



**Enter and view visit
Ash ward, Bridgwater
9 December 2015**

Project leads

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Acknowledgements

The enter and view team would like to thank the staff and patients at Ash ward as well as the patient engagement manager for the Somerset Partnership for helping to ensure the enter and view team was welcomed, for accommodating its needs and for ensuring that patients were advised of the visit and given the opportunity and support to talk to us.

The enter and view team for this visit comprised of authorised representatives, Rwth Hunt and Elaine Hodgson. Elaine Hodgson is also a governor for the Somerset Partnership NHS Foundation Trust. The team was accompanied and supported with their visit by Healthwatch Somerset staff member Jonathon Yelland.

Purpose of the visit

- To seek the views of patients, visitors and staff about the services they receive or work in.
- To seek the views of patients and visitors about other NHS or social care services they receive.
- To identify good practice examples and share these with Commissioners, Somerset Partnership and other inpatient wards.

Methodology

This visit forms part of a wider project running from November 2015 to July 2016. Healthwatch Somerset enter and view representatives will visit each of the nine wards in Somerset that provide treatment for people with acute mental health issues.

The enter and view team first spoke to the ward manager. The team was keen to ensure that their presence did not hinder the provision of care being given and that any safety concerns were discussed.

The enter and view team then met with a patient who had requested to speak with us before receiving a tour of the ward. The team was accompanied by a staff member throughout the visit to help ensure safety and each pair was given a panic call button.

The patient engagement manager for the Trust and staff at the ward had spoken with patients prior to the visit to offer the opportunity to speak with the enter and view team. One patient took this opportunity. Staff also maintained a respectful distance during lunch when the enter and view team was able to speak with other patients

about the service they receive and their experience of using other health or social care services.

This report will be shared with the provider within six weeks of the visit, and a response to the report and the recommendations sought within 20 working days. The report will then be published on the Healthwatch Somerset website and shared with the provider, Care Quality Commission, Healthwatch England and commissioners of the service.

A final report summarising the findings of all nine visits will then be written and sent to the provider for comment before being published as stated above.

Findings

About Ash ward

The Somerset Partnership NHS Foundation Trust who provide this service describes the ward as follows:

‘Ash Ward is a 12 bed low secure inpatient rehabilitation and recovery unit for male adults with mental health difficulties.

Ash Ward provides skilled, supportive, person centred care for people whose psychiatric condition requires treatment in conditions of low security. The service will be guided by recovery and rehabilitation principles to offer individuals care based on thorough assessment of clinical needs and risks.

Ash Ward provides services to both Somerset and other Trusts through arrangement with the ward manager.’

The environment

Ash ward is situated close to the centre of Bridgwater in a complex next to Wessex and Willow wards.

It was observed that information about the ward and Somerset Partnership was displayed on the wall of the reception area. The team felt that it would also be appropriate to display leaflets about Healthwatch Somerset both in reception and also on the patient engagement noticeboard. (See recommendation 1).

The ward has been open for five years and was observed to be modern and clean and appeared well maintained. The enter and view team felt that the art work helped to contribute to a relaxed atmosphere.

It was apparent that patient safety had been a high priority when the building was last refurbished and attention had been given to minimising risks such as ligature points.

All bedrooms have ensuite facilities. We were shown two rooms of different sizes.

There is a communal activities area, a dining area, a lounge with a television and two outside spaces that appeared to be well maintained. One of the outside spaces features graffiti style motif of Ash ward in a colourful design. Patients are encouraged to design and paint in this area and we spoke to a patient who showed us a design in progress. It was felt this was an excellent way to encourage patient involvement in the environment.

We were shown a well-equipped gym and this was thought to be good practice due to the well documented links between physical and mental health. We were also shown a small reflection room giving patients a private calm space to use when needed.

The enter and view team viewed a family room which is useful for patients to receive visitors. We were also shown a conference/meeting room which is sometimes used for professionals to meet and can be accessed without the need to come on to the ward. We were told that this room has been used by patients to show films.

The team was also shown a de-escalation suite which we were told is rarely used. This is a safe low stimulus room that can be used when a patient is distressed and in danger of hurting themselves or others. The CQC identified a requirement for an ensuite facility in the de-escalation room. This is a safety issue because transferring a patient to the toilet across the corridor could require a extra staff to negotiate this safely, while maintaining security in all other ward areas. We were told that the cost of this improvement would be considerable, and a date has not yet been set to do the work.

