



**Enter and View Visit  
To Willow Ward, Bridgwater  
27 January 2016**

**Project leads**

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## Acknowledgements

The enter and view team would like to thank the staff and patients at Willow ward as well as the patient engagement manager for the Somerset Partnership 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.

## 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.

## 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 was keen to ensure that their presence did not hinder the provision of care being given and that any safety concerns raised during the visit were discussed.

The enter and view team spoke firstly with the ward manager, the acting ward manager and a member of staff on duty. The 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 in the team was given a nurse call button.

The ward staff had spoken with patients prior to the visit and given them an opportunity to speak privately with the enter and view team. On this occasion none of the patients chose to take the opportunity although we were able to speak with 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 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.

## Findings

### About Willow ward

The Somerset Partnership NHS Foundation Trust describes the ward as follows:

'Willow Ward has 10 beds and provides a countywide inpatient mental health rehabilitation service for people who live with long term mental health problems. There is a team of specialist mental health doctors, nurses and therapists who work closely with care coordinators within the community mental health teams.

The ward provides a staged programme of rehabilitation with a variety of psychosocial groups, therapeutic and leisure activities within a structured weekly programme. We encourage social integration; promote links with community groups and services and encourage active involvement of families and carers.

There is a team of specialist mental health doctors, nurses and therapists who work closely with individuals' care co-ordinators. Access to the service is through local mental health community teams and inpatient services.'

There were eight patients on the ward on the day of our visit and two rooms were undergoing essential maintenance. The manager explained that should there be a need for an emergency admission the needs of the patient and the room would be risks assessed for safety and suitability.

### The environment

The location of Willow ward allows for easy community integration as it is close to the Bridgwater shopping centre and amenities, employment links, links to the college, an arts centre and internet café (the Engine Room) which is open to the public.

The main communal area in the ward which has been designed to encourage relationship building and peer support consists of a large open area with comfortable seating. We were informed that there is always a staff member in the communal area to assist patients who may need them. The ward and the corridors were thought by the team to be well decorated with pictures of nature which appear to bring in relaxing images from the world outside and which give an illusion of spaciousness. The enter and view team felt that the art work was well chosen and helped to contribute to a relaxed atmosphere.

There were several notices showing the trust's commitment to care' and the programme for the week was on display. Information about the SUCH project which visits the ward and provides holistic and complementary therapy was also displayed. Details of how to contact solicitors, the PALS, and advocacy services were also displayed. There were newspapers available in the communal area and a notice board dedicated to friends and family, which had a copy of a letter from a parent with the title 'Thank you for looking after my daughter so well'. There were also various notices and a range of information however, there was no information about Healthwatch Somerset and we recommend that Healthwatch Somerset information and leaflets be displayed here and also on the patient engagement notice board on the ward. (See recommendation1).

There is a 'bedsit' facility comprising a kitchen area, bed, shelves, wardrobe, en-suite facilities and a computer. This facility is used to support and prepare patients for independent living. We were informed by the manager that £4 is allocated as a daily budget for self-catering. A weekly shopping plan is drawn up with assistance from the staff if needed. We spoke to a patient using this facility during the visit. The person we spoke to explained that they are almost ready to be back in the community and felt that this was a good way of preparing for it. The deputy ward manager stated 'we try to make it as normal as possible by supporting people as individuals'.

The ward has access to a gym, which we were told is a CQC requirement of a rehabilitation unit. There is also a lounge with a piano, small reflection room, activities room, kitchen, interview rooms, dining area, games room with pool table and table tennis table and a de-escalation room.

The ward has a laundry room where patients are encouraged to do their own laundry to maintain their independent living skills. The enter and view team noted that there were book cases in corridors and a hot and cold drinks area for patients and visitors to help themselves.

There is a garden area outside that patients can access.

The manager explained that all the furniture has ligature free points.

Healthwatch Somerset report on the enter and view visit to Willow ward, Bridgwater, 27 January

## Involvement.

Due to the nature of Willow ward (psychiatric rehabilitation) the recovery focus is on empowering the patients toward independence by gaining essential life skills. The enter and view team thought that the ward had some good methods for ensuring patients have the opportunity to have their say and that their views are sought. The ward holds 'have your say' meetings fortnightly and 'management and patient' meetings quarterly. In addition to this we were told that there are also planning meetings held on five days a week. Healthwatch Somerset have gathered good practice examples relating to 'have your say' meetings that may help the ward to make further improvements to these meetings and it is recommended that these are discussed at future have your say meetings. (See appendix 1 and recommendation 2).

