlights the experience of Charlotte and her daughter who is a young person with autism and a learning disability during an emergency admission to the Cumberland Infirmary.**

Following on from the enter and view visits Healthwatch met with Charlotte who shared her hospital experience when her daughter Beth was admitted to the Cumberland Infirmary earlier this year. Please note all names have been changed to protect the identity of the patient.

Beth was an emergency admission into the Cumberland Infirmary A&E with Gastrointestinal bleeding. Beth arrived at hospital via ambulance, but the ambulance crew were unaware of how to support her. Beth had '*shut down*' due to her Autism and it had taken over two hours for Beth to be encouraged into the ambulance after being given lorazepam to help her co-operate. Charlotte and her daughter were exhausted.

Once at A&E, the Gastrointestinal bleeding was classed as critical and this resulted in Beth being rushed into immediate surgery.



***Beth's mum shared that at this stage the staffs' communication was "good", but with it being a weekend admission, there is a period of 'limbo' on what would happen next until Monday.***

Charlotte explained that initially Beth was given her own room, which was beneficial due to her autism, as a private room means there is minimal sensory impact. But unfortunately, Beth was quickly moved to a six-bed ward.

Beth's mother explained that they did see the 'learning disability liaison nurse' once during the hospital stay, but it was brief. Charlotte added that Beth has seen this nurse once across three hospital admissions, and this nurse is the only nurse of that nature across the Trust.

Charlotte felt there was little to no information given to them by staff. Staff would talk to Beth however Beth does not have the ability to comprehend the information being shared with her. Beth was left with food, but was unable to feed herself. Charlotte shared there were no reasonable adjustments made and Staff had disclosed to Charlotte that they did not feel like they had adequate training to deal with young people with the needs that Beth had.

During Beth's stay, there was a traumatic incident on the ward (a death), and it is difficult to know how that has impacted Beth. Charlotte felt that they were continuously chasing staff *"for everything"*. They explained that there were a variety of opinions from different doctors, making the care that Beth was receiving inconsistent. The relative had to request additional tests and scans which discovered multiple health issues.

Charlotte explained that they felt that the healthcare assistants were much more approachable and more helpful than the nurses on the ward. Overall Charlotte felt that while many of the staff were *"lovely"*, all of them appeared to be unaware of how to support patients with the needs her daughter had.

***“This experience has left me feeling fearful of future admissions. If my child had to go back into hospital, that fills me with dread.”***

Beth’s mum also shared what they would like to see change to improve the service for others in the patient’s position in the future:

- Patients with similar needs to have their own room.
- That there are dedicated staff members to care and support for the patient.
- That there is more support offered throughout the night.
- Improved communication between the learning disability team, Mencap, family and the hospital.
- That hospital passports are a ‘snapshot’ of the patients needs.
- That patients are provided with something to stimulate/entertain them when they are stuck in bed all day and night, such as a colouring book.

# Section 2:

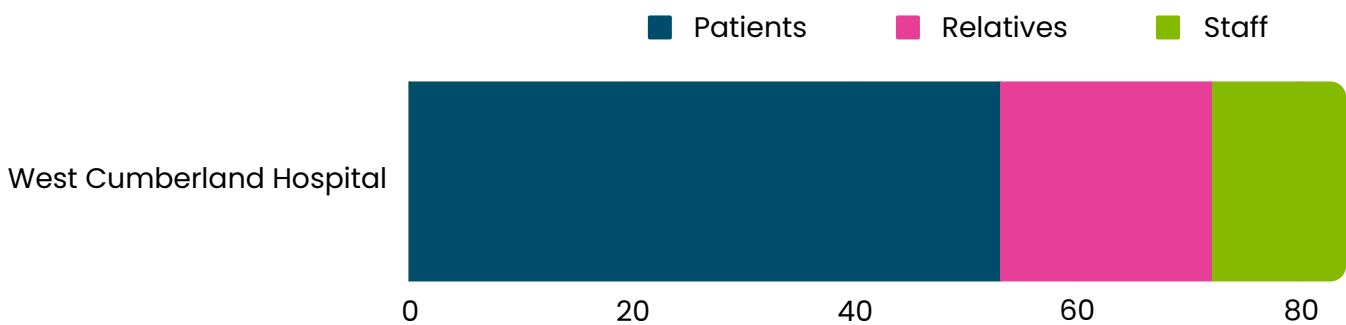
# West Cumberland Hospital

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Healthwatch engaged with a total of **84** people who had experiences of using the services provided by West Cumberland Hospital.

- 53 patients
- 19 relatives
- 12 staff members

**Number of people engaged with:**



Over the 3 days that we visited the hospital we observed and spoke with patients, relatives and staff members on the following wards:

- Ward 2
- Ward 3
- Ward 4
- Ward 5
- Accident and Emergency (A&E)

## General hospital observations made by Healthwatch representatives

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It is clear that the older sections of the hospital are due an update (evidenced though the condition of the public toilets). However, there is significant building work on site as the hospital is currently in the process of being refurbished. But in general, the hospital appeared to be clean and tidy. With the general environment being nice and pleasant.

Patient transport was able to reverse right up to the curb a couple of metres from the hospital doors, which we observed was particularly useful for people in wheelchairs. The main reception is some distance into the hospital after the entrance but otherwise does not appear to have accessibility issues.

There was often a member of staff at reception, and if it was ever unattended there was a notice sign clearly displayed for patients. Due to clear signage, it was fairly easy to navigate the hospital and find specific wards without the help of staff. However, the specialism of some wards is not indicated on the sign at the main reception. For example signage only stated, 'ward 4'.

There were many noticeboards and posters on display throughout the foyer with plenty of useful information to promote other services and support. Additionally, there was a clean, tidy, and spacious café which was open for staff, patients and relatives to use.

