

**Enter and View at:
Midland Metropolitan
Hospital
Ward 9
February 2025**

healthwatch
Sandwell



**Engaging
Communities
Solutions**

Introduction

Healthwatch Sandwell (HWS) is the independent voice of the public in health and social care in Sandwell. We collect feedback from the public in Sandwell about their experiences of using health and social care services and use that feedback to work with service providers and commissioners to find ways to improve services.

What is Enter & View

Part of HWS remit is to conduct Enter and View visits. HWS Authorised Representatives (AR) will conduct these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act (2012) allow Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, opticians, optometrist, and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Sandwell Enter and View visits are not specifically intended to identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Sandwell Safeguarding Policy, the service manager will be informed, and the visit will end. The Local Authority Safeguarding Team will also be informed.

Background

HWS Enter and View Programme 2025/26

Taking into consideration the rationale and criteria for visits, the Enter and View programme for 2025/26 will visit:

- **Care homes that support people with dementia**
- **Hospital wards who care for people with dementia when staying in hospital**

We will engage with people with dementia, family/friends and staff who provide care.



The programme will provide a report of the visits. The report will be shared with providers, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visits. They will be published on all our social media platforms.

This programme will explore the impact of dementia within care home and hospital settings.

Sandwell's Dementia Strategy (2019–2025) outlines a comprehensive approach to supporting individuals with dementia and their carers.

The borough is working toward becoming a Dementia Friendly Community, with a focus on personalised care, better-trained staff, and clearer service pathways.

On this occasion we have conducted an Enter and View visit that looks at the experience of people with dementia and their carers/friends on an elderly care hospital ward at the **Midland Metropolitan University Hospital (MMUH)**.

The **MMUH** is a major acute general hospital located on Grove Lane in Smethwick, just outside Birmingham. It is part of the Sandwell and West Birmingham Hospitals NHS Trust. MMUH officially opened to the public on 6 October 2024. [en.wikipedia.org]

MMUH was developed to replace and consolidate services previously provided at Sandwell Hospital and City Hospital, bringing emergency and specialist care into a single modern facility. Its new emergency department now serves as the primary A&E site for the area. [swbh.nhs.uk], [en.wikipedia.org]

736 beds, arranged with an emphasis on natural light and single en-suite rooms to improve patient experience. [en.wikipedia.org]

Ward A9 – Elderly care – Midland Metropolitan University Hospital (MMUH)

Our Report

This report presents the observations gathered during the visit on **13th November 2025**. It reflects only the perspectives of those individuals who were able to share feedback within the limited timeframe and does not claim to represent the views of all present. The recommendations outlined

are intended to support enhancements in service delivery and, ultimately, to help improve the overall experience for service users.

During the visit, there were limited opportunities for verbal interaction due to some patients' experiencing dementia-related disengagement and some were sleeping. As a result, it was challenging to obtain direct feedback from individuals.

Patients appeared generally settled and content at the time of review.

The visit was conducted by HWS Authorised Representatives (AR):

Helen Bennett & Paul Higgitt

Methodology

During the visit ARs engaged in conversations with patients where possible their relatives and staff members using a structured set of questions, these focused on two key areas.



Service User Experience

Including feedback on care provided by staff, accessibility of the building, availability of information, and suggestions for service improvement.



Staff Responsiveness to Individual Needs

Exploring how staff address communication needs of service users with impairments, support individuals wishing to raise concerns or complaints, and gather suggestions for enhancing service delivery

In addition to these discussions, representatives conducted environmental observations internally These included assessments of:

- Signage
- Accessibility
- Lighting
- Refreshments
- Cleanliness

Participation was entirely voluntary, and the team respected the wishes of those who chose not to engage.

Findings

Arrival

On arrival at the hospital's underground car park, it became apparent that the signage was not particularly clear. Coloured lines are provided to guide visitors towards the lift area, where they must then travel up to floor five, the location of the main reception and welcome centre.

Once on floor five, hospital volunteers are available to assist with directions to individual departments.

The volunteers are easily identifiable by their yellow tops and name badges.



It was observed that for people living with dementia, this process may feel particularly overwhelming and confusing. Dementia can affect memory, perception, attention, and the ability to process information, meaning that unclear or complex signage can be difficult to understand or remember.

