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# 1 Overview

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## 1.1 Details of visit

Details of visit:	
<b>Wards visited</b>	Pyrland ward 1 and 2, Magnolia ward, Rydon ward, Holford ward, Ash ward, Willow ward, Wessex ward, St Andrews ward, Rowan ward
<b>Service provider</b>	The Somerset Partnership NHS Foundation Trust
<b>Project duration</b>	July 2015 – September 2016
<b>Authorised representatives participating.</b>	Janet Bond (enter and view executive group lead), Elaine Hodgson, Judith Goodchild, Rwth Hunt, Cliff Puddy, Saphia Ali, Anne Woodford, Fiona Pierce, Jo Walsh-Quantick, Jonathon Yelland (staff)
<b>Contact details</b>	<a href="mailto:info@healthwatchsomerset.co.uk">info@healthwatchsomerset.co.uk</a> 01823 751403

## 1.2 Acknowledgements

The enter and view team would like to thank the staff and patients at all of the wards visited 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.

## 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, visitors and staff about other NHS or social care services.
- To identify good practice examples and share these with commissioners, the Somerset Partnership and other inpatient wards.

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## 2 Introduction

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Healthwatch Somerset is the consumer champion for health and social care in Somerset. It has a remit to seek out and engage with the public, patients and their families about the services they use to find out what works well and what areas would benefit from improvement. Healthwatch Somerset work with the Health and Wellbeing Board, providers and commissioners of services to help keep them informed of how people experience these services.

Healthwatch Somerset identified the area of mental health as part of their work plan priorities from 2015-2016. This work identified that people who are being treated in mental health inpatient wards often do not have the same opportunities to feedback on health and social care as those living in the community. It was decided that the use of the enter and view team would be of value in speaking to patients who are being treated in in patient wards run by the Somerset Partnership NHS Foundation Trust. Healthwatch Somerset visited each of the nine inpatient wards in Somerset between November 2015 and August 2016.

The Enter and view team are trained and authorized representatives. They are volunteers who look at services from a 'lay person's perspective. As such the recommendations and good practice examples have been identified from this perspective. Appendix 6.1 explains more about 'Healthwatch's enter and view role.

During the visits we also asked managers and staff about any difficulties they had experienced which hinders the provision of the service they offer to patients.

This report summarizes our findings. It identifies many good practice examples that can be shared with other wards and highlights some of the wider issues that hinder the provision of an effective service. It also looks at some of the recommendation made by Healthwatch Somerset and how these have been put into practice to benefit patients. Clear recommendations have been made and we look forward to working on these with the Trust, commissioners and other agencies.

This report summarises the findings of the individual ward reports which can be viewed on our website <http://healthwatchsomerset.co.uk/enter-and-view/>

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## 3 Methodology

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Between July 20125 and August 2016 Healthwatch Somerset enter and view representatives visited each of the nine wards in Somerset that provide treatment for people with acute mental health issues.

At each visit the enter and view team first spoke to the ward manager or senior staff on duty. The team were keen to ensure that their presence did not hinder the provision of care being given and that any safety concerns are discussed.

The enter and view team then received a tour of the ward before talking to patients staff and visitors. The team also ate lunch with patients and spoke to some in communal areas.

A draft report of each visit was then shared with the provider and the Trust and each ward visited was invited to comment and response to the report and the recommendations sought within 20 working days. The reports were then published on the Healthwatch Somerset website and shared with the provider, Care Quality Commission and commissioners of the service.

This report is the final report summarising the findings of all nine visits. It will be shared with the following;

- Somerset Partnership NHS Foundation Trust
- The Trust's Acute care Forum.
- The Health and Wellbeing Board for Somerset
- The Somerset Clinical Commissioning Group
- Somerset County Council JSNA (Joint strategic Needs Assessment) working group.
- Healthwatch England
- All Somerset Health Forums
- The Care Quality Commission
- The SW Mental Health Foundation
- Somerset Mental health HUB
- MIND in Taunton and West Somerset, South Somerset MIND and MIND in Mendip
- Somerset County Council (Education department and Somerset Intelligence).

