healthwatch Somerset

Enter and view report

St Andrews Ward - Wells

Date 24 March 2016

Authorised representatives
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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Glastonbury Road, Wells TA5 1TJ
Service Provider	The Somerset Partnership NHS Foundation Trust
Date and Time	24 March 2016. 10.30hrs – 14.00 hrs
Authorised Representatives	Cliff Puddy, Judith Goodchild, Saphia Ali
Contact details	info@healthwatchsomerset.co.uk 01278 751403

1.2 Acknowledgements

Healthwatch Somerset would like to thank the staff and patients at St Andrews ward for helping to ensure the enter and view team were 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 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 spoke firstly to the ward manager. The team were 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 received a tour of the ward. The team were accompanied by a staff member throughout the visit to help ensure safety and each pair was given a panic/nurse call button.

The ward staff had informed patients of our visit at the daily planning meeting that morning and given them an opportunity to speak privately with the enter and view team. On this occasion none of the patients chose to take this opportunity although we were able to speak to three patients during lunch.

Following the visit, this report will be shared with the provider within four 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 and commissioners of the service.

A final report summarizing 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:

St Andrews Ward has 14 beds, providing assessment and treatment primarily for adults of working age experiencing an acute mental health problem. There is a team of specialist mental health doctors, nurses and therapists who work closely with the crisis resolution and home treatment teams. St Andrews Ward predominantly provides services to people who live in the Mendip area.

The Ward consists of single rooms with dedicated areas for both males and females adhering to the national standards requiring provision of gender sensitive care for individuals in hospital environments, whilst still providing all service users the choice to freely socialize. It aims to provide a service that is sensitive to individual needs ensuring risk is minimized and managed effectively. The ward aims to work collaboratively with patients, families and carers, respecting patients' views, and to develop an individualized package based on the recovery approach enabling patients to take ownership of their care where appropriate to support their stay in hospital.

3 Findings

3.1 Environment

St Andrews Ward is based in a complex that contains a medical center and other services on the outskirts of Wells, however, unlike the wards that are based in Taunton and in Bridgwater, it is the only ward based at this site.

The enter and view team's first impressions of the ward which was purpose built, was that it was clean, friendly, light and airy. The artwork and pictures displayed helped to convey a relaxed atmosphere.

Unlike many of the other wards that we visited, the bedrooms at St Andrews do not have en-suite facilities. We spoke to one of the patients about this and they said that they didn't mind the lack of en-suite and that it encouraged them to come out of their room more often.

Other facilities include a dining area, interview rooms, games and activities areas, an art room, TV lounge, kitchen and laundry. There is also an area where patients or visitors could make hot drinks.

As with other wards we have visited at the Trust, much attention had been given to design and furnishings to eliminate ligature points.

There is a secure garden area outside that was cleaner and better maintained than the other wards we had visited.

There is a female only area which the enter and view team felt can make an important contribution to female patients feeling safer while on the ward, appreciating that feeling safe can be key to a person's recovery.

The ward has a de-escalation suite which is located in the female only area. The team felt that this is not ideal as male patients may require use of this facility at times. However the manager informed us that it was not often needed.

3.2 Opportunities for patients and families to be involved and have their say.

The manager informed us that in addition to daily planning meetings there are also weekly 'Have Your Say' meetings on the ward.

The ward also hold regular family liaison meetings and have signposted family members to carers support services.

The enter and view team noticed that there were suggestion boxes for patients and visitors to use anonymously if they preferred.

A notice board displays information about the PALS service (Patient Advice & Liaison Service) and information about SWAN advocacy. Staff informed us that both services visit the ward regularly.

It is recommended that Healthwatch Somerset leaflets are also displayed and available for patients. (See recommendation 5.1).

3.3 Activities

The manager informed us that there were 1.2 Activity Coordinators employed who also worked weekends. There is also a full time Occupational Therapist. There were a number of organized activities available both in and outside of the ward and it was noted that information about these was displayed on a notice board.

During the visit Patients were observed partaking in art activities and others were out and about with staff.

During daily planning meetings, escorted leave is planned for patients to access community facilities and activities.

We spoke to a patient who told us about the breakfast club and cooking activities that bring patients together to cook a shared meal. The patient felt that these were a good idea.

Healthwatch Somerset have gathered a list of activities from their visits to other services and it is hoped this list will inspire services to further expand activities. It is therefore recommended that the service share the activities list (appendix 6.3 and 6.3.1) with staff and at 'Have Your Say' meetings. (See recommendation 5.2).

The Enter and view team learned that a seven seater car had been ordered for the ward and thought that this would be beneficial as it would enable patients to access more outside activities and community resources.

3.4 Staff

The enter and view team spoke with the manager about the national problem of recruiting and maintaining qualified staff and asked how St Andrews ward managed this issue. The manager told us that by exercising a degree of flexibility, safer staffing levels can be maintained. For example it may be better to have extra support staff and fewer qualified nurses particularly when this diminishes the need to use agency or bank staff. The manager also told us that they try to have extra staff at bank holidays, weekends and at Christmas.

Throughout our visit the staff were observed to be supporting patients in a friendly and respectful way. We observed a patient being assisted during lunch and noted several interactions between staff and patients where both staff and patients were smiling, chatting and joking together. The patients we spoke with praised the staff and said they were supportive.

