THIS IS NURSING

...in the South West

Royal College of Nursing
South West
Introduction

Nurses and health care support workers care for people every day with skill, compassion and dedication. The care they give makes a huge difference to people’s lives, often at a time when they are at their most vulnerable.

Nursing is a wonderful, diverse profession and members of the Royal College of Nursing provide care in a wide range of settings. They are an essential part of services being delivered in the NHS, independent and voluntary sectors.

This publication is a showcase of just a few examples of the inspirational work undertaken by nurses and health care support workers across the South West region. Resilient, caring and committed, nursing staff deserve to be recognised for the enormous contribution they make to high quality care. We are sure that you will find this brief insight into their varied roles interesting and that you will join us in spreading the word about the positive contribution that nursing staff make to people and to our society.
“I am able to make a difference to a patient’s experience of the nursing environment. I really do love my job!”

“A resident’s wife told me that she is always pleased when I’m on duty. She has confidence in me.”

“Even after many years, I still learn new skills to improve the care that patients receive.”

“It is a privilege to have the skills and abilities to be able to help others.”

“I always care for patients how I would like to be looked after myself.”

“Within my nursing role I will stand up for what I believe to be right.”

“I’m a multitasker.”

“People put their trust in me.”

“Patients say I am kind.”

“I was there for my patient in his hour of need.”

“I can still deliver care despite the difficulties that surround this profession.”

“Providing great care takes professionalism and inner strength.”

“I keep going despite unrelenting pressure.”

“I work in a multi-professional team whose focus is developing each young person to achieve their potential.”

“It is good to be a useful member of a multidisciplinary team and work with other health care professionals.”

“I am there when I’m needed, caring for patients and making sure they’ve all had enough to eat and drink.”

I am proud to be a nurse because...
I've just been appointed as ward manager which I'm really excited about. I was a student here, and secured a job as a staff nurse before being promoted to clinical team leader and now ward manager.

What drew me back to the service after I qualified was the opportunity to develop therapeutic working relationships with people. They can be in treatment for quite a while, so you really get to work closely with them. They often come in at their most vulnerable and you have the opportunity to work alongside them as they progress through their recovery journey and work towards the quality of life they want and deserve.

My role now is a lot less clinical, but I enjoy supporting my team, developing others and improving the quality of our service. I love doing this job.

Our service is fantastic, very recovery-focused. We offer a full programme including body image groups, art therapy, yoga, a reflective space (psychodynamic) group, a cooking and nutrition group and an exercise awareness group. We’re all trained as radical-openness dialectical behavioural therapists, which is a model of therapy that aims to reduce over-controlled emotionality and increase flexible responding in an ever-changing environment as well as encourage social connectedness and improved relationships with others.

We know that people with eating disorders have come to live a life where safety comes from rigid, controlled, often ritualistic patterns of behaviour, and patients can become very risk-averse. We work with them to increase their flexibility, encouraging them to start having fun and learn to be playful again.

When your patients start their recovery journey and begin to make the changes in their lives that mean they can be happy and healthy, that behavioural change is really rewarding to see.
I’m originally from Zimbabwe and moved to the UK in 1997. At that time there weren’t that many men nursing, but it seemed like an opportunity with a lot of potential, so I thought I’d try it. I was one of 10 men among 70 students, and when I qualified the patients would often mistake me for a doctor just because I’m a man.

I really enjoy my specialty because there’s a lot of nurse-led input. We work closely with the doctors and there’s a lot of scope for decision making. It involves a lot of wound care, which nurses are experts in.

One of the best things about this job is seeing a really ill patient come in totally dependent and then seeing them walk out of the ward with their independence back. Supporting that improvement is my favourite part of the role, because it’s due to our input as a team that they are back up and carrying on with life.

The current lack of resources is challenging to nurses; we are reliant on how much money the Government gives the NHS and we can’t always deliver the care we want to because there’s so much pressure. It’s really important that we have time to talk to our patients properly when they’re in need. It’s often not their injuries they’re thinking about, it’s all the things they can’t do, like go to work, pay their bills or look after their families. Once you understand this you can better address the psychological effects of their injury. Patients often want to know when they’ll be well again, but while you can promote healing, you can’t speed up the healing process; ultimately nature will take its course.

