

Enter and view report

Wessex Ward - Bridgwater

Date 28 April 2016

Authorised representatives

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Broadway Health Park, Bridgwater, TA6 5YA
Service Provider	The Somerset Partnership NHS Foundation Trust
Date and Time	28 April 2016. 10.30am – 14.00pm
Authorised Representatives	Cliff Puddy, Jo Walsh-Quantick
Contact details	info@healthwatchsomerset.co.uk 01278 751403

1.2 Acknowledgements

Healthwatch Somerset would like to thank the staff and patients at Wessex 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 first spoke 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 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 four patients during the morning and 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:

Wessex Ward provides beds for up to 12 young people. The inpatient unit provides assessment, care and treatment to young people with a range of mental health needs, where the level of risk, complexity and severity cannot be safely managed in a community setting.

These services are funded by the Regional Specialist Commissioning Group.

3 Findings

3.1 Environment

Wessex Ward is situated close to Bridgwater town center. It is situated in a health park which contains two other inpatient wards. The building used to be a ward for older persons but was refurbished and reopened 18 months ago. The enter and view team were given a tour of the Ward and facilities. The overall impression given was that the Ward was clean modern and calm. The enter and view team liked the pictures that were displayed throughout the Ward. These depicted brightly painted city scenes and scenes from nature. We were told that they were chosen by young people and it was thought that these contributed to the relaxed atmosphere. There are also various noticeboards giving patients key information about the staff, activities and advocacy services which also display NHS posters. In addition the Ward have been decorated with artwork and inspirational comments by the young people who are treated here. We were shown a chalkboard where patients had recently written inspiring quotes and comments such as, 'it won't always be like this' or 'tomorrow is a new day'. It was felt that this was inspiring to patients and a young person who was being treated there told us that it made them feel better to write something that might help somebody else.

Facilities include the kitchen where young people can cook and we were informed that was a cooking group. There was also a lounge with a TV and games console, laundry dining room, family room and other meeting rooms. We were also shown an education room where some of the young people were engaged in art activities.

Outside there was a secure garden area and some of the patients had made chalk drawings on the brick wall. The manager told us that there used to be a vegetable plot in the corner and that this now needed tending to, however this option depends upon the wishes of the young people who are being treated there at the time.

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

The manager informed us that in addition to 'community meetings' which are in effect daily planning meetings on weekdays, there were also weekly have your say meetings. On the ward the enter and view team also observed a suggestion box and were told that a suggestion box for visitors was placed in reception.

Each patient receives a weekly review which gives them an opportunity to speak to a clinician, ward staff and any other professionals who may be involved in their



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care. The enter and view team thought that it was good practice to refer to these meetings as 'review meetings' and not 'ward rounds'. The term review meeting was thought to give more of an individual focus than ward rounds which may have the connotation of being more professional focused.

The enter and view team noticed that there were suggestion boxes for patients and visitors to use anonymously if they preferred. It was also noted that posters about our visit were displayed

It was noted that posters were displayed about SWAN Advocacy, however it was noted that these posters were not young person friendly but more aimed at adults. The Ward manager had raised this with SWAN advocacy but as yet alternative posters were not available. The enter and view team thought it essential that young people have information and access to advocacy services that are appropriate to them. It is therefore recommended that the Trust raise this issue at a senior level with SWAN advocacy. The enter and view team noted as good practice on other wards that it visited, that each patient had been given an advocate unless they had specifically requested not to have one. The Ward manager shared the opinion that the relationship between the ward and SWAN advocacy could be improved and felt that there was a need to discuss different approaches to the use of advocacy to best support young people. It is therefore recommended that the Ward manager and Trust meet with SWAN advocacy to discuss how support for young people can be improved. (See recommendation 1).

Similarly it is recommended that young people are consulted on the design of PALS information posters and leaflets. (See recommendation 2).

It is also recommended that Healthwatch Somerset leaflets are also displayed and available for patients. (See recommendation 3).

3.3 Activities

There are a number of planned activities that happen both on the ward and in the local community, many of the activities are specific to individuals while others are aimed at small groups.

Weekday mornings involve educational schooling and activities.

Timetabled activities include; trips out, yoga, pottery, and mindfulness. Trips to the local YMCA to use their gym facilities are also planned. Staff are encouraged to share their skills and interests. We were told that one staff member organised a visit from BMW and a car was brought to the ward for the young people to look at in relation to an environmental impact study.

The enter and view team visited the education room. Four young people were engaged in different art projects and examples of their work were displayed throughout the ward.



We met with a nurse who told us they delivered therapeutic sessions called Dialectical Behavioral Therapy (DBT) and we were shown a noticeboard that explained the therapy. Patients are referred for this therapy by their care coordinator or clinician and the therapy aims to reduce risks of self-harm and suicide by examining the behaviors and thoughts associated with this risk.

Healthwatch Somerset have gathered a list of activities gathered from visits to other services. (See appendix 6.3 and 6.3.1). It is recommended that the list be shared with staff and patients to see if it inspires further ideas for activities. (See recommendation 4).