## Ward observations made by Healthwatch representatives

For each ward there is a colour coded table. Each question in the table is assigned a colour – red, amber or green. Below is the table 'key' stating what each colour represents:

<b>Yes (positive)</b>	
<b>Neither yes nor no (neutral)</b>	
<b>No (Negative)</b>	

### Ward 2

During our visit we were informed there were **27** patients on the ward of which 1 was ready for discharge

<b>Is the ward clean and tidy?</b>	
<b>Is the ward well maintained?</b>	
<b>Is it adequately staffed?</b>	
<b>Do patients have access to call bells, drinks, side tables?</b>	
<b>Are staff professional and courteous to patients and people using the service?</b>	
<b>Is there a patient information/feedback board? Is it up to date?</b>	
<b>Is there an accessible toilet with disability adaptations?</b>	
<b>Is it clean with appropriate hygiene measures available?</b>	
<b>Is there access to British Sign Language support and hearing loops?</b>	

The ward was clean and tidy, and the corridors were spacious. It seemed to be well maintained, with good quality equipment stored so it was not blocking the corridor or doorways. The environment was calm, and it appeared to be fairly quiet at the time of our visit.

On the day shift there are four qualified staff members and six health assistants running the ward (several staff members were conducting one-to-one observations at the time of our visit). We were informed that on the night shift there are three qualified staff members and three health assistants. The ward had also advertised a volunteer position to support ward activities. Plus, there were cleaners present on the ward.

Uniquely, on this ward, each patient receives a welcome pack when they first arrive that contains schedules and useful information for both patients and their relatives. The noticeboard had a lot of information which was all up to date, such as friends and family test results, *"You said, we did"* patient feedback posters, and information on the daily routine of the ward.

Healthwatch were informed that some patients had Covid and their bedroom doors were always closed. There was a colour coding scheme which made it clear which rooms had Covid-19 patients (red dot on the door) and which did not (green dot on the door). A concerning observation was that while the ward had patients that had Covid-19, staff members entering those rooms did not appear to be wearing masks.

## Ward 3 A&B

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During our visit we were informed there were **15** patients on the ward.

<b>Is the ward clean and tidy?</b>	Green
<b>Is the ward well maintained?</b>	Orange
<b>Is it adequately staffed?</b>	Orange
<b>Do patients have access to call bells, drinks, side tables?</b>	Green
<b>Are staff professional and courteous to patients and people using the service?</b>	Green
<b>Is there a patient information/feedback board? Is it up to date?</b>	Orange
<b>Is there an accessible toilet with disability adaptations?</b>	Green
<b>Is it clean with appropriate hygiene measures available?</b>	Green
<b>Is there access to British Sign Language support and hearing loops?</b>	Red

This was a secure ward. There were multiple wet floor signs out in the corridor due to the floor being cleaned at the time of the visit, but all the patients' beds appeared to be clean. However, in the toilet there was toilet roll on the floor, and in the men's wet room there was a ceiling tile that was loose and needed fixing.

There were eight staff members in total, including physio and consultants (it was shared that the ward was understaffed at the time of the visit). They were busy but all interacting with patients well with a caring attitude. Staff were witnessed either making conversation and joking with patients or reassuring another patient who needed it. Staff members evidently knew the names of the patients on the ward. There was a welcome board which listed the values of the hospital and ward.

There was a welcome board which listed the values of the hospital and ward. There was also an information board which included details of patient feedback; however, it was not dated.

The quality-of-care information board was dated however it was information from a previous month and needed up-dating. The issue with inaccurate dates, is that it is difficult to measure the relevancy and applicability of the information being shared via this medium at the time of the visit. Furthermore, when the board is not dated it means that staff, patients, and relatives are unaware of the most recent figures or information, which is an issue with transparency.

There were disability adaptations present in the washrooms, and there were other pieces of equipment around the ward.

**Ward 4 A&B**

At the time of the visit the number of patients on the ward was not shared.

<b>Is the ward clean and tidy?</b>	
<b>Is the ward well maintained?</b>	
<b>Is it adequately staffed?</b>	
<b>Do patients have access to call bells, drinks, side tables?</b>	
<b>Are staff professional and courteous to patients and people using the service?</b>	
<b>Is there a patient information/feedback board? Is it up to date?</b>	
<b>Is there an accessible toilet with disability adaptations?</b>	
<b>Is it clean with appropriate hygiene measures available?</b>	
<b>Is there access to British Sign Language support and hearing loops?</b>	

The ward was clean and tidy, with summer pictures on the wall. This contributed to creating a friendly and nurturing atmosphere on the ward. There was a lot of equipment was bunched together in the hallways, but it did not seem to be causing an obstruction to anybody as the corridors are spacious at the hospital.

There was a separate dining room within the ward and a kitchen to cater for it. A group of experienced staff members spoken to in the foyer said that this is something from the early days of their career that they would like to see stay in the newbuild. They said that elderly female patients used to do their hair and make-up to sit in the dining room, and that it was an important part of their recovery, giving them a sense of normality.

The ward appeared to be adequately staffed when observed. The ward was bustling with staff who were constantly seeing to patients. Staff were observed to be taking food orders, having friendly interactions with patients and clearly knew their names.

There are plenty of patient information and feedback boards, one of which showed the number of patients ready for discharge, and staffing levels

**Ward 5**

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During our visit we were informed there were **30** patients on the ward of which 6 were ready for discharge.

<b>Is the ward clean and tidy?</b>	Green
<b>Is the ward well maintained?</b>	Green
<b>Is it adequately staffed?</b>	Orange
<b>Do patients have access to call bells, drinks, side tables?</b>	Green
<b>Are staff professional and courteous to patients and people using the service?</b>	Green
<b>Is there a patient information/feedback board? Is it up to date?</b>	Green
<b>Is there an accessible toilet with disability adaptations?</b>	Orange
<b>Is it clean with appropriate hygiene measures available?</b>	Green
<b>Is there access to British Sign Language support and hearing loops?</b>	Red

The wards were clean and had wide corridors, but there was a lot of equipment stored openly. Healthwatch representatives were informed that the ward had been initially opened up as a Winter Pressures ward but has remained open since, mainly being used for patients who are elderly and patients with dementia. There were air con units in place on the ward to regulate the temperature, but there were no clocks present. Furthermore, there were no pictures on the signs to show what each room is, such as 'shower' or 'WC'.