The manager informed us that patients are encouraged and supported to go out and about to shop, attend hairdressers or medical appointments.

It was explained by the manager that there is a 'buddying' peer support system for new patients who, by pairing with another patient, help them get settled. This gives new patients an opening for informal peer support and gives the existing patient a valued support role that can impact positively on their self-esteem. The ward manager informed us that some of these relationships have developed into friendships that sometimes continue after discharge from the ward.

There are weekly visits by Swan Advocacy whose staff support all patients unless requested not to do so. This was thought to be excellent practice as it can help to ensure patients have good access and knowledge of advocacy support.

It was noted that there was a designated patient engagement noticeboard on which minutes of patient meetings are displayed together with information about how to complain or raise a concern or compliment.

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 that every patient's room has a 'who I am' sign which explains their needs, likes and dislikes. This helps to remind the ward staff and also allows bank and agency staff to better know the needs of the patients they are caring for during times of communication difficulties.

We were also told that a multi faith chaplain visits the ward and provides pastoral support to patients.

## Activities

In addition to the provision of resources such as pool and table tennis tables, gym, TV and play station, activities also include a walking group with members of the community, dog walking via a volunteer scheme at local kennels, fishing trip and visits from the SUCH project and holistic therapies.

The ward has a seven seat vehicle to provide transport for patients, to use for trips and excursions. We were also told that some of the patients volunteer in a local charity shop, following an occupational therapy assessment. The ward also has good links with the local college.

The manager explained that if patients express a desire to do something different, every effort would be made to accommodate it.

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 recommendation 3 and appendices 2 and 3).

The manager informed us that most of the activities are facilitated by ward staff and geared towards individual choice and practical living skills. There is a full time occupational therapist employed on ward as well as a part-time activities co-ordinator who help facilitate this. The trust also has an employment support service for those who are in work and currently in hospital and can work with employers to support communication and understanding of the patient's needs.

### Food and nutrition.

The enter and view team would like to highlight as good practice that patients are encouraged to do their own cooking and are given a weekly allowance to budget for their food. There is an activity room with a fully equipped kitchen where patients cooking skills are assessed and patients can do their own cooking. The manager said 'we are always thinking about healthy cooking;. There were pictures of menus and pictorial examples of healthy meals on the kitchen wall.

One of the patient's families donated a smoothie maker to the ward to support the preparation and consumption of nutritious foods.

For those who chose not to cook or are unable to prepare their own meals, food is provided at each meal time.

The enter and view team joined patients in the dining area for lunch. There were only three patients present. The staff explained that most of the patients were either out or catering for themselves.

A choice of sandwiches, crisps or tinned soup and white bread roll was available. The enter and view team thought that healthier options could be provided. 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'. The need for more healthy meal choices has been highlighted by the enter and view team during visits to other wards that are managed by the trust and we have been informed that the trust are soon to review the nutritional content of meals. It is recommended that the trust continue with the nutritional review of meals provided. (See recommendation 4).

## Staff

Staff were observed to support residents in a friendly, professional and caring way. Ward staff were noted sitting and talking with the patients during meal times and the ward manager was observed assisting a patient to eat their meal.

The manager informed us that two vacancies on the ward exist. It was recognised that there are national difficulties in recruiting qualified staff. The site manager explained that the ward would rather wait for the right candidate than choose unsuitable candidate for the sake of filling the post.

Changeover of staff had been high of late for to a variety of reasons; partially due to retirement and loss of staff who had been recruited from out of county but who no longer wished to travel longer distances to their workplace.

It was also mentioned that shift changes from 12 hour to 8 hour also had some impact on staff who travel a long distance to work. There is now a flexible working policy that has helped retain staff.

A member of staff we spoke to said *'I don't see this as a job because I enjoy doing it'. He stated that what motivates him is the support he receives from his manager. He gave this example 'The site manager just gave me the heads up regarding the coming readmission of a patient who has assaulted me in the past.'* He then explained that this makes him feel that his needs and feelings are taken into consideration.

Staff who we spoke to confirmed that they receive regular supervision and explained that they are encouraged to use their interests and skills creatively to support patient activities like surfing and fishing.

The manager explained that all staff are encouraged to participate in 'reflective practice and peer support'.