The current signage is not especially intuitive or dementia-friendly, which may increase feelings of disorientation, anxiety, and loss of confidence when navigating the environment. As a result, individuals with dementia may struggle to orient themselves, rely more heavily on others for support, or avoid engaging fully with the space altogether.



This lack of clear, accessible wayfinding has the potential to make the overall experience more distressing and may inadvertently reduce independence and dignity for people living with dementia.

Ward A9 – Elderly care

Ward A9 primarily accommodates frail elderly patients with a special focus on dementia care. The ward is secured with an entry door system and includes a small reception office, which is not staffed full-time. Upon arrival, we were warmly welcomed by the Ward Manager, Rachel.

Ward A9 provides accommodation for a total of thirty-two beds, comprising several side rooms and a large open bay primarily used for patients with higher levels of care needs.

At the time of our visit, Ward A9 was operating at full capacity. Staff advised that a considerable proportion of the patient group were living with a diagnosis of dementia.

The ward was well-lit with a combination of natural and artificial light. The décor featured muted tones.



Observation identified the absence of handrails along the ward corridors, which may present challenges for people living with dementia who rely on physical support for balance and orientation.

The flooring was consistent in both colour and texture. No unpleasant odours were detected. The corridor was free from clutter, apart from essential medical equipment such as blood pressure monitors, all of which were easily movable as they were mounted on wheeled trolleys.

In the main corridor there were en-suite side rooms, along with bathrooms, toilets, and lockable storage cupboards.



The bathroom and toilet doors displayed written signage but did not include pictorial cues, which would have been beneficial for patients with dementia.

We observed the following things:

- The staff station was positioned at the end of the corridor, with the large bay located to the side.
- The temperature felt comfortable and appeared to be well-regulated by the hospital.
- The bathroom, shower, and wet room were observed to be exceptionally clean, tidy, and free from unnecessary clutter, except for hoists, which were appropriately stored for assisting patients with mobility needs.

It was noted that toilet seats were a different colour from the pedestals, using a contrasting colour for toilet seats can serve as a valuable visual aid for individuals living with dementia, helping to improve orientation and independence.

Pull cords were easily accessible. Both shower and privacy curtains were clean and the area was well stocked with toilet rolls, aprons, and gloves.

An unoccupied side room was observed that was spacious and included en-suite facilities. The environment was clean, with uniform flooring and décor, which may support familiarity and reduce visual confusion for people living with dementia.

wall-mounted whiteboards were available for patient information, and in rooms that were occupied, **patient details were observed to be clearly completed.** The furniture was basic but functional.

A TV bracket was attached to the wall, although **no televisions had been installed for patients.**

A large picture window provided natural light.

We were informed that patients get the choice if they want the room door closed or not but, patients who are at risk of falling or getting distressed are allocated a bed in the large bay area of the ward.

Occupied side rooms were observed with doors in both open and closed positions.

Essential Services

Rhythm of the day

Refers to the use of structured and predictable routines to support positive health outcomes within hospital wards. Establishing a consistent daily rhythm can help reduce anxiety and promote a sense of reassurance for both patients and staff. This typically includes planned activities such as consultant ward rounds and multidisciplinary team (MDT) meetings.

When asked about the Rhythm of the Day, the following was explained:

- The ward operates using an MDT approach, involving Consultants, GPs, Occupational Therapists, Discharge Coordinators, Physiotherapists, and Speech and Language Therapy (SALT) teams.
- At staff handover, an MDT meeting is held at 8:00 AM with GPs and Physiotherapists to review changes in patients' health and discuss potential discharges.
- A board meeting follows at 8:30 AM to review staffing arrangements.

Rhythm of the Day also incorporates scheduled timings for medication rounds, meals, refreshments, and visiting hours for relatives. This clear visual guide helps promote routine and ensures that essential information is easily accessible.

Occupational Therapists, Physiotherapists, and Speech & Language Therapists are based on the ward. A pharmacist is also present on the ward and provides an on-call service when needed.

During the visit, the MDT meeting was not observed due to the timing of the visit.