3.4 Staff

Throughout our visit the staff were observed to be supporting patients in a friendly and respectful way. Patients were seen talking with staff individually in different areas of the ward. The patients we spoke to said that the staff were kind. We spoke with two nursing students who said they enjoyed their work experience on Wessex ward.

Healthwatch Somerset are aware there is a national problem in recruiting qualified staff and asked the manager about how this had affected Wessex ward. We were told that there had been a half time social work post that had been vacant since 2014. As there are many of the patients from other local authority areas there are many different teams of professionals who need to be communicated with on a regular basis and the lack of a member of staff in this post causes particular communication problems. At present the existing staff team do their best to cover this role but this puts additional pressure on existing staff. It is recommended that the Trust prioritize plans to recruit into the vacant social worker post at Wessex ward. (See recommendation 5)

The enter and view team asked the manager whether the requirement for Nurses to have a degree had affected the recruitment or retention of staff. The manager explained that nursing staff no longer receive bursaries whilst studying for their qualifications and having spent three years obtaining their qualification, most start work in debt and with the expectation that they start at a higher band or move to a senior position quickly. This expectation of fast tracking their career can mean that nurses become more academic and lacking in hands on experience. It was thought that it also makes recruitment of nurses more difficult. There is not a university or college in Somerset where students can obtain a nursing qualification and this also impacts on the Trust's recruitment of nursing staff. Healthwatch Somerset will report these issues to Healthwatch England.



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The manager also explained that some staff may have come to work here to gain experience for community work and may not have plans to stay at the ward long term.

Despite these issues the manager felt that staff retention had been good in the time during which the ward has been opened and explained that the ward has several mechanisms in place to help motivate and retain staff. These include enabling staff to lead in areas that interest them and enabling staff to deliver training such as family liaison training. Staff are also offered 'Reflective Practice' activity, a form of group supervision where staff are encouraged to support and learn from each other.

3.5 Food and nutrition

The Enter and view team were given lunch during the visit and ate this with patients and staff. The main meal was provided in the evening and so the enter and view team cannot comment on the quality of this meal. A selection of sandwiches and crisps were provided for lunch and we were told that patients could purchase their own food if they preferred. The enter and view team felt that healthier options should be made available. 'The Mental Health Foundation have published research detailing the links between nutrition and mental health. It is recommended that the Trust seeks advice on improving the nutritional content of menus. (See recommendation 6)

3.6 Other issues affecting health and social care service.

3.6.1 Commissioning by NHS England

Wessex ward is funded differently from adult in-patient wards, its funding comes from NHS England. This means that there is extra paperwork for staff to complete in addition to that required by Somerset Partnership. The manager explained that a significant amount of extra paperwork has to be completed to comply with NHS commissioning. This is required on a daily, weekly and monthly basis and takes up a significant amount of the ward manager's time.

Young people are often placed here from other areas. We spoke to two young people who had been placed there from other areas including London. Consequently there are many different professionals and teams to communicate with. This creates additional work for staff and the potential for miscommunication and delays for the patient. One young person told us that they had been waiting 5 weeks for a local placement and another said they were lucky not to have been placed in Scotland. The manager told us that the average length of stay was 49 days. The enter and view team felt that this was a significant amount of time for a young person to be placed so far away from home and support networks.



Many of the young people go home to see their families as weekends if it is deemed safe for them to do so. One young person told us that they have a five hour drive each way every weekend to visit their family. It was the opinion of the enter and view team that this issue should be raised to Healthwatch England and Healthwatch Somerset would welcome any additional information that the ward or the trust can share to assist with highlighting these problems. (See recommendation 7).

As previously mentioned in the staffing section of this report staff need to liaise and work with many different professionals from up to 12 different local authority areas which is very time consuming and takes away from time and support that could be offered to patients.

3.6.2 Social media and IT

The Enter and view team spoke with some of the young people about the use of the internet and social media. It was explained by staff that there are risks involved in uncensored access to the internet and that patients could not access social media. Patients are also not allowed smart phones or phones with a camera in order to protect the privacy of other patients. There is a PC which the young people can use, however those we spoke with said it was frustrating as the 'Net-Nanny' blocked so much. Patients also told us that social media such as Facebook was very important to them as the main way they had to keep in touch with friends. One young person said they had purchased a basic phone so that they could at least text friends but that they did not have any of their friend's contacts which were in their other mobile phone that they were not allowed to use. Another young person told us that they didn't know why they couldn't use Skype. During this conversation other young people said they too felt isolated by the IT restrictions, but understood some restriction were necessary.

The enter and view team recognise the importance of internet and social media to young people but also acknowledge potential risks. However it was not thought that a blanket ban or overly restrictive Net-nannies would always be appropriate. Therefore, it is recommend that the Trust consult with IT specialist to look at upgrading internet security to enable less restrictive, safe access to the internet and consider risk connected with access to social media on an individual basis. (See recommendation 8).

3.6.3 DBT

The manager identified an issue relating to the DBT sessions. DBT is available on the ward for referred patients but may not be available after discharge as patients are returning to different local authority areas. This means that therapy may be started that cannot be continued and there are associated individual risks with this. It is recommended that the trust consider how this can best be managed. (See recommendation 9).