It’s a very fast-paced role, with no let-up – at any given moment someone needs something. Reflection is a vital skill: taking a step back, evaluating and planning how best to approach things, how to use my time wisely, based on past experiences and learning.

Daniel Gombera – Staff Nurse, Trauma and Orthopaedic Ward, Gloucestershire Royal Hospital

“One of the best things about this job is seeing a really ill patient come in totally dependent and then seeing them walk out of the ward with their independence back”
I’m a prison nurse working in a small team providing care for 600 prisoners. We’re there to make a difference to the individual and working in a prison environment you have to leave your prejudices and preconceptions at the gate.

We run clinics and provide emergency response. We once had a patient who collapsed from a heart attack and by giving CPR and using the defibrillator we got him back. Saving a patient’s life felt amazing!

Another patient I worked closely with was diagnosed with prostate cancer. He refused to accept it and take charge of his care. After meeting with him several times a week, I was able to help him change his thought process and eventually he came to terms with his diagnosis, accepted help and was given the all-clear following treatment and radiotherapy. Empowering a patient like that in self-preservation makes me proud.

We’re a Category C prison so we see patients who are more long-term, running clinics for the over-55s and for chronic illnesses such as COPD, asthma and diabetes. We’re advocates for health; and we try to educate our patients about lifestyle choices like drugs and alcohol which could shorten their lives. Enabling a patient in prison to access health care and make the most of it is a huge feat, as some of them have suffered years of self-neglect.

In 2014 our prison was turned into an immigration removal centre. We now house people who are due to be deported or are awaiting a decision on asylum. The role can be very wide-ranging, including helping those who have sought refuge due to war or torture in their home countries with their mental health needs. Working alongside these patients and seeing big changes in them when we give them the tools to take back their lives is very rewarding. We can make a real difference.

Kimberley Blakey – Registered Nurse, HMP Dorset Cluster – Dorset Healthcare University NHS Foundation Trust, Bournemouth

“Empowering a patient like that in self-preservation makes me proud.”
I worked alongside our consultant to set up breast cancer services at my hospital, and I act as the link nurse between the NHS and the private sector, ensuring that our patients receive the same care as NHS patients.

People who have breast cancer find it really helpful to meet others in similar positions. So I invited all my patients to a tea party, which went really well and evolved into the Harbour Girls support group. We’ve been going since 2003. Patients can drop in every other month and meet people who’ve been through the journey. Some are years down the line, but they still like to come, and some have made lifelong friends. It’s a powerful experience.

A few of us from the support group have gone on to set up a charity called the Dorset Cancer Care Foundation, which offers financial support to local cancer patients and their families.

Having cancer is frightening; you’re vulnerable and you need your nurse to be your advocate and be there for you to help pick up the pieces.

I’m passionate about health – it’s so precious and people forget that. We have to enjoy every day. We need to look after the NHS and its nurses, they are so valuable.

Nursing is about compassion, empathy, caring and wanting to be there on that journey with the patient. I get to see the whole journey; I’m lucky, some nurses only get to see patients at that critical point.

I love nursing my patients and feel honoured to look after them. Listening and talking to patients and being accessible is so important – empowering them with knowledge about their disease. If you do that they do so much better psychologically.

I’m passionate about supporting nurses and nurse education, and through the RCN I’ve set up several independent sector study days to support nurses with their learning. I received a Pride of Britain award for services to breast cancer in 2010. My patients nominated me which was a wonderful surprise.

Leslie-May Harrison – Clinical Nurse Specialist for Breast Cancer and Health Screening Co-ordinator, BMI The Harbour Hospital, Dorset

“We need to look after the NHS and its nurses; they are so valuable”
Dementia may be only part of a person’s presentation on admission to hospital and affects everyone differently, so behaviours and needs can be very different. Many older people have multiple health problems, which often need to be unravelled and other possible causes of confusion ruled out.

I enjoy working alongside many different teams, including occupational therapists, social workers, community psychiatric nurses and physiotherapists, who all make important contributions to the safe discharge process.