Other routines were observed, including medication rounds, allied health professionals attending to patients, and refreshments and meals being served by care staff, demonstrating elements of a structured daily routine on the ward.

All staff use UNITY, the shared electronic system, to access and document case notes and updates.

Accessibility and Inclusion

Accessibility

Ward A9 is located on a single level, eliminating the need for patients to navigate stairs or lifts. Most areas of the ward are accessible to patients who can walk independently, and wheelchairs are available for those with limited mobility.

Fire extinguishers are clearly visible, and all fire exit doors are closed, well-marked, and fully operational, supporting a safe and inclusive environment

Support for Learning Disabilities

We were informed that all ward staff have experience supporting patients with learning disabilities. The Manager confirmed that Oliver McGowan Mandatory Training on Learning Disability and Autism is completed by all staff.

Support for Visual Impairment

We were told that ward A9 has been recently refurbished. The décor features muted, uniform colours, and the same applies to the flooring. There are no pictures on the walls and only a limited number of information posters.



This may present challenges for individuals with visual impairments, as orientation is not easily supported throughout the environment.

Ethnic Diversity and Language Support

We noted for patients who speak English as a second language, translation support can sometimes be via a staff member or relative. Digital tools such

as Google translate is also used. We were told that pictorial guides, visual aids, and hand gestures are effectively used. Language line and the use of trained interpreters are used by consultants to relay precise medical/clinical information to staff and relatives.

Information & Education

We observed Ward A9 features several noticeboards displaying key information, including:

- A photo of the Trust's (SLT) team,
- CQC rating,
- Rhythm of the Day
- Fundamentals of Care
- Mealtimes Matter
- Martha's Rule (detecting deterioration)
- New pressure ulcer incidences,
- Commitment to Cleanliness (5-star hygiene rating).

Additional sections include:

- How Are We Doing?" updated weekly by the Matron.
- Safe staffing levels,
- Information for relatives and carers,
- infection prevention and control
- Compliments and complaints
- Falls prevention and safety
- Fire safety procedures.
- We don't observe etc

It was observed that there were no visible complaint forms or information available to guide patients and relatives on how to make a complaint.

An activities noticeboard was also observed displaying paper-based activities like: Sudoku, Wordsearch, Crossword & Mindfulness colouring.

Choice

We were advised that on arrival to Ward 9, each patient undergoes an individual assessment based on their medical needs, cognitive capacity, and mobility. We did not observe that this was in place as there were no admissions during our visit.

We were advised that the ward provides 16 ETOC beds (Enhanced Therapeutic & Observational Care). These beds are specifically designed for patients who require intensive observation and therapeutic

interventions due to being at elevated risk of harm to themselves or others. Common reasons for ETOC placement include:

- Severe mental health episodes (e.g., acute psychosis, suicidal ideation)
- High fall risk or physical vulnerability
- Complex behavioural needs requiring close supervision

We noted that ETOC beds are located within the main bay to ensure continuous visibility and rapid response from clinical staff. This setup supports enhanced safety, dignity, and person-centred care, while minimizing restrictive practices.

During the visit, staff advised, and observation confirmed, that all ETOC beds were full.

We were advised that patients are assessed for compliance with Deprivation of Liberty Safeguards (DoLS), following clear and concise statutory guidelines to protect their rights and well-being.

Mealtimes and meals.

Mealtimes on Ward 9 follow the structured *Rhythm of the Day* to promote consistency and patient well-being.

We were informed that all patients' dietary requirements and any recent changes are verified on **UNITY**, the ward's electronic care management system. It was explained that this ensures that adjustments—such as food texture or consistency for swallowing difficulties—are accurately implemented.

We were informed that the **Trust menu is static**, meaning the selection does not change daily, but individual needs are prioritized through tailored modifications.

We were advised that relatives can fill in a booklet of food preferences for those patients who have limited capacity.

No food booklet was observed, either completed or blank.

We were told that to support safe and dignified feeding **Red trays** are provided to patients who require **assistance with eating**, ensuring staff can easily identify and offer help. **Blue trays** are given to patients who can **feed themselves independently**, promoting autonomy while maintaining oversight.



During the lunchtime period, both red and blue trays were observed being used for the provision of patient meals.