The staff were observed as being very friendly and polite to patients. The physio said in practice, they should be coming in to assess and work with the patients, but due to the staffing pressures they are only able to assess. However, the delirium team also attend the ward regularly.

There was an information board which was very informative and fully up to date.

**Ward 6 (Emergency Assessment Unit)**

During our visit we were informed there were 20 patients on the ward of which 2 were ready for discharge.

<b>Is the ward clean and tidy?</b>	Green
<b>Is the ward well maintained?</b>	Green
<b>Is it adequately staffed?</b>	Orange
<b>Do patients have access to call bells, drinks, side tables?</b>	Green
<b>Are staff professional and courteous to patients and people using the service?</b>	Green
<b>Is there a patient information/feedback board? Is it up to date?</b>	Green
<b>Is there an accessible toilet with disability adaptations?</b>	Green
<b>Is it clean with appropriate hygiene measures available?</b>	Green
<b>Is there access to British Sign Language support and hearing loops?</b>	Red

The ward was described by Healthwatch observers as bright, airy, and very clean. The rooms were big and the corridors were wide, giving plenty of room for navigating. The environment was calm and quiet in the bed bays. The fire doors were clear, and all equipment was accessible, including access to PPE. Also, the bins were empty and there was constant access to hand wash, sanitiser, and hand towels.

We were informed there was adequate staffing, however not optimum, as more staff would still be desired by those working on the ward.

Staff were interacting with patients with a good manner, they were topping up water jugs with fresh water, and were using the preferred patient names as per patient name board above bed. Furthermore, a nurse was witnessed sitting with a patient going through a discharge plan thoroughly and discussing tests that are required and what care package is in place. It was also shared that a foreign language interpreter could be made available if a patient required.

The information board contained a family and friends test comments board, but similarly with ward 3 A&B it was outdated. It also had a *"You said, we did"* patient feedback poster, as well as PALS posters on display.

## Accident & Emergency (A&E)

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During our visit **14** patients were in the A&E waiting area.

<b>Is the ward clean and tidy?</b>	
<b>Is the ward well maintained?</b>	
<b>Is it adequately staffed?</b>	
<b>Do patients have access to call bells, drinks, side tables?</b>	
<b>Are staff professional and courteous to patients and people using the service?</b>	
<b>Is there a patient information/feedback board? Is it up to date?</b>	
<b>Is there an accessible toilet with disability adaptations?</b>	
<b>Is it clean with appropriate hygiene measures available?</b>	
<b>Is there access to British Sign Language support and hearing loops?</b>	

It was clean, tidy and well maintained, with accessible face mask and hand sanitiser stations attached to the walls. The hand sanitiser stations were full. The toilets were very clean. There was no sign on the disabled toilet with the word and the braille underneath, but there was on the non-disabled toilets.

The matron said they were adequately staffed when they were asked by Healthwatch during the visit. However, it was shared that they were one qualified nurse and one health care assistant short in the afternoon.

There were noticeboards, feedback and posters for services like PALS in the waiting area and a noticeboard on safeguarding in the back-office area. While there were TVs present, they were not showing anything at the time of the Healthwatch visit. There was no notice of average waiting times for patients waiting to be seen.

## Patient feedback

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During the Enter and View visits (and through the online survey) patients were asked to rate their overall experience of the service, as well as other aspects of the hospital. The rating system was a five-star rating, with five being excellent, and one being very poor. Not all patients responded or could answer every question, therefore the figure stated in the table is the average based on the feedback obtained:

<b>Rate</b>	<b>Out of 5</b>
<b>Your overall experience of this service</b>	<b>4.4</b>
<b>The cleanliness of the ward</b>	<b>4.6</b>
<b>The attitudes of the staff</b>	<b>4.6</b>
<b>The quality of communication staff have had with you</b>	<b>4.1</b>
<b>The quality of care that you have experienced</b>	<b>4.4</b>
<b>Your experience of receiving medication</b>	<b>4.2</b>
<b>Your experience mealtimes</b>	<b>4.0</b>
<b>Your opinion of the visitation arrangements that the ward has set out</b>	<b>3.7</b>
<b>Your experience of being discharged from hospital</b>	<b>2.8</b>

## **Cleanliness**

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Patients shared that they felt that the hospital is clean, with a patient even describing it as “spotless”. It was evident that there have been little to no issues concerning cleanliness, indicating that this is an area that the hospital does particularly well. Many mentioned that there are staff that are constantly cleaning. One patient mentioned that all spillages are dealt with immediately, and another mentioned that ‘wet floor’ signs were being used effectively.

## **Staff communication and attitude**

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The majority of the patients had nothing but praise about the staff and how they have been treated by them whilst being in hospital. The staff were described as “lovely”, “friendly”, and “helpful”, with one patient sharing “*they have a laugh [with me] and make me feel comfortable*”. Also, staff were reported to stop and take the time to chat with patients even if it wasn’t medically related, to help create a pleasant environment. On several wards patients mentioned that staff members knew their names, and new staff would introduce themselves.

Some patients implied in conversation that there is a mix of staff attitudes, with some staff being great and others not as good. It was mentioned that sometimes there are communication issues, around what is happening concerning patient care. One patient shared that they did not know why they were on the ward that they were on, whilst another said that they would benefit from “*more explanation on what is what*”. But other patients had the opposite experience and felt that staff were very good at communicating with them as well as their relatives.