One member of the enter and view team spent some time chatting with staff. One staff member said that the staff team were very supportive of each other and that the manager was approachable. Some staff felt that more staff were needed and that two nurses and four support staff was sometimes not enough to effectively manage unexpected incidents or situations. One member of staff said that they had not yet had the time to complete an incident report that was overdue and that it was important these were completed soon after the incident. Another staff member also said that there were times when more staff were needed.

One staff member noted that they thought it was good that a degree of flexibility was inherent in the rotas.

It is recommended that the manager and the trust consult with patients and staff with a view to reviewing staffing numbers on a regular basis. (see recommendation 5.3)

The manager told us that ‘Reflective Practice sessions for staff were in place and facilitated by professionals experienced in the area of personality disorder. We spoke to staff who confirmed the value of this.

One issue noted is that there can be a lack of additional medical staff to call on at bank holidays and weekends. Advice is sought from the wards in Taunton or from the on-call doctor who may not have the specific experience or knowledge about mental health. The manager told us that they had phoned Holford Ward in the past but found that staff were not available. It is recommended that the Trust review the out of hours support for the ward. (See recommendation 5.4)

3.5 Other issues affecting health and social care service.

At the start of our visit the enter and view team were introduced to Andrew Keefe who is working with the Trust, looking at environmental and geographical issues. One of the issues affecting St Andrews ward is that, unlike the wards based in Taunton and Bridgwater, this is the only ward located on this site. This means that staff cannot easily call on staff from nearby wards to help out during an emergency. It was also explained that the ward does not have en-suite facilities. On the plus side the ward is the only ward in this area of Somerset and gives patients an option of being treated somewhere that may be closer to family and friends and support network. Bath University is not far from Wells and students can train as nurses here.

It is clear that there is a need to consult with patients and staff about the issues and that there will be many factors at play that influence any plans for the future of the ward.

The manager informed us that in the past, relationships with the police had not always been effective and that on more than one occasion the police had been reluctant to attend the ward when an incident had occurred. The manager explained that in recent months the wards relationship with the police had been improved and that police were more willing to help when needed.

The manager also shared that other difficulties had been experienced relating to the South West Ambulance Trust. On one occasion a patient needing secure transport to a secure ward had waited for 6 hours and that this had caused unnecessary upset and risk for other patients while staff had struggled to manage the situation. Healthwatch Somerset will ensure these issues are recorded and shared with commissioners and the relevant service providers.

As with other wards visited, the availability of supporting housing was identified as an issue that affects the successful and timely discharge of patients. Although Wells has an advantage over some other areas in that it has a specialist housing provider in the area (Keyward Housing), the manager noted that there is a shortage of housing vacancies and supported housing providers. We learned that there were two patients who were ready for discharge but were awaiting suitable vacancies. We were also told that discharge can be held up by delays in the provision of care packages from the local authority. The manager informed us that despite these problems the ward's occupational therapist had developed good relationships with the local housing officer and explained that this had benefitted patients leaving the ward in the past.

One issue that had affected the ward in the past was the availability of staff and communication channels between wards. The manager told us of an instance when they needed to transfer a patient to Holford ward because it offers a secure environment, but all the staff were in a meeting and the reception service at Holford had difficulty managing the transfer in a positive way.

3.6 Things to commend

- Relaxing art work displayed
- Breakfast Club
- Group cooking activities
- Flexibility of staffing and rotas
- Well maintained outside space
- Main meals in the evenings, in response to patients requests
- Daily planning meetings
- Regular family liaison meetings.
- Good links with SWAN advocacy and PALS services.
- Reflective Practice sessions for staff
- Visits from the SUCH project
- Good relationship with local Housing officer

4 Conclusion

St Andrews ward was seen to provide a suitable care environment for patients. The lack of en-suite facilities did not seem to be an issue for the patients we spoke to. Staff were observed to be caring and respectful throughout the visit and staff spoken to, said they were in a supportive team. Some staff felt there was a need to recruit more staff in order to safely deal with unexpected situations that occur.

Good practices were noted relating to the environment, activities, and the involvement of patients and families.

The lack of supported housing providers was discussed and it has been noted that this can affect the timely and supported discharge of patients. Past issues with the wards relationship with the police appear to be improving but issues regarding South West Ambulance service and secure transport services have been noted.

Many good practices have been commended and some recommendations made that it is hoped will help the service to make further improvements.

5 Recommendations

5.1 **It is recommended that information leaflets about Healthwatch Somerset are made available**

5.2 **It is recommended that the ward look at the activities list and good practice examples detailed in appendix 6.3 and 6.3.1 and share these with activities staff and at 'Have Your Say' meetings.**

5.3 **It is recommended that the Trust review the out of hours support for the ward.**

5.4 **It is recommended that the manager and the trust consult with patients and staff with a view to reviewing staffing numbers on a regular basis.**

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

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[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 the team 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

6.2.1 Patients Quotes gathered and recorded during the visit

‘The staff are very supportive.’

‘I chose to come here as I wanted to be away from where I live and the people there that I need a break from.’

‘The food is generally not too bad, there is usually a choice.’

‘I don’t mind that there is no en-suite as it gets me out of my room.’

‘The pictures are lovely.’

‘I came here to recharge my batteries.’

‘The staff and the manager are approachable, sometimes I sit in the manager’s office.’

6.2.2 Staff

‘We are supportive of each other.’

‘We need more staff’

‘I don’t always have the time to complete important paperwork’

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.