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## 4 Findings

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### 4.1 Supported housing and discharge from the wards

Five of the nine wards that we visited had found that there was a lack of appropriate supported housing for those people living with a mental illness and that this is key to a timely and successful discharge. Pyrland and Magnolia ward had found this to be less of an issue as they treat older patients who often come from residential homes or are likely to require residential or nursing care after discharge. One patient told us that they shared a house with people who indulged in habits that the patient was trying to break. They said that they had fallen back into old habits and associated with the 'wrong crowd' after being discharged from the ward. This had affected their wellbeing and led to readmission. They said that it was difficult to break this cycle. Another patient told us that they had quickly become depressed after being discharged from a ward and this had led to them being readmitted. Several of the staff and patients that we spoke to agreed that this had a significant impact on successful discharge.

It is important that these difficulties are recorded and raised with commissioners, the Health & Wellbeing Board and the JSNA (Joint Strategic Needs Assessment) so as they are informed and can take strategic steps to address some of this need.

Rydon ward manager told us that one of the housing problems that affects a timely and successful discharge is that Taunton Association for the Homeless require a lengthy notice period prior to accepting people to their accommodation. Healthwatch Somerset felt that links with this agency and the Somerset Partnership could be improved by firming up and clarifying processes. A recommendation was made for the Trust to meet with Taunton Association for the Homeless to discuss how this issue could be addressed. Rydon ward sent an invitation to meet with Taunton Association for the Homeless. It is hoped that this meeting brought about some positive changes and Healthwatch Somerset have contacted the trust for an update about this.

**It is recommended that the issue of availability of appropriate supported housing across the county is raised between the JSNA working group, commissioners of supported housing and the Trust and that they consult on this issue.**

**Healthwatch Somerset will ensure the Health & Wellbeing Board are aware of the issues related to supported housing and successful discharge.**

### 4.2 Commissioning of Young person's inpatient services

Commissioning of young person's inpatient services is different from that of adult services in that it is commissioned by NHS England. The staff at these services consequently have to communicate with many different professionals from all over England which can be time consuming.

The commissioning of these services also dictates additional paper work in terms of monitoring and key performance indicators. When coupled with the additional communication difficulties mentioned above, this ultimately takes away from the time staff have to support the young people and the time the manager has to support staff. What is

most concerning about these commissioning arrangements is that it is far more likely that a young person will be placed further away from home and their support network than an adult living in the county.

When we visited Wessex ward most of the patients there at the time of visit were from out of county. The manager told us that this is not unusual. We spoke to a 12 year old patient who said that his parents drive for 3.5 hours to pick him up at the weekend and, with the return journey, spent 14 hours driving every weekend. The Enter and view team felt this put unfair pressure on families that could cause stress and consequently lead to wider health and support issues for the family. Young people told us that if they needed family support it in the week it would be too far for them to travel. We spoke to another young patient from the South East of England who said they felt lucky as they could have been sent to Edinburgh. They said that they had been told it would be at least five weeks before a placement closer to home would arise. They were concerned that they might be moved around a lot to different wards and that this caused them anxiety.

**Healthwatch Somerset recognize that this is a national issue and will raise this with Healthwatch England.**

**It is recommended that the Trust look at the monitoring and reporting procedures at Wessex ward with a view to identifying processes that avoid duplication and therefore free up staff time to spend supporting patients.**

### **4.3 Education of young patients in Wessex ward**

During the visit to Wessex ward it was noted that the ward employs a classroom assistant to facilitate patients with school work which is sent by the school. The classroom environment was informal and some patients had chosen to do drawings rather than school work. No teacher attends the ward. 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. The enter and view team thought that lessons through use of Skype facilities or online learning would benefit the young people. Healthwatch Somerset recommended that discussion about the best educational support options are started between the Trust and the Local Authority. The Trust replied to this recommendation stating that *'these discussions and service level agreements have already been negotiated, established and agreed between Somerset Partnership NHS Foundation Trust and the local educational authority. A service level agreement has been signed off for the past several years and is reviewed and signed off each year. Healthwatch's report will be shared with the local authority to inform future discussions.'*