Healthwatch spoke with dementia patients who shared that due to their condition they did not always remember what they had been told. One of these patients shared that when speaking to the staff, the patient would write notes to keep reminding them of the conversations that had happened.

## Quality of Care

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It appeared that in general the care and support patients have received has been good. It was mentioned that while patients do not see the doctors very often, they do see the nurses a lot. The staff were described as “friendly” and “supportive”, and it was stated that nurses check up on patients very regularly. Patients gave examples of the “excellent” care that they had received, such as one patient who said:

***The staff would do anything for me. They are lovely. They take me to the toilet regularly, wash me, and are kind to me***

One patient reported that they have witnessed other patients being treated well. Also, it was apparent that staff explaining the procedures and what was happening with their care, was very important to patients as it made them feel supported and looked after.

## Medication

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While many said that there were no issues with receiving their medication, as it was correct and on time, others admitted that their medication has on occasion been delayed. There have been incidences where patients have had to wait for medication because an emergency has occurred on their ward and staff are required to deal with what has happened causing a delay (it appears that there is not always enough staff on the wards to deal with both situations at the same time). There were also conflicting accounts on communication surrounding medication, with some patients sharing that they understand why they were taking the medication as they had received an explanation from a member of staff. Conversely, a patient stated that they had “no explanation about what the medication is for”. It was also shared by several patients that they had brought in their own medication into hospital.

## **Mealtimes**

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There were many compliments on the food and meals provided for the hospital by the patients. It was mentioned that meals are served *“always at the same time”*. Several patients also positively commented on the variety of options available, *“plenty of choices, I’m never hungry”*. Also, there were a couple of patients who were vegetarian who shared that there were a good number of vegetarian choices. Patients also mentioned that there is a drinks trolley between meals.

## **Visitation**

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There was mixed feedback on visitation, with more negative than positive. The system in place is an appointment booking system, which appears to limit visitation. Some had no issue with the system. One patient shared that they were happy with the visitation situation as for them staff have been flexible and accommodating of their sons working hours to ensure that he can still visit. Another mentioned that appointments can get fully booked but sometimes visitors can still get in to see patients, but it is up to the staff on the ward. But many patients were unhappy with the appointment booking system, with the biggest issue being the visitation frequency; especially as it means that patients are limited to one visit a day. One patient explained that for them this was *“too long to wait between visits”* and this makes them *“lonely”*.

## **Hospital Discharge**

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The majority of patients that Healthwatch spoke with were currently in hospital at the time we spoke with them and therefore had not yet gone through the discharge process. From those that could share their experience, it appears that the discharge process and plans were not being communicated as well as they needed to be for patients. One patient felt that they had been discharged too early, and another felt that they had been *“isolated”* in the process. Others that were currently in hospital mentioned that they did not know when they were scheduled to leave, and a few explained that due to their living situation their discharge was still under *“investigation”*. However, those that had relatives around to help support felt that the process was *“generally good”*.

There were some concerns in all the areas that Healthwatch explored, however, the majority of comments and feedback was good. The areas that patients felt could be improved were visitation and discharge. Furthermore, 98% of patients who were asked shared that they felt that during their experience at the West Cumberland hospital they were treated with dignity and respect, while 100% of patients asked stated that they felt safe. 38% of the patients who were asked stated that they did not know how to raise a complaint if they needed to.

### Relatives' feedback

During the Enter and View visits (and through the online survey) relatives were asked to rate their overall experience of the service, as well as other aspects of the hospital. The rating system was a five-star rating, with five being excellent, and one being very poor. Not all patients responded or could answer every question, therefore the figure stated in the table is the average based on the feedback obtained:

Rate	Out of 5
Your overall experience of this service	4.3
The cleanliness of the ward	4.4
The attitudes of the staff	4.4
The quality of communication staff have had with you	4.1
The quality of care that your relative/friend has experienced	4.3
The quality of support that you have received	4.0
Your relative/friend's experience of receiving medication	3.9
Your relative/friend's experience mealtimes	3.7
Your opinion of the visitation arrangements that the ward has set out	3.7
Your relative/friend's experience of being discharged from hospital	3.5

## Cleanliness

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Relatives described West Cumberland hospital in general as well as its wards, as “clean” and “tidy”. They mentioned that there were cleaners who were constantly cleaning, and one even shared that they were aware that a ward was receiving a “deep clean” one day as they were informed about it when they called the ward about a different matter

## Staff Communication and Attitude

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The staff were described as “kind”, “respectful”, “helpful”, “supportive” and “very friendly” by relatives. It was evident that the pleasant attitude of the staff created a good atmosphere which was appreciated by the relatives. However, one relative shared that they felt that staff;

**Need to build up a rapport with patients who are suffering with dementia as trust is a big part to get to know them**

But recognised that staff were very busy and that time constraints could be a barrier.

While it was evident that relatives felt that “communication from staff could be better, it was not awful”. There was a couple of instances where the patients waited longer to receive care than expected, and it was believed that staff could have communicated this better;

**There were clear instructions on arrival but then electronic sign says two hour wait when it is averaging four hours**

Another relative stated that they felt that staff “don’t communicate with each other regarding their patients”, indicating that they feel that internal communication is a barrier to patients receiving the best care. But on the other hand, the majority of relatives shared that they knew what was going on concerning patient care, implying that communication has been good for them.

## Quality of Care

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Relatives complimented the quality of care that the patients have received, using phrases such as *“very grateful”* and *“absolutely excellent”*. They mentioned that staff have been *“explaining things well”*, which has reassured them and the patients throughout the process.

The feedback regarding the support that relatives received was either positive, or that the relative felt that they did not need support. Relatives stated that they were kept informed of the patients care and what was happening. One relative shared that for them the;

***Nurses are going above and beyond. I have been given a phone number to contact at any time, and I have been checked in with over the phone***

## Medication

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The topic of medication was discussed with relatives, one relative shared that they felt that the patient *“seems to be given everything that they need”*. Another relative stated that the hospital *“don’t always have it [the medication] so I bring it in, which is fine”*.