Involvement

The enter and view team noted some good methods for ensuring patients have their say and that their views are sought.

The ward held 'have your say' meetings fortnightly and 'management/ patient' meetings quarterly. In addition to this we were told that there are also daily planning meetings five days a week and a 'carers involvement meeting'.

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Somerset has gathered good practice examples relating to 'have your say' meetings that may help the ward to make further improvements and it is recommended that these are discussed at future meetings. (See appendix 1 and recommendation 2).

A designated patient engagement noticeboard displays minutes of patient meetings, together with information about how to complain or raise a concern or compliment.

Advocates from SWAN Advocacy visit weekly and were there at the time of our visit. PALS (patient advice and liaison service) visit the ward on request.

The manager informed us that the ward also conducts an annual patient survey and an annual survey about the atmosphere on the ward.

It was noted as good practice that a chaplain visits the ward weekly and that the ward has links with a supported farm scheme in Glastonbury that patients can attend.

Overall it was felt that the ward offer good opportunities for patients to be involved and that opportunities for involvement in the community are sought.

Activities

A specific 'activities' notice board is displayed in the ward listing upcoming activities. These included:

- weekly visits by the 'SUCH Project' who provide complimentary therapies;
- OT (Occupational Therapy) team visits;
- drumming session;
- laughter therapy;
- yoga;
- music therapy.

In addition to these there are outside activities such as bike riding and we learned that the ward has their own bicycles for patients to use.

We also spoke with a patient who had been indoor rock climbing on the day of our visit.

Staff and patients also told us that the ward organises nature walks, trips out, various games, Karaoke and art. There is also a computer in the activities room that supervised patients can use until 8pm.

We learned that Saturday and Sundays are lie-in mornings followed by patient led activities.

The games room has a pool table, dartboard, puzzles, magazines and is only unlocked when patients want to use it and can be supervised in there.

The enter and view team would like to share a list of activities gained from visiting other services and recommend that these are discussed with staff and at 'have your say meetings'. (See appendix 2 and appendix 3 and recommendation 3).

Food and nutrition.

The main meal is served in the evening. Some patients preferred to eat in the dining area while others preferred to eat in their rooms. On the day of our visit lunch was a pastry slice with chips and beans. One patient we spoke with said the food is 'OK' and that 'there is plenty of it' but that there is not always a healthy option available. The effect of nutrition on mental health is well documented and the 'Mental Health Foundation' states; that 'Recent evidence suggests that good nutrition is essential for our mental health and that a number of mental health conditions may be influenced by dietary factors.' (See recommendation 4).

Staff

On the day of our visit there appeared to be enough staff to support patients and staff were observed to be caring, supportive and respectful to patients.

The manager noted that recruiting qualified staff is difficult.

The enter and view team felt that more could be done to encourage volunteers to add support on the ward and that this would help with the provision of further activities and one to one time. (See recommendation 5).

The enter and view team asked the manager if staff change out of their uniforms when escorting patients outside the ward. The manager explained that there were two schools of thought about this. The first being that staff wearing uniforms when in the community with patients can help identify them as staff to the public, which may be advantageous in reassuring the public if there is an incident or behaviours relating to a patient's mental illness that may concern the public. The second school of thought is that a uniform may stigmatise the patient in the community. The enter and view team were of the opinion that uniforms should not be worn by staff while supporting patients in the community, however, recognised that there is a need for further consultation about this. Healthwatch Somerset recommend that patients and staff are consulted about the wearing of uniforms for staff supporting patients in the community. (See recommendation 6)

Other health and social care services

During this visit we did not hear any issues raised about other health and social care services, however one patient told us that he did not think he was in the most suitable environment for his needs and that there should be somewhere where he

could be safe but more homelike in the community. Healthwatch Somerset will note this issue.

The enter and view team discussed with the manager that our visit to Rydon ward identified that housing support providers had been diminished over recent years and that this, and the need to improve relations with existing providers, had sometimes led to delays in discharge. The manager explained that this was not so much of a problem for Ash ward as the turnover of patients was much slower. It was also noted as good practice that discharge planning began at the point of admission.

Good practice to commend noted during the visit

- portable hearing loop available;
- art work helped to contribute to relaxed atmosphere;
- well maintained outside spaces;
- graffiti wall for patients to use;
- regular have your say meetings;
- daily planning meetings;
- provision of reflection room;
- access for patients to well equipped gym;
- carers' involvement evenings;
- complimentary therapies provided by the SUCH project;
- annual surveys conducted with patients;
- patient engagement noticeboard;
- activities noticeboard;
- links with a community farm project in Glastonbury;
- provision of bicycles for cycling and other activities that benefit physical and mental health;
- regular visits from SWAN Advocacy service.