My role is to assist patients with dementia during their journey through hospital, supporting them and their families with communication and decision making. I get involved with mental capacity assessments and ‘best interest’ discharge planning meetings, liaising with families and carers to establish their care needs. I also enjoy teaching and supporting the ward teams, particularly if patients have challenging behavioural issues.

Our team aims to improve the hospital stay, using resources and activities to reduce stress and alleviate patients’ boredom. People with dementia often have complex health needs and stay longer in hospital, so our programme includes reminiscence tea rounds with proper cups and saucers, bingo, singing, movement, reading and poetry, and we have volunteers who support those patients who may not have regular visitors.

Yeovil Hospital has a refurbished dementia-friendly ward, and we are increasing our use of colour, signage, space and light on other wards too. This year we are planning a dementia garden, a social space which will be somewhere quiet and safe for patients and carers to visit.
I’m a custody nurse, responsible for the wellbeing of people detained by the police. I make sure they’re fit for interview and charge, assess them for drug and alcohol withdrawal and can dispense some drugs without a doctor present. I provide minor wound care and emergency response, and can refer to other specialties such as mental health.

I also undertake intimate forensic sampling of suspects with consent, taking blood and urine samples and DNA swabs. I can be involved in all sorts of criminal investigations, from minor to serious. There can be a risk of violence but I always feel safe, supported by security staff.

My background is A&E nursing and I’ve also done some festival nursing. Both were good experience for what I do here, although I have a lot more autonomy now and am totally accountable for my decisions. It’s a lot of responsibility, which is good because it keeps me on my toes, and makes me use all the skills I’ve learned in my career.

As a demographic, the people I see now tend to have more medical issues than the general population, such as addiction, malnutrition and mental illness. They often aren’t engaging with any other services, so this is like a last-chance saloon for some of them.

It was a very hard decision to leave the NHS; the hospital I worked at put me through my nurse training, and after 19 years I felt like I was leaving friends and family. The thing I love about this job is that I get the chance to help people that the rest of society have given up on, who are often committing crime daily to fund their drug habits. They come into custody and get looked after: washed, fed, given clean clothes and hopefully sent off in the right direction. Sometimes for people who’ve reached rock-bottom, being remanded to custody can be a real turning point.

Tim Sheppard – Custody Nurse, embedded with Devon and Cornwall Police, Exeter

“...this is like a last-chance saloon for some...”
Elaine Collins – Hospital Matron, The Chesterfield Hospital, Nuffield Health, Bristol

I’m responsible for the management and leadership of all clinical services at The Chesterfield Hospital in Bristol, which is run by a private, not-for-profit organisation.

I manage the ward, outpatients, theatre department, housekeeping, portering, pharmacy and I also have links to radiology, pathology and physiotherapy. I work with a team of clinical managers who are very supportive, proactive people; I couldn’t do my role without them.

It’s very different to the NHS because we don’t do emergency care, only elective surgery. It makes for smooth running because you know how many patients you have coming in every day so you can plan for it, rather than emergencies having to take priority.

I started out in orthopaedics and trauma and I’ve kept my interest in orthopaedic nursing up to date through the RCN Society of Orthopaedic and Trauma Nursing. I was chair of the steering committee for several years. Being part of that group was a brilliant experience – I absolutely loved it. It was a great example of what nurses do and what they can achieve outside of work. I still go to all the conferences, which I had a major role in organising when I was on the committee.

The highlight of my career so far has been the opening of our new hospital. When I started we were based at another site and I was involved in the project to move across. It’s something that not everyone gets to be part of, so it felt like a privilege to be involved. It was great to be there from the beginning; going to the planning meetings with the local council, getting the design of the hospital right, recruiting new members to the team, supporting colleagues to move with us and working really hard to get it open at the end. It was challenging, but it was a great sense of achievement.
I work for a social enterprise in a 24-hour multidisciplinary rapid response team. We keep patients out of hospital where possible, working with health care support workers, occupational therapists, physiotherapists, social workers and the mental health team. We do complex assessments for acutely unwell people who need extra support at home.