## Mealtimes

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Relatives were fairly positive about the meals that the West Cumberland Hospital provided the patients. There was one relative that shared that their elderly mother was on a soft diet and thus has been having shepherd's pie every day for a couple of weeks, so they took their mother to the hospital café to get a sandwich. The other relatives shared that the food was good, with one mentioning that the staff go above and beyond to help patients eat;



***There's more than enough food and it's adequate, she's not eating much at the minute, so they cut it up for her***



## Visitation

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The majority of relatives that Healthwatch spoke with had patients currently in hospital at the time of the Healthwatch visits and therefore had not yet gone through the discharge process. From those that could share their experience of patient discharge, it seems to have been fine. One relative told Healthwatch that when they were taking the patient home, everything was well explained to them by the doctor including *"what to do if certain situations arose"*.

While there were a couple of comments and experiences mentioned by relatives which were negative, the majority of comments and feedback was fairly good. 94% of the relatives that were asked shared that they felt that they were treated with dignity and respect at West Cumberland hospital, while 83% of relatives who were asked stated that they felt that the patient they were visiting was safe. However, only 46% of the relatives that were asked confirmed that they knew how to raise a complaint if they needed to.

## Staff Member's Feedback

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During the Enter & View visits Healthwatch spoke with staff members who were on the wards or those who had time to stop and talk to Healthwatch representatives in the café at the reception area of the West Cumberland hospital. Healthwatch also encouraged staff members to fill out the online survey at a later date by handing out leaflets with a QR code and sharing social media posts. Healthwatch asked staff members what motivated them to work at the hospital:

***"I like working. I have been here for nearly 40 years, and I can't imagine being anywhere else"***

***"To make a difference to patient care"***

***"Wages, if you came 30 years ago I'd give you a totally different answer"***

***"Helping staff, trying to make it a better place to work"***

Furthermore, Healthwatch also asked staff members what they enjoy about their job:

***"I like meeting new people as well as enjoy seeing all the familiar faces"***

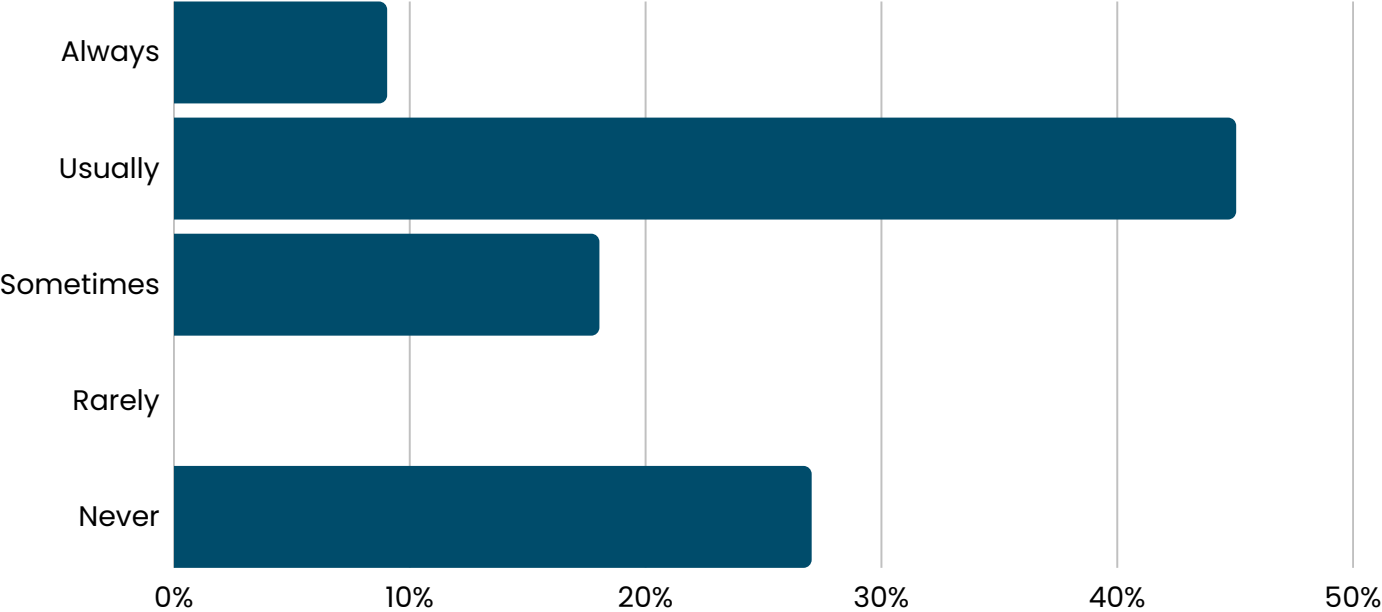
***"I like the variety of not knowing what is coming in"***

***"Helping people" and "caring for patients"***

***"The positivity of the team - everyone is in it together"***

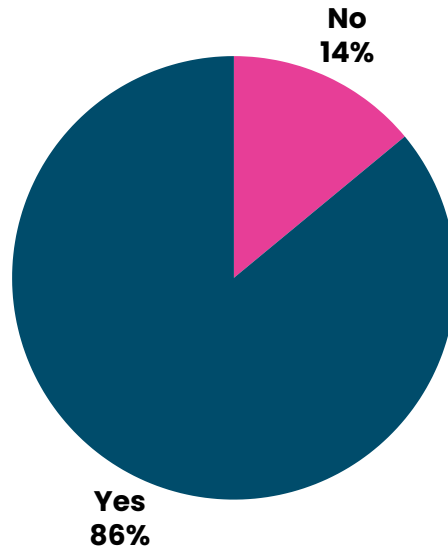
45% of staff described their department as “usually” adequately staffed. But 27% disagreed, sharing that they felt that their department was “never” adequately staffed. Staff explained that because many of the teams are quite small there can be periods of low staffing if there are holidays or sickness. One individual stated that for their department long term sickness was an issue at the time as they were “three down out of eight”. However, another staff member felt that more staff is needed, because there are not always enough people to do one-to-one treatment with patients.