Healthwatch Somerset recognise that good quality education is paramount to helping ensure young people don't fall further behind with education wherever possible and that being behind with education is likely to further impact negatively on the young person's mental health. Healthwatch Somerset are glad to hear that the Wessex

house enter and view report would be shared with the local authority but are of the opinion that waiting for an annual review to discuss issues that require immediate improvement is not acceptable and would advocate that a service level agreement that is not providing the best educational options for vulnerable young people should be reviewed at the earliest opportunity.

**It is therefore recommended that the Trust request an urgent review of the education service level agreement with the local authority. Healthwatch Somerset would be happy to participate in these discussions.**

## 4.4 Recruitment of staff

All of the nine wards had experienced difficulties recruiting qualified staff. Some wards had been advertising vacant post for more than a year. 2 of the wards had closed a significant number of beds because of recruitment difficulties thus reducing in-patient provision in the county. It is recognized that this is not an issue unique to Somerset, it is a national problem and appears to be linked, in part, to the recent changes in nursing qualifications. It now takes an extra year to qualify as a nurse as the qualification is now a degree and not a diploma, bursaries for nursing students have also been removed meaning those who study are likely to start their careers with significant debt. It should also be noted additional experience and study is required to qualify as a mental health nurse and students are, therefore, likely to incur additional debt.

There is no university in Somerset, The closest place a student can study nursing is Plymouth or Bath.

The Trust do accept students on work placements, however students often have to travel long distances to accept a work placement in Somerset. Healthwatch Somerset spoke to several students in different wards during our visits. One student we spoke to, had a two hour commute every day to the work placement. The enter and view team learned that there are few places available to study mental health nursing in the South West. It was also noted that the available places at South West universities for mental health nursing are fewer than the current vacancies in the South West. There is also no university in Somerset, The closest place a student can study nursing is Plymouth or Bath. Somerset College of Art and Technology (SCAT) used to run a satellite nursing qualification affiliated to Plymouth University but this no longer runs.

It has been noted as good practice that some ward managers have formed good links with local colleges and students studying health and social care. Some wards have accepted students on work placements from these colleges.

This issue has been raised by managers at all of the wards visited and Healthwatch Somerset will share these concerns with Healthwatch England. Concerns can also feed into the JSNA as it relates in part to a lack of university in Somerset. This is something that is being considered by this group and the Somerset County Council. Should a university be established in Somerset it is vitally important that it offers nursing qualifications and a qualification in mental health nursing.

**It is recommended that Healthwatch Somerset and the Somerset Partnership NHS Foundation Trust work together to compile and present this information and evidence to the JSNA.**

## **4.5 Uniforms**

We heard different views from patients and staff about the wearing of uniforms but most agreed that uniforms helped to convey a professional appearance and helped patients to easily identify staff. The exception to this is when patients are being escorted by staff into the town or another public place. The majority of staff and patients that we spoke to would prefer staff not to wear uniform when out and about with patients.

**It is recommended further consultation about the wearing of uniforms while supporting patients in the community be carried out taking into account the needs and wishes of patients.**

Some of the wards we visited displayed a large board with pictures of all the staff, it was noted as further good practice that some other wards also displayed a key explaining what different uniforms meant. In Wessex Ward it was noted that alongside pictures of staff there were a few sentences about each staff member's hobbies or interests. It was thought that this not only helped to identify and remember different members of staff, but also helped to break down any '*them and us*' barriers. **This has been noted as good practice in this report and it is recommended that this is adopted in all wards.**

## **4.6 Food and nutrition**

The enter and view team joined patients at lunchtime at each of the nine wards. Some of the wards serve the main meal in the evening while other wards serve the main meal at lunchtime. There was evidence that patients had been consulted about the mealtime preferences.