3.6.4 Accommodation for families

The manager informed us that staff assist families who are visiting from other areas to find overnight accommodation that is close to the Trust. It was thought that this would become easier when the old hospital which is across the road has been converted into a hotel.

3.6.5 Education

The ward employs a classroom assistant and has work sent by the schools that patients attend when at home. There are no facilities for on-line learning. The manager informed us that many of the young people prefer the informal approach. The enter and view team also discussed the issue of young people falling behind with their education with the classroom assistant and the manager and the possibility of this leading to further stress that might negatively affect their mental health. The manager said that many of the young people will already be behind with their learning before being admitted to the Ward. The manager felt that in an ideal world employing a combination of a Teacher and learning mentors would work best and it is recommended that discussion about the best educational support options are started between the Trust and the Local Authority. (See recommendation 10). The enter and view team thought that lessons through use of Skype facilities or online learning would benefit the young people.

3.6.6 Legal Highs

The issue of patients experiencing legal highs had been raised during visits to other wards in the Trust. Patients who access and use them while on leave from the ward can present with symptoms that are unknown and therefore difficult to treat. It was noted there was a legal high shop within walking distance of the ward. The manager said that this had not been a specific issue for them as yet.

3.7 Things to commend

- Notice board showing pictures of staff and a short write up about the staff, their interests and hobbies. This was thought to help young people to see staff as people thus breaking down any perceived 'us and them' barriers
- Pictures chosen by young people
- Chalkboard with inspiring motivational quotes and phrases.
- The recent purchase of a 7 seater car to aid in helping young people to access community facilities
- Suggestion boxes situated on the ward and in the reception area for visitors
- Encouraging young people to cook meals together
- Use of local WMCA gym and sports facilities
- Visits from BMW and RNLI to inspire learning for young people.
- Staff being enabled to take a lead in areas that they are skilled in



- Weekly have your say meetings
- Daily community meetings on week days
- Mindfulness being offered as an activity
- Flexible visiting times to accommodate the needs of families traveling long distances
- Activities include independent living skills

4 Conclusion

Wessex ward was seen to provide a suitable care environment for the young people being cared for at the time of the visit.

Staff were seen to be supportive and the young people we spoke to commented that they were kind.

Many issues that linked to factors beyond the ward's control such as commissioning and funding processes, staffing levels and educational provision cause problems that require further investigation. Some recommendations have been made that require a response from Somerset Partnership NHS Foundation Trust.

Healthwatch Somerset have also noted issues that are outside of the ward's control and that have the potential to affect patient wellbeing and will ensure these are communicated to Commissioners, Healthwatch England and the Somerset Health and wellbeing board.

Many examples of good practice 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 the issue of SWAN advocacy information not being ‘young person friendly’ is raised by the Trust with SWAN at a senior level advocacy. It is important that young people have information that is accessible to them.
- 5.2 It is recommended that young people are consulted on the design of PALS information posters and leaflets.
- 5.3 It is recommended that information leaflets about Healthwatch Somerset are made available.
- 5.4 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.
- 5.5 It is recommended that the Trust prioritise plans to recruit to the vacant Social Worker post for Wessex ward.
- 5.6 It is recommended that the Trust seeks advice on improving the nutritional content of menus.
- 5.7 It is recommended that the ward and Trust share any further information relating to the difficulties caused by young person’s inpatient wards being commissioned differently to adult services.
- 5.8 It is recommend that the Trust consult with an IT specialist to look at upgrading internet security to enable less restrictive, safe access to the internet



and consider risk assessing the access to social media on an individual basis.

- 5.9** DBT is available on the ward for referred patients but may not be available after discharge as patients are returning to different local authority areas. It is recommended that the Trust consider how this can best be managed.
- 5.10** It is recommended that discussion about the best educational support options are started between the Trust and the Local Authority.

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 include¹:

- 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 providers²so that matters relating to health and social care services can be observed³. 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.^{3 4} 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 provide 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 what they saw and making any suitable suggestions for improvement to the service

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).

³ The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

⁴ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

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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

- 'The staff are kind'
- 'I've waited five weeks for a placement closer to home'
- 'I'm lucky I wasn't placed in Scotland'
- 'It takes four hours to go home and back at weekends and that's double for my parents'
- 'The food is generally not too bad'
- 'It's hard not being in touch with friends'
- 'I understand the internet rules are needed but don't know why I can't skype my family'
- 'I get like doing art here'



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

Model making

Flower arranging

Dough modelling

Library visiting service

Pets at home service

News & current affairs discussion group.

Garden Games

Mindfulness

Bingo

Comedian visits

Arts and crafts

Carol service

Hand bell ringing

Nintendo Exercise

Garden walks

Film club

Indian head massage

Singing

Graffiti

barbeque

Cooking

Local business visits

Barbeques

Music and movement

Dancing

Ukulele lessons

X-box bowling.

Smoothy making group.

Yoga



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.