**Do you feel that your department is adequately staffed?**



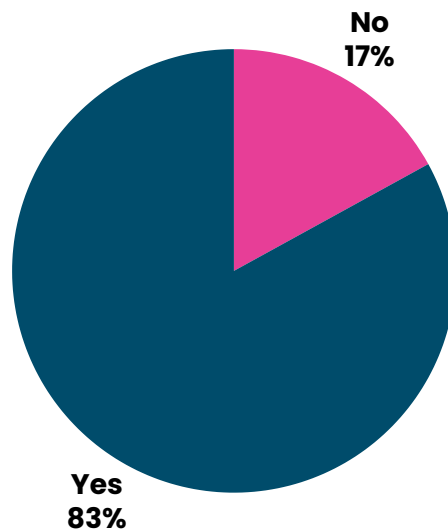
86% of staff felt that they had enough time to care for patients. One staff member stated that while they wouldn’t say they had “plenty” of time, there is enough time to provide adequate care to each patient. Another said that they “make sure I have time to get everything done” but “it is made easier when each ward does their bit”. Staff did mention that it can depend on the type of patient group they are looking after, as “needs can vary significantly”, as to whether they felt that they had enough time to care for patients. For example, staff explained that some individuals require one-to-one care, which can include the use of specialist equipment and resources, meaning that staff need longer to take care of those patients.

### Do you feel that you have enough time to care for patients?



83% of staff felt that they have received adequate training to fulfil their role. Staff shared that there is regular refreshing training offered at the hospital, and that there is even an education programme for staff to do extra training if they desire. One person mentioned that courses can be fully booked, but this indicates that staff are embracing and taking up the opportunity to develop their learning. One staff member shared that they felt that there is a lack of training on certain aspects (but did not go into detail on what these aspects were).

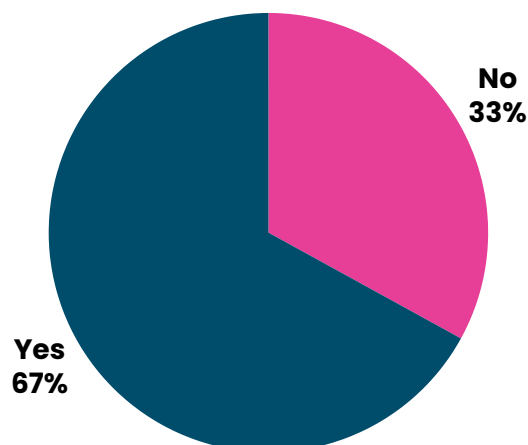
### Do you feel that you have adequate training to fulfil your role?



67% of staff felt that they have been well supported in their role. While the majority of staff felt that they receive sufficient support, there were a few who disagreed. One person stated that they felt for themselves support was good, but they didn't feel that internationally recruited individuals got the support that they need. Another staff member said that "80% of the time" staff receive support, but sometimes they "can get a bit inundated", indicating that adequate levels of support can be directly impacted by staffing levels. A further individual explained that they felt that there is "nowhere near enough support" because their;

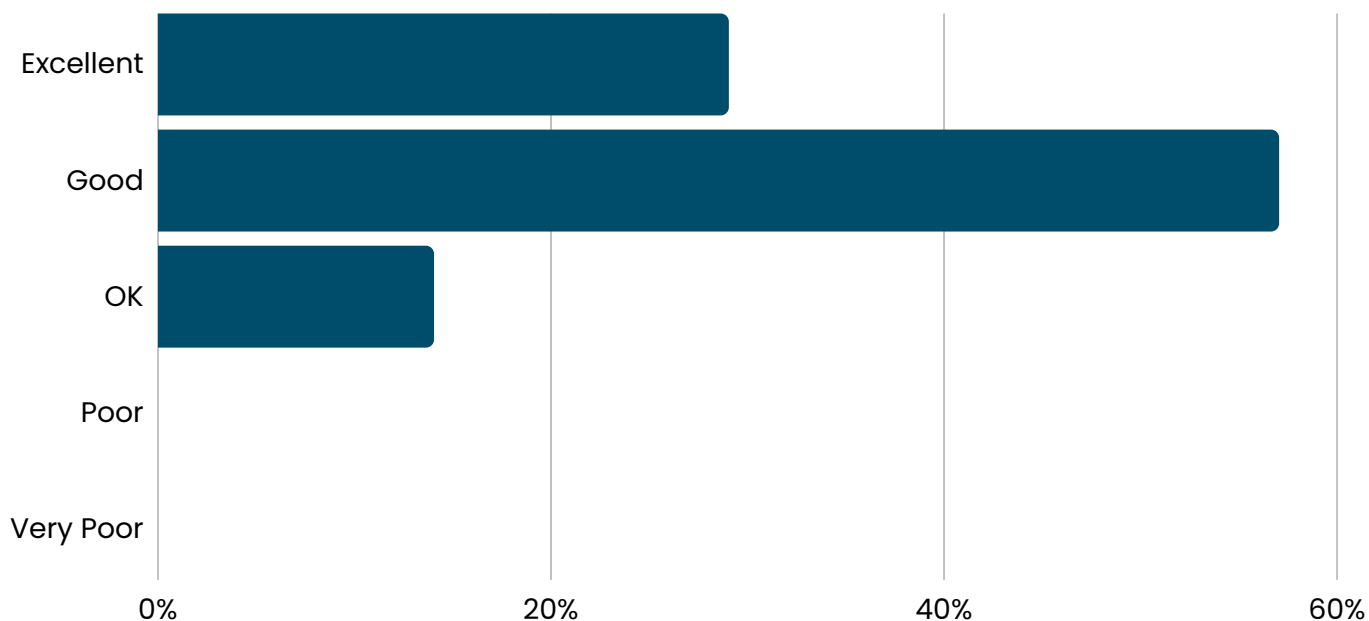
**Manager is not able to support us as they are not able to do our job, if something was to happen to us and we went off sick/left they would not be able to fill in for us**

**Do you feel well supported in your role?**



57% of staff members described how they are treated by patients and relatives as "good". Several staff shared that they have not had any problems with the patients that they have treated nor their relatives. However, others feel that they have had more of a mixed experience, "some people are wonderful, others are absolutely horrid", and "most are ok but some are rude". A staff member expressed that sometimes "patients can display aggressive behaviour due to condition". But a staff member explained that there are processes in place to deal with any incidents that occur as the hospital strives to be a safe place for both patients and staff.

## How well are you treated by patients and relatives?



Healthwatch asked staff members if there were any barriers to them doing the best job they could, and if so, what they were. Staff shared a variety of barriers that they felt that they had experienced during their time working at the West Cumberland hospital. The following were the main concerns that came from the conversations and survey responses:

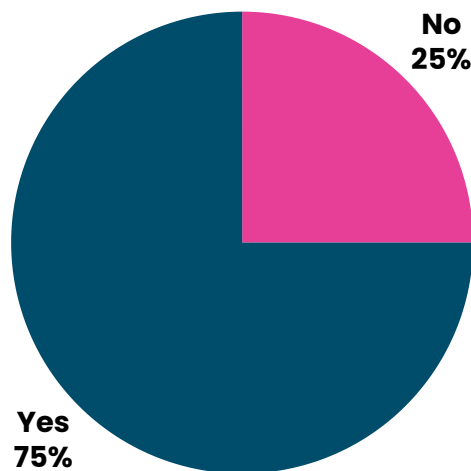
- Lack of staff and the rate of staff turnover
- Constant changes in structure
- Maintenance of equipment (in terms of stock and quality)
- Facilities (No recycling facilities for paper, plastic, glass, tins etc)
- Communication issues

When asked if there is anything else they would like to share, a staff member mentioned that they felt that;

**Recruits over the last few years don't seem to have the same drive or bedside manner. Their attitudes can be bad (for example you find staff hiding away in stores/cupboards playing on their phones) and they don't have the same work ethic**

While other staff mentioned that “smoking on site is a big problem”. But, overall, 75% of staff members would recommend working at the West Cumberland hospital.

**Would you recommend working here?**



# A Relative's Experience

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This case study highlights the experiences of a wife whose husband passed away in West Cumberland hospital two years ago. Please note all names have been changed to protect the identity of the patient.

A member of the public, Clare, shared what she described as a “very traumatic” experience she had at West Cumberland Hospital with one of our engagement officers during our Enter & View visit. The incident happened two years ago but it was evidently still a very difficult story to tell and think about. She was spoken to during one of our visits to the Cumberland Infirmary as she was there supporting her cousin, and described how to this day she still experiences anxiety when entering hospitals.

Clare explained that when they were at home her husband, Peter, collapsed, and the ambulance took them to West Cumberland Hospital A&E.

Peter was there for several hours, the hospital staff did tests, and the consultant told Clare that they had to keep Peter in “*just in case*”. During his stay in hospital she was told she could go and see him on the ward.

**But when she tried to go and see him a staff nurse was “*really rude*” to her and said: “*what are you doing here? It’s a Covid area.*”**



Clare was told she was not allowed to be on the ward Peter was staying in because it was a Covid-19 ward, meaning that she would have to wait several days until she was able to go visit. However, once back at home, she had a phone call to say Peter's condition had deteriorated and she needed to go into hospital and to see him.

**When Clare got to the ward she was told it was “fine” for her to go in to see Peter but when she did it was evident that he had passed away some time ago. Then, Clare was left to wait over an hour in the hospital room for a staff member to come to the room and offer support.**

# A Patient's Experience

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A patient's (Matthew) experience of communication at West Cumberland Hospital told by his advocate. Please note all names have been changed to protect the identity of the patient.

Matthew, who lives in a residential care home, was admitted to West Cumberland hospital with cellulitis. Experiencing anxiety linked to being outside of his usual environment, Matthew's carers took his hospital passport with him however none of the staff checked it. The advocate stated that if the staff had checked this patient's hospital passport, then they would have noticed that it said that the patient needed support from carers to help him with his food.

No carers were notified that there was an issue with Matthew managing his food and he was placed on a soft food diet which caused him further anxiety.

## **Matthew had a DNACPR (Do not attempt cardiopulmonary resuscitation) notice placed on his file with no consultation.**

This got revoked, then within 24 hours another DNACPR notice was placed on Matthew's file. There had been no consultation with him or people who knew him well.



During Matthew's admission he fell out of bed, and as a result went for a CT of his head. However, the medical professionals missed the patients' swollen arms which caused the patient a great deal of discomfort.

## **Matthew did not receive any physio which was put in place for him.**

The nurses said that the patient was aggressive, which at one point resulted in four porters having to restrain the patient (the patients advocate checked this with the hospital, who informed the advocate that this was general policy, but the hospital is reviewing it).

Finally, the patients discharge was delayed due to Clostridium difficile (Cdiff; a type of bacteria that can cause a bowel infection) which caused patient a lot of upset.

# Conclusion

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The purpose of this Enter and View project, was to speak with patients, relatives, and staff members to independently gather their views and experiences of receiving and delivering care from the services provided by NCIC (at the Cumberland Infirmary and West Cumberland hospital).