The enter and view team found that the main meals provided each day seem to be appetizing and nutritionally balanced. In contrast, the other meal at most wards, often consisted of a sandwich or a pasty and crisps. 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 which found that nutrition has a significant impact on a person's mental health and wellbeing. **We were informed by the**

**Trust that menus were under review and it is recommended that subsequent reviews of menus reflect the findings of research by the Mental Health Foundation about the effect of nutrition on mental health and wellbeing.**

**<https://www.mentalhealth.org.uk/sites/default/files/Feeding-Minds.pdf>**

## **4.7 Alcohol and substance misuse**

Holford ward used to run a substance awareness service in conjunction with SLAM and Turning Point so as patients had a connection with drug and alcohol services after discharge, but this fizzled out when funding stopped.

The OT (occupational therapist) at Holford ward would like to set up a substance awareness session and work in conjunction with Drug and Alcohol services. The enter and view team thought there was an opportunity for joint work to set this up. It was thought that patients in other wards would also benefit from such a service.

**Healthwatch Somerset recommend that the Trust open discussions with the Somerset Clinical Commissioning Group (SCCG) joint commissioner and local drug and alcohol services about the setting up of a drugs awareness session in wards.**

Some of the wards had also experienced difficulties relating to treating patients who had taken other substances that are commonly referred to as legal highs. Discussion between Healthwatch Somerset and some of the ward managers identified that the effects of legal highs can be varied and there is a lack of knowledge within the medical profession about how to treat people who become unwell while under the influence of legal highs.

Healthwatch Somerset met with Haley Peters (Director of Nursing at Musgrove Park Hospital) in November 2015. It was discussed that the issue of treating people who become unwell after taking legal highs was a challenge for clinical staff at the hospital as well. At the time there were plans for clinical staff to visit schools to talk to children about the dangers of legal highs.

**It is recommended that the Trust make contact with Hayley Peters (director of nursing) at Musgrove Park Hospital and Young Healthwatch Somerset to discuss management and education about the issues and treatment related to legal highs.**

## **4.8 Accessing IT and social media and internet**

It must be recognized that for many people the use of internet and social media are key tools in enabling a person to keep in touch with their support network. It was particularly important to the younger patients we spoke to who told us it was their main means of communicating with family and friends as well as their first port of call for finding out information. All of the wards we visited had the ability to support patients to use the internet, however this was dependent on staff time and resources. It was explained by staff at Wessex ward which treats young people, that there are risks involved in uncensored access to the internet and that patients in Wessex ward could not access social media. Patients in the majority of wards are also not allowed smart phones or phones with a camera in order to protect the privacy of other patients. The Enter and view team spoke with some younger patients about the use of the internet and social media. 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 and it was how they kept in touch with friends. One young person said they had purchased a basic phone so as they could at least text friends but that they did not have any of their friend's contacts. Another young person told us that they didn't know why they couldn't use skype to keep in contact with family and friends. During this conversation other young people said they too felt isolated by the IT restrictions, but understood some restriction were necessary. It was thought that internet and social media isolation when coupled with geographical isolation could be potentially damaging for many patients.

The Enter and view team recognized the importance of internet and social media to many patients 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 recommended 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 assessing access to social media on an individual basis.**

## **4.9 Activities**

On the whole the Trust provided a reasonably varied program of activities and some of these were patient led. Other activities were individual. Activities coordinators are employed by the Trust and some wards we visited actively encourage staff to take a lead in activities. This was found to work well as it meant that activities were not the sole responsibility of activities coordinators, and that activities coordinators supported to staff to run and organize activities. This meant that more activities could be organized by sharing staff expertise and interests. It also meant that there was more likely to be organized activities taking place at weekends and times when the activities coordinator was not there.

The Enter and view team recognize that those with Alzheimer's disease or dementia are at increased risk of suffering from anxiety when not engaged in meaningful activities. For some the availability of tactile or sensory stