healthwatch Somerset

Enter and view report Pyrland Ward - Taunton Date 14 July 2016

Authorised representatives

Healthwatch Staff lead – Jonathon Yelland

Healthwatch Somerset
T: 01823751403
E: info@healthwatchsomerset.co.uk
W:www.healthwatchsomerset.co.uk

1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Pyrland ward 1 and 2, Cheddon Road, Taunton TA2 7AU
Service Provider	The Somerset Partnership NHS Foundation Trust
Date and Time	2016. 10.30hrs – 14.00 hrs
Authorised Representatives	Janet Bond, Jonathon Yelland
Contact details	info@healthwatchsomerset.co.uk 01278 751403

1.2 Acknowledgements

The enter and view team would like to thank the staff and clients at Pyrland 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.

1.3 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, The Somerset Partnership and other inpatient wards.

2 Methodology

This visit forms part of a wider project running from November 2015 to August 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 spoke first to the ward manager. The team was keen to ensure that its presence did not hinder the provision of care being given and that all safety concerns were discussed.

The enter and view team then received a tour of the wards. The team was accompanied by a staff member throughout the visit and to help ensure safety we were given a panic call button. The team ate lunch with clients and spoke to some in communal areas.

Following the visit this report will be shared with the provider who will have the opportunity to respond to the report and the recommendations made. The report will then be published on the Healthwatch Somerset website and shared with the provider, Care Quality Commission 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 previously stated above.

About the service

The Somerset Partnership describe the ward as follows:

The Somerset Partnership NHS foundation Trust who provide this service describe the ward as follows:

Pyrland Ward One has 14 beds and provides assessment and treatment for older people suffering from acute mental problems such as depression, anxiety and bi-polar disorder. Pyrland Ward One provides services for people across Somerset. The average length of stay is 12 weeks.

Pyrland Ward Two has 14 beds and provides assessment and treatment for older people suffering from dementia and other confused states, often with high levels of aggression. It also provides six transitional care beds for men with dementia who are

funded through Health Care for NHS Somerset Clinical Commissioning Group. Although predominantly from Somerset, access can be available for people not living in Somerset. The average length of stay is 12 to 16 weeks.

A team of specialist mental health doctors, nurses and therapists who work closely with the Community Mental Health Team for Older People support both wards. The services are accessed through the Community Mental Health or Crisis Resolution and Home Treatment teams.

NB: It should be noted that due to difficulties recruiting staff four beds on ward two have had to close.

3 Findings

3.1 Environment

On entering the building an eye-catching alcohol hand gel machine promotes the good hygiene practice observed. Ward One is bright and cheerful with attractive displays, pictures and notice boards. Some of the art work is generated by the clients. In contrast Ward Two appears overdue for redecoration and lacks colour and light making the corridors look dark. Staff are aware that refurbishment is required. Some of the rooms are no longer used due to a reduction in beds caused by difficulties with recruiting qualified staff. Some of these vacant rooms have been made into facilities that patients can use such as a hairdressing salon and a sensory room.

Outside is a very attractive dementia friendly garden with a wonderful array of plants and flowers. Seating is provided to encourage clients to enjoy the sunshine and fresh air. Clients were watering and tending some of the pot plants while the team was visiting.
It is recommended that ward Two and the activities room be refurbished and redecorated to improve the atmosphere and environment. (See recommendation 5.1.1)

3.2 Activities

One full time activities coordinator and one full time occupational therapist are shared between the two wards.

Some volunteers help to support patients, for example the 'Pat Dogs' service visit once a week, and at the time of the Enter and View visit a volunteer from the SUCH Project who provide complimentary therapies to patients, was giving one of the patients a back massage. A volunteer who plays the trumpet entertains patients weekly and there are frequent visits from the multi faith chaplain. Some members of staff are trained in Flexercise and staff also do manicures and pedicures. At the time of our visit a cooking session had just completed and a delicious tray of cakes which were being shared with staff and other clients. In the grounds is a shed, which at one time was used by patients to produce bird boxes. At the time of the enter and view visit very few on ward activities appeared to be taking place on Ward two, and the ward two activities room, which the team felt would benefit from sprucing up, was not in use. Some of the patients we spoke to seemed lost without a meaningful activity to engage in and it was felt that this contributed to some patients feeling anxious and confused. The enter and view team felt that the provision of more tactile and memory stimulating objects around the ward would help to engage patients. (See recommendation 5.1.2)

The enter and view team would like to share a list of activities and related good practice examples gained from visiting other services and recommend that these are discussed with staff and at 'Have Your Say Meetings'. (See Recommendation 5.1.3 and appendix 6.3 and appendix 6.3.1).

3.3 Staff

There are national problems recruiting qualified nurses into this field of specialist work and Pyrland Ward experiences these problems. Four beds on Ward Two have been temporarily closed due to difficulties recruiting qualified staff. Across the two wards reducing beds available from 21 to 14 has had a significant positive impact on the overall atmosphere and the ability of staff to treat residents more safely and effectively.

The manager reported that the bank staff budget could be used if a client required additional support during the night. The manager told us that, once employed, staff do tend to stay as they find it a "lovely supportive team". This is reflected in staff feedback surveys.