Clothing

We were told that Patients who are independently mobile have the option to wear their own clothing for comfort and personal preference. If they wish to enjoy some fresh air, they may go outside in the designated safe areas, provided they are escorted by a relative or a member of staff to ensure safety and compliance with ward protocols.



Patients were observed around the ward wearing their own clothing, which can help support identity, dignity, and a sense of normality for people living with dementia.

A relative shared their experience saying:

“I am given the choice of when I can visit my parent, this is a great help for me”.

Safe, dignified quality care

We were informed that Healthcare Assistants (HCAs) on Ward 9 are allocated a specific group of patients and play a vital role in monitoring their overall well-being throughout the day/night. Their responsibilities include:

- **Regular patient checks** to ensure safety, comfort, and adherence to care plans.
- **Supporting daily activities** such as mobility assistance, nutrition, and personal care
- **Observing and reporting changes** in physical or mental health promptly to the nursing team.

Observation.

Healthcare assistants were observed in attendance on the ward and engaging positively with patients and visitors. This included offering reassurance, assisting patients with mobility, responding to requests for support, and providing orientation through verbal prompts and gentle guidance. Healthcare assistants were also observed communicating with visitors, answering questions, and helping as needed.

During the visit, there were limited opportunities for verbal interaction due to several patients' experiencing dementia-related disengagement and some were sleeping. As a result, it was challenging to obtain direct feedback from individuals.

Those patients appeared settled and content at the time of review.

One patient was noted to be watching a gardening programme on an iPad provided by his daughter, as no televisions were presently available on the ward.

Security

We observed that Ward A9 maintains strict security measures to ensure patient safety and confidentiality. We noted that the main entrance door is always securely locked, and access is controlled through a digital fob system for authorized staff members. This prevents unauthorized entry and helps maintain a safe environment.

We observed visitors gaining access by using the call alarm system located at the entrance. Once activated, the ward team verifies the visitor's identity and purpose before granting entry, in line with Trust security protocols. These measures ensure that all individuals entering the ward are accounted for and that patient privacy is always protected.

A patient shared their experience, saying:

"I really enjoy being on this ward. I feel safe here, the care staff are wonderful, and my room feels like a luxury penthouse."

A relative shared their experience saying:

"The quality of care has been consistent; I am happy with that."

End of life care

We were told that when a patient passes away on the ward, a clear and respectful process is followed to ensure dignity and support for their loved ones.

Relatives are contacted as soon as possible and offered compassionate guidance. They are given the choice to spend time with their loved one either in the patient's own room or in the hospital mortuary, depending on their preference and comfort. Staff provide emotional support throughout this process and always ensure privacy and sensitivity.

We did not observe these actions.

We were told that for patients receiving end-of-life care who express a wish to spend their final days at home, the discharge coordinator plays a critical role in making this possible. They initiate a **fast-track discharge process**, coordinating a **multi-agency approach** to ensure all necessary arrangements are in place.

Listened to and being involved

We observed staff employing a range of communication strategies to ensure understanding and respect for patient preferences. We also observed staff engaging in discussions with family members or designated representatives to ascertain and honour the patient's wishes and needs.

When asked what they would do if they wanted to make a complaint, the relative said

"They would speak to the person in charge first."

Staffing

Ward A9 is effectively managed by Ward Manager Rachel Cunniffe.

The team includes:

- Ward Sister,
- Registered Nurses,
- Healthcare Assistants (HCAs),
- Discharge Coordinator,

- Administrative Assistant,
- Domestic Operatives.

At the time of the visit, staffing levels appeared adequate to support patient care, although a staff rota was not available for review. It was reported that staffing levels are consistent across day and night shifts, supporting continuity of care.

We were informed that the Matron visits the ward daily. The Ward Manager oversees visiting clinical staff such as Consultants, Physiotherapists, and other Allied Health Professionals who attend regularly.

The Ward Manager told us that the use of agency staff has been significantly reduced. Permanent staff are offered opportunities for overtime if they wish, and study days can be requested to support professional development.

Staff Training and Development

We were told that staff at MMUH follow NHS-aligned training programmes designed to promote dementia-friendly care by enhancing understanding, improving communication, and fostering awareness of the care environment.