It was explained that when possible, efforts are made to use the same agency staff to maintain consistency and familiarity for patients. The staff explained that they have a small group of regular agency staff which they use and commented that this works well.

There is a part time social worker employed on Ash ward and the manager explained how their skills and knowledge are shared with staff at Willow ward.

The trust employed a healthy lifestyles officer who among other things supports patients to use the gym. This person is leaving and the occupational therapists have sought help from the local YMCA enterprise centre to bring in qualified help in order that patients can continue to be supported to use this service. This was thought to be a good example of the ward using the local skills and resources.

A notice board showing all staff who work on the ward was displayed. On Rydon ward, which had been previously visited, it was noted as good practice that a colour coded notice explaining the meaning of differently coloured uniforms was displayed. It is recommended that Willow ward adopts the same practice. (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. One view suggests that staff wearing uniforms when in the community with patients could help identify them as staff to the public which may be advantageous in reassuring the public if there was an incident or behaviours relating to a patients mental illness that may concern the public. The alternative view suggests 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 it recognised that there is a need for further consultation about this. Healthwatch Somerset recommends that patients and staff are consulted about the practice of wearing of uniforms for staff supporting patients in the community. (See recommendation 6)

### Other health and social care services

Patients are encouraged to use the resources and services in the local community

The SUCH project visit weekly and provide the option for patients to receive alternative therapies.

There is also a 'hearing voices' support group that patients can attend.

PALS (Patient Advice and Liaison Service) will be restarting visits to the ward soon.

The manager explained that the trust works with multiple agencies to help ensure that all needed services are in place when a patient is discharged.



## Good practice to commend noted during the visit

- Patients being encouraged to do their own laundry
- Healthy eating group and facilities for patients to cook their own meals
- Hot and cold drinks area for the use of patients and visitors
- Kitchen facilities for people to cook their own meals
- A weekly healthy eating group
- 'Who am I' displays in bedrooms
- Flexible working policy
- Same agency staff being used when possible to maintain consistency for patients
- Staff being empowered to adopt roles in line with their interests to support the patient group
- Access to on-ward social worker based next door on Ash ward
- Working collaboratively with benefit agencies
- Planning discharge starts at admission stage
- PALS visit the ward
- SWAN Advocacy weekly visits and use of an inclusive approach to supporting patients
- Daily 'plan your day' meetings
- Fortnightly 'have your say' meetings
- Encouraging peer support
- New patients being encouraged to buddy with an existing patient to aid introductions to the ward
- The dedicated IT access group looking at further ways to improve safe internet access

## Conclusions

Willow ward is a psychiatric rehabilitation ward. The ward works with patients to break the cycle of admissions by taking a structured approach to care. They do this through taking a holistic approach to the patients' needs, by offering lots of meaningful activities and through engaging in the local community and encouraging social inclusion. The ward was seen to provide a suitable care environment and attention to art work was noted as having a positive effect on the atmosphere.

Staff were observed being supportive and considerate to the patients' needs. Staff were seen to make an effort to know the patients and understand their needs in order to be able to treat patients as individuals. The staff informed us of the positive motivational factors that make them want to stay and work on Willow ward.

The enter and view team were satisfied that patients on Willow ward receive appropriate care and support which is safe. Although the enter and view team did not speak to family members there were letters and gifts to the ward to suggest they were pleased with the care Willow ward gives to patients.

It was thought that the ward makes good effort to involve patients in decisions and many opportunities for patients to give feedback were noted.

[Include recommendations here](#)

### 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 complimentary 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.

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## Appendix 2

Good practice examples gathered from previous enter and view visits

### Activities

Quizzes	Bingo
Visits from local falconry/ bird sanctuary	Comedian visits
Musical Entertainers	Arts and crafts
Visitors and staff bringing in pets	Carol service
Monthly in-house church service	Hand bell ringing
Visits from the owl sanctuary	Nintendo Exercise
Visits from the Donkey Sanctuary	Garden walks
Art class	Film club
One to one manicure	Indian head massage
Visiting beauty therapist	Singing
Drumming workshops	Songs of praise.
Gardening	Chiropody
'Old Fashioned Sweet Shop' visit	Cooking
Clothes Direct visit to the home	Model making
Flower arranging	Barbeques
Dough modelling	Music and movement
Library visiting service	Dancing
Pets at home service	Ukulele lessons
News & current affairs discussion group.	X-box bowling.
Garden Games	

## 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 patient
- 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.