The manager reported that volunteers have been helpful particularly in administrative roles. However, more difficulty had been found when using volunteers who spend time with clients as they require staff time and supervision.

Staff from Pyrland Ward have useful and productive links with staff from Magnolia Ward, a similar facility in Yeovil. This sharing of skills and knowledge is leading to

the development of a training package for Health Care Assistants including therapeutic activities, de-escalation and sensory work. To further enhance this package the enter and view team suggested contacting Reminiscence Learning for support and advice for therapeutic activities. (See recommendation 5.1.4)

The manager told us about a positive initiative whereby the manager has meetings with managers from similar establishments in the South West to generate and share ideas and developments.

Members of staff are trained to provide the lead in palliative care, diabetes, infection control and medication. Further advice for staff is provided by district nurses who support, for example, PEG feeding and syringe driving. Three Consultant Psychiatrists support clients, most of whom they already know.

3.4 Food and Nutrition

The Enter and View team joined Ward One clients for lunch, and enjoyed a very calm and pleasant hour as well as a delicious meal. Patients were observed chatting to each other in a relaxed atmosphere. Domestic and catering staff had relaxed chats with the clients.

The choice of meals being served looked appetizing and well balanced. Visual displays assist clients in choosing and understanding the need for balanced nutritional meals. As one client said, “10 star hotel this”.

3.5 Discharging patients from the ward

The majority of clients from Ward One return home. Clients from Ward Two tend to return or be placed in nursing or care homes. The Manager also noted that a lot of time is taken with bed management and achieving successful discharge. Close liaison with Magnolia ward in Yeovil has helped with this as well as close liaison with the Community Mental Health Teams.

3.6 Things to commend

- Flexible visiting times for relatives and friends
- SWAN advocacy visit weekly and there is the opportunity for all clients to be allocated an advocate unless they choose otherwise
- Client “Have your say” meetings
- Working links with Magnolia Ward

- Relaxed and friendly meal times on Ward One
- Attractive displays and welcoming environment on Ward One
- Positive relationships between staff and clients
- Positive and supportive relationships between staff
- Care plans are shared with clients and their families
- Links with the local college
- Links with a number of voluntary organisations
- Flexibility within staffing to accommodate patient's needs
- Dementia friendly garden

4 Conclusion

During the visit, the enter and view team spoke with the manager about the organisation of the two wards, as well as the support for and constraints on the delivery of an efficient and effective service. Healthwatch Somerset learned about staffing issues such as the recruitment of trained nurses. It also heard about the time taken on bed management and achieving satisfactory discharge and placement of clients. The team visited the two wards, joined clients at lunchtime and spoke with members of staff, volunteers and clients.

The enter and view team felt that overall Pyrland wards met the needs of the clients in a supportive and caring environment. Although Ward One was attractive and welcoming, the manager and staff are aware that Ward Two needs refurbishing to provide a more cheerful, welcoming and relaxed atmosphere. Staff were observed interacting with clients in a friendly manner, and in Ward One clients were observed to be sensitively supported at meal times.

Clients spoken to enjoyed the gardens and opportunities to help water and maintain the plants. They also enjoyed the cooking sessions. Some patients told us that there was little to do to pass the time. It was identified that it would be beneficial if a greater range of activities could be made available, for example links with the Reminiscence team.

The care and support given to clients was thought to be caring and friendly as evident from the observations made by the enter and view team.

5 Recommendations

5.1 It is recommended that:

5.1.1 ward two be refurbished to make it more welcoming and attractive. Including the refurbishment and re-organisation of the activities room to make it more inviting, accessible and enjoyable.

5.1.2 more tactile and memory stimulating objects are provided around the ward to help occupy, stimulate and engage patients.

5.1.3 the good practice examples activities list (See appendix 6.3 and 6.3.1) are discussed with staff and at 'have your say meetings'.

5.1.4 That the ward contacts Reminiscence Learning for support and advice for therapeutic activities.
http://www.reminiscencelearning.co.uk

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.)

6 Appendices

6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include[1]:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- providing advice and information about access to local care services so choices can be made about local care services
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

[1] Section 221(2) of The Local Government and Public Involvement in Health Act 2007

Each Local Healthwatch has an additional power to enter and view providers[2] [3]**so matters relating to health and social care services can be observed.** These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services. [4] [5] Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services. Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report is aimed at outlining

---

[2] The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

3 The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

[4] The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

[5] The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

what they saw and making any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

· NHS Trusts, NHS Foundation Trusts

· Primary Care providers

· Local Authorities

· a person providing primary medical services (e.g. GPs)

· a person providing primary dental services (i.e. dentists)

· a person providing primary ophthalmic services (i.e. opticians)

· a person providing pharmaceutical services (e.g. community pharmacists)

· a person who owns or controls premises where ophthalmic and pharmaceutical services are provided

· bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

6.2 Comments from participants

Patients Quotes gathered and recorded during the visit

- 'This is like a 10 star hotel.'
- 'It can be boring if there is nothing to do.'
- 'The staff are lovely.'
- 'I think the food is generally good'
- 'There is not much to do.'
- It's lovely here in the garden.'

6.3 Good practice examples -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.

6.3.1 Activities promotion – Good practice examples

- 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 coordinator 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.