We were told that all staff complete basic awareness training to develop an understanding of dementia symptoms, effective communication strategies, and patient needs. This training aligns with Tier 1 of the National Dementia Training Standards Framework, ensuring that everyone who interacts with patients has a solid foundation of knowledge.

We were told that healthcare professionals who work directly with patients living with dementia (such as those in A&E or ward settings) complete Tier 2 training, which covers:

- Advanced communication strategies for both early and later stages of dementia
- Principles of person-centred care
- Techniques for managing distress and behavioural symptoms
- Environmental adaptations to support orientation and minimise triggers
- Legal and ethical considerations in dementia care

A member of staff shared:

“I have completed CIS Management Training, and staff are encouraged to take part in this programme. CIS stands for Critical Incident – Safe Management training, which equips us to respond effectively when patients become aggressive or lash out. The training includes guidance on safe holding techniques, tailored to the level and nature of the incident.”

Team Communication

We asked clinical staff about the Duty of Candour

When asked whether they understood the legal obligation and duty of candour (whistleblowing), **staff explained that they are aware of their responsibilities to be open, honest, and transparent when raising concerns.** They confirmed that they can report issues to senior staff, record them through the appropriate reporting systems, and access Speak Up Advocates based within in the hospital for additional support. Staff also confirmed that they are encouraged to speak up about any concerns, and these are formally documented.

Discharge

We were told that the discharge coordinator is responsible for ensuring that patients leave the hospital ward promptly, with the necessary package of support in place, should this be required.

A relative shared their experience saying:

“That one of the challenges they experienced was that the patient’s medication and blister packs were altered daily whenever a potential discharge was discussed. They also faced difficulties securing an appropriate care package from a neighbouring city council”.

A relative shared their experience saying:

“Due to be discharged 2 days ago but blood pressure had dropped. New medication was prescribed; a discharge letter was issued. The nurse has explained about the new medication. I cannot fault the care staff”.

We were advised that there were potentially seven patients medically fit for discharge on the day of the visit. At the time of review, it remained unknown whether all identified patients had been discharged.

Summary

MMUH is a relatively new, modern facility designed to provide a high standard of healthcare in a safe and efficient environment. The building benefits from contemporary layouts, updated equipment, and spaces that support both clinical needs and patient comfort.

Ward A9 operates with a prominent level of efficiency and from observation professionally managed under the experienced leadership of Rachel Cunniffe and her team. Both the management and care staff consistently demonstrate a strong commitment to delivering high-quality, compassionate care. Interactions with patients reflect empathy, respect, and genuine attentiveness to individual needs.

It was observed that patient assessments on Ward A9 were:

- detailed, well-structured, and individually tailored.
- Staff displayed a strong commitment to person-centred care by recognising each patient’s unique health needs, preferences, and daily routines.

This approach contributes to maintaining dignity, encouraging independence, and ensuring a positive experience for patients.

Ward A9 demonstrated an effective, holistic, and integrated approach to patient care. Staff were observed working collaboratively across multidisciplinary professionals to ensure that each patient’s physical, emotional, and social needs were fully considered

Recommendations

The Hospital Trust to consider:

- Install clear dementia-friendly signage, incorporating both words and pictorials to support visibility, recognition, and wayfinding.
- Install wall-mounted handrails throughout the ward corridor, these would provide essential support for elderly patients with dementia and help improve their safety and independence.
- Install wall-mounted televisions in the en-suite rooms, as well as provide a television on a mobile trolley for the main ward area. This would allow patients to enjoy watching television comfortably, helping to enhance their overall wellbeing and experience during their stay.
- Complaint forms and information for both patients and relatives should be made visible and easily accessible on the ward

Acknowledgements

Healthwatch Sandwell extends its sincere thanks to Rachel Cunniffe and the clinical team on Ward A9 for their co-operation and engagement during the visit.

This visit has provided valuable insights that contribute to Healthwatch Sandwell's ongoing assessment of health, care, and support services across the borough.

Provider feedback

Dear Helen

Many thanks for the feedback, it was a pleasure to have you visit A9, we will look at the recommendations and feedback post review

Gareth Shaw
Deputy Group Director of Nursing.

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