**Whilst Enter and Views are not inspections, they did allow us to collect evidence of what works well and what could be improved to make people's experiences better.**

We followed the Healthwatch England guidelines for Enter and View visits and the whole process was conducted sensitively, paying the upmost attention to people's dignity. All feedback collected was anonymous.

The Enter and View visits were conducted over six days across two weeks.

**13** Healthwatch representatives carried out Enter and View visits at the Cumberland Infirmary in Carlisle between **12th to the 14th June 2023**, and visited West Cumberland Hospital in Whitehaven between **19th to the 21st June 2023**.

During the visit, representatives observed how people experience the service as well as the nature and quality of the services being provided. They also spoke with patients, their relatives, and staff members on a range of wards as well as at an information stand located at the entrances of the hospitals. Furthermore, Healthwatch handed out leaflets, conducted case studies and ran an online survey (that was live until 21st July 2023).

**In total, Healthwatch engaged with 238 people during this Enter and View project.**

**It is evident from the feedback shared with Healthwatch that a significant proportion reported positive experiences of the services they accessed.**

## **However, there have been some who have had extremely poor experiences at NCIC hospitals, with some issues relating to specific areas of the service.**

Patients and relatives had a lot of praise and positive comments about the staff, as well as the care and treatment they received. They shared that they felt safe whilst in hospital and were treated with dignity and respect throughout their hospital experience.

The main areas that were highlighted as needing improvement was:

- Visitation
- Discharge process
- Staffing levels
- Communication
- Signage
- Availability of British Sign Language and hearing loops

Healthwatch has made a list of recommendations, that could be used to inform changes to further improve the services at the Cumberland Infirmary and West Cumberland hospital.

# Recommendations

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**Based on the feedback received, Healthwatch has produced a list of recommendations for both hospitals to improve the service that they provide:**

- 1.** Ensure the main entrance and reception area is clean and tidy, and that the chairs are updated, to make sure that people get a good first impression.
- 2.** Update the main entrance to make the waiting area for patient transport offer protection to patients from extreme warm weather, for example by adding blinds and/or adding a station where patients can access free drinking water.
- 3.** Improve the quality of signage throughout the hospital (it should be clear and make navigation easy). This could be done by utilising people with lived experience to undertake an accessibility audit with a specific focus on signage.
- 4.** All patient feedback information displayed on the wards should be correct and dated.
- 5.** Make British Sign Language support and hearing loops available on all wards. 6. Ensure that all staff members are aware of the hospital's procedure for arranging British Sign Language support.
- 6.** Provide each patient with a 'welcome pack' to improve communication, this pack can include Q&As, details about the ward, visitation information, information on how to raise a complaint, etc. This could be co-produced collaboratively with people with lived experience, Healthwatch and the hospital communications team.
- 7.** Increase the variety of food options for patients, especially to cater for those with specific diets, and ensure that where a patient has selected a particular meal that is no longer available there is timely communication with the patient.
- 8.** Review and update the visitation system to better suit the needs of relatives and patients and ensure processes for visitation are displayed clearly for relatives and patients to understand. Furthermore, there should also be consideration made for the different visitation needs between relatives and carers. For example having a hospital wide visitation policy and a separate policy for unpaid carers visiting which is more flexible, recognising the positive impact their presence can have on the recovery of their 'cared for'.

- 9.** Develop a discharge booklet to help the process run as smoothly as possible. This could be co-produced collaboratively with people with lived experience, Healthwatch and the hospital communications team.
- 10.** Produce a communication campaign to raise awareness of how patients and relatives are able to raise a complaint if they need too, as well as raise awareness of PALS (including where is it located).
- 11.** Review and evaluate current workforce recruitment and retention methods to identify new recruitment drives.
- 12.** Audit current staffing levels for each ward against requirements and assess recruitment needs in response. In all areas that staffing levels are deemed critical ensure targeted recruitment is done.
- 13.** Assess the attitudes of managers to staff and the perceived divisions within the workplace, in order to improve staff morale and consistency of resource.
- 14.** Ensure all staff have sufficient support to do their job, this includes access to workplace training that they are required or would like to undertake.
- 15.** Develop a mentor scheme, so that staff members have an additional point of contact other than their line manager, if they have any questions or issues. Mentors could even be based in another ward, which would encourage healthy staff relationships across different hospital wards.
- 16.** Explore current moods of handover and communication of patients' histories and needs, and how this may affect patient and relative experiences (such as feeling they are unnecessarily repeating their stories, feeling staff are unaware of preexisting conditions, and so on).
- 17.** Introduce a checklist for each ward, as a mini-induction process, for any staff who are pulled in to support on a different ward.

# Provider's Comment

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North Cumbria Integrated Care NHS Foundation Trust has been given the opportunity to respond to the findings and provided the following statement:

*"We are grateful to Healthwatch for their work in producing this report and for those patients, relatives and staff who have provided such candid information.*

*We work hard at NCIC to provide safe, high quality care for our patients every time, and the findings of the report suggest that most of the time we get that right.*

*Patient surveys consistently show that our staff are kind compassionate and caring, delivering good quality care, often in very difficult circumstances.*

*But, as the case studies in this report show, we sometimes fall below the high standards we set ourselves. The experience that some patients and relatives have reported is not acceptable, and we apologise that their time in our care has been below our expectations.*

*Since this report was undertaken the visiting arrangements have changed and are now set times across all inpatient wards at both of these hospitals and our community hospitals.*

*We have also improved signage at the Cumberland Infirmary and set up a working group to improve the environment of the atrium. We also have a dedicated programme of work taking place to improve the process and experience of discharges across all our inpatient units.*

*We will work with our estates teams and our Patient Advice and Liaison Service in relation to hearing loops and helping patients understand more about how to raise a complaint.*

*Listening and learning go hand in hand. We will listen to what Healthwatch have told us and, as a learning organisation, we will act upon the feedback and the recommendations in the report and provide regular updates on our progress. Thank you to everyone who has participated and helped us on our improvement journey."*



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