What people told us

- 'I find it much more open and not as intimate as in the crisis ward. We would have tea and biscuits served at regular intervals but it will take some time to get used to not having that here. I think I felt safer in the crisis ward'
- 'The staff have been very kind, but not as close as I'm used to in the crisis ward'
- 'I enjoy drawing and the graffiti area means I have something to plan for that means something.'
- 'The food's OK and there is plenty of it.'

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- 'There is not always a healthy meal option.'
- 'I enjoy art and painting and designing complicated things, it helps me relax'.

Conclusion

Ash ward was thought to provide a safe, well maintained environment. The staff were observed to be supportive and considerate to the patients' needs. There appears to be a good range of meaningful activities, but it was thought that more could be done to seek volunteers who could further enhance activities and opportunities for communicating with patients.

There is a variety of mechanisms for patients and families to give feedback and discuss ideas or concerns.

It was felt that more could be done to provide healthy options to all meals and some other recommendations have been made that it is hoped will help the service to make further improvements.

Many examples of good practice were noted, particularly concerning the care environment and the involvement of patients.

Recommendations

1. Healthwatch Somerset leaflets to be displayed both in reception and also on the patient engagement noticeboard.
2. The Trust consider introducing any items from the 'good practice examples for meetings' list that it thinks will help to improve these. (See appendix 1)
3. The good practice examples activities list (See appendix 2 and 3) is discussed with staff and at 'have your say meetings'.
4. Consult a nutrition specialist for advice on improving healthy options for meals.
5. Create a volunteering recruitment plan to encourage the involvement of volunteers onto the ward.
6. Consult with patients and staff about the wearing of uniforms by staff supporting patients while out in the community.

Disclaimer

- This report relates only to a specific visit (a point in time)
- This report is not representative of all service users (only those who contributed within the restricted time available).

Appendices

Appendix 1

Good practice examples gathered from previous enter and view visits

Have Your Say Meetings

- Hold regular weekly meetings.
- Make the meeting part of larger events/ activities.
- Ensure that residents have the opportunity to add to the agenda and receive the agenda well in advance of meetings.
- Give residents who do not wish to attend the opportunity to contribute to the meeting in other ways. E.g. via a key worker or suggestion box or someone raising items on the person's behalf.
- Invite guest speakers to talk about a topic of interest. Ask for suggestions about this from patients. Speakers may include a comedian or complementary therapist, hobbies and crafts. This would help to ensure that residents who may not otherwise attend might be motivated to give their input for different reasons.
- Ensure that patients receive minutes of meetings, noting in particularly 'You said we did' type comments.

Appendix 2

Good practice examples gathered from previous enter and view visits

Activities

Quizzes

Visits from local falconry/ bird sanctuary

Musical Entertainers

Visitors and staff bringing in pets

Monthly in-house church service

Visits from the owl sanctuary

Visits from the Donkey Sanctuary

Art class

One to one manicure

Visiting beauty therapist

Drumming workshops

Gardening

'Old Fashioned Sweet Shop' visit

Clothes Direct visit to the home

Flower arranging

Dough modelling

Library visiting service

Pets at home service

News & current affairs discussion group.

Garden Games

Bingo

Comedian visits

Arts and crafts

Carol service

Hand bell ringing

Nintendo Exercise

Garden walks

Film club

Indian head massage

Singing

Songs of praise.

Chiropody

Cooking

Model making

Barbeques

Music and movement

Dancing

Ukulele lessons

X-box bowling.

Appendix 3

Good practice examples gathered from previous enter and view visits

Activities promotion

- Display an activities timetable on the notice-board and provide a copy to each resident
- Offer regular individual activities on a one to one basis. This can include assistance with a hobby, or just time to chat or reminisce
- Encourage and support patients to organise their own activities
- Discuss activities at patient meetings
- Offer a mixture of individual and group activities
- Give gentle encouragement to participate in activities while ensuring no-one feels guilty for choosing to opt out
- Seek feedback on activities when people are discharged.
- Employ an activities co-ordinator or give staff a specific role and time to plan activities with residents
- Arrange fund-raising for activities
- Allocate time for staff to arrange individual activities for patients or spend one to one time with a patient
- Seek volunteers to help run activities.