It means a lot to people to stay out of hospital with their families, pets and familiar surroundings. They can follow their own routines and eat when and what they want. In hospital people can lose their skills and independence, and for those with dementia, it can increase their confusion.

We provide a seven-day service, aiming to get people back to how they were before we stepped in. The advanced nurse practitioners (ANPs) are all non-medical prescribers which is very useful. We’re also training the other professions in our team to take blood so that patients don’t have extra people coming into their home unnecessarily.

I’ve always wanted to work in the community and was a community matron before taking on this role. If I were ill I wouldn’t want to go to hospital. People want to be at home for as long as possible. When you visit for their initial assessment, and tell them they may be able to avoid hospital, the look of relief on their faces is priceless. It’s really rewarding making that difference to people’s lives, seeing them respond well to the treatment you provide.

We do a lot of teaching, and have developed an early warning score which is quite unique in a community setting. We’re also developing a sepsis tool to ensure concerns are escalated in time, as sepsis has a higher mortality rate than breast and bowel cancer and it’s a more common reason for hospital admission than heart attack.

The most challenging aspect of my role, as with most nurses, is not having enough time in the day. But we always put our patients first. They always come first.
Before taking on this role, I worked for 32 years in Bristol as a community staff nurse and then as a district nursing sister.

I work for a social enterprise within a community neurology service where I am the only stroke-specific practitioner. Any adult who has had a confirmed stroke or transient ischaemic attack can be referred to me.

After assessment I provide information, advice and support for the stroke survivor, their family and carers, making referrals, signposting them to relevant services and undertaking regular post-stroke reviews.

My favourite part of my role is seeing stroke survivors back in their home, building a new life post-stroke. I can help in all sorts of ways; I’ve been asked to find out about disabled riding and sailing before.

I take a very holistic approach, addressing the impact of the stroke, facilitating stroke survivors to understand why the stroke happened, which helps with secondary stroke prevention.

Since being in post I’ve increased my knowledge regarding physiotherapy, occupational therapy and speech therapy. Having this awareness helps me work better with stroke survivors which has been really rewarding.

I undertake a lot of advocacy, negotiation and liaison, sometimes with patients’ employers or the benefits system. I’ve dealt with a mortgage company before to prevent someone from being made homeless.

In the future I would like to see a dedicated stroke rehabilitation service/early-supported discharge in North Somerset. Research demonstrates that stroke survivors using such services are able to reach their potential more quickly and do better long-term, which leaves less strain on health and social resources, so it’s good for everyone.
I work in child and adolescent mental health, on the transition between acute and community care, which is very rewarding. I do inreach and outreach, working with children and young people for six weeks after discharge.

I also spend one day a week on an initiative called the Wave Project, which I set up here in Dorset, having come across one elsewhere. I’m very into sport and I could see its potential benefit for mental health, so I pitched for some NHS and National Lottery funding to develop the service.

We use surfing as a therapeutic intervention for children and young people with or at risk of developing mental health problems.

Our clients can be referred by social services, schools, clinicians or charities. We run a six-week course for 10 people to build self-esteem and confidence. Our surf mentors volunteer on a one-to-one basis and create a safe, friendly environment for the young people.

Surfing is cool and not something people always get the opportunity to do, and there’s a lot of evidence for the sea being therapeutic. It’s simple and fun; our clients form friendships and their self-confidence increases.

I love mixing my two roles. I had patients who were on my NHS caseload who did the Wave Project course, and it was a brilliant way to integrate them back into their community.

It’s all about early intervention and supporting children when they’re young. When you do, you can change the cycle; they can avoid crime, drugs or self-harm and just go down the beach.

Zoe Carter – CAMHS Transitional Nurse and Wave Project Co-ordinator, Dorset

“...you can change the cycle; they can avoid crime, drugs or self-harm and just go down the beach”
I look after male adult patients with personality disorders who have complex care needs. Many have been through the criminal justice system but their situations are all different. I support them in their day-to-day living, which might mean taking them off-site or occupying their time on unit; talking to them, helping them with tasks or helping them use their time constructively.

I also support registered nurses to deliver patients’ care plans. I feel lucky to have good role models around me who are supportive. I’m clear about the boundaries of my role and that I’m part of a team, not working in isolation, so I know when and how to escalate concerns. We all know our patients well and small changes in their behaviour can indicate a problem. There are clear procedures to report concerns and I know my observations will be acted on.

There is no average day. I can leave one shift and return the next day and it’s all different. A new patient can change the whole dynamic of the unit. Our patients can be volatile and are always vulnerable. It’s often challenging, so teamwork and trust in each other is vital. Everyone works well together and supports each other to ensure the safety of all staff and patients on the unit.

I love my job, but the hardest thing for me is accepting that some of our patients may never be fully well. It’s likely some will always need to receive a level of support from health services. I try to make a difference to them – making their experience as positive as I can, always treating them with care and humanity, no matter what their history.

A sense of humour is a must in this job – it’s a really challenging environment, and humour can, and does, bring out the best in all of us here.

Sam Roberts – Health Care Assistant, Langdon Hospital medium secure forensic unit, Dawlish

“It’s often challenging, so teamwork and trust in each other is vital”
I work with patients who disclose incidents of abuse and neglect by their care providers or family members. Often when they come to hospital they feel safe enough to say something about it and my role offers them support to deal with that disclosure.

I’m also responsible for ensuring that all our hospital staff are trained to recognise abuse and neglect and know how to respond appropriately.

The Care Act 2015 brings in a massive change for adult protection, shifting the focus from vulnerable to at-risk adults. It adds three more categories – modern slavery, domestic violence and self-neglect – to the seven types of abuse that there were previously: sexual, physical, psychological, institutional, discrimination, financial and neglect.

I find self-neglect fascinating. It can be very challenging as some people don’t want help, but we have a responsibility to engage with them and make an appropriate referral to adult social care or other community services. Getting someone to recognise that they need help can be difficult. As professionals it can be distressing when we see victims of domestic abuse who decide as capacitated adults they want to remain in a relationships where they have been abused have been abused being abused; whether it’s an elderly parent who wants to continue living with their son or daughter or someone wanting to stay with a partner. We’re lucky to have an independent domestic violence advocate at our hospital, who attempts to engage and support the victim while they remain in their relationship, trying to keep them safe.

I especially love working with the elderly population because every day is different. The hardest part of my role is when I see a severe case of neglect and abuse. That never gets easier and each case is really distressing. Talking it through with my manager is always useful and knowing that I’ve tried to make a difference to prevent that abuse and support the victim really helps too.

Zoe Cooper – Safeguarding Adults Named Nurse, Royal Cornwall Hospitals NHS Trust, Truro

“...knowing that I’ve tried to make a difference to prevent that abuse and support the victim really helps too”
I’m a practice nurse at the same practice where I started as a receptionist 25 years ago. I’m a real people person, and in general practice you get to treat the patient as a whole, spend more time with them and see the benefits of healing. I like to be able to follow the patient all the way through their journey, and they also get to know you too. You can have a good chat and find out about their social environment which helps with a holistic approach.

I’m proud to have set up Frome Leg Club, a social club environment based on award-winning methodology, where we engage people in the treatment of their leg ulcers. Often they’re lonely and only come out once a week to get their legs treated. This way they can stay for the whole morning and be with others who have the same condition, drink tea and coffee and have a chat. Our members love coming to see us. We’ve seen friendships form which is just lovely.

One member has taken on the role of helping our team at the club. It’s given him a purpose; we’ve seen a real change in him which has been fantastic. We have another member who we initially felt was a vulnerable adult; she was very socially isolated, but since coming to the clinic she has been thriving.

A lot of members still come back even after they’ve healed. We wash and moisturise their legs and help them reapply their hosiery. It helps them comply with their treatment plan, otherwise they don’t always wear it. We check the blood flow going down to their feet, and can offer advice on other leg conditions like eczema and varicose veins to anyone who wants to drop in.

Time management is the one really challenging aspect of the role, and it can be hard going. But while it’s not roses and glory all the time, I love what I do. It’s very rewarding – there’s a lot of job satisfaction.

Kate Wright – Lead Leg Ulcer Nurse, Frome Medical Practice, Somerset

“...while it’s not roses and glory...I love what I do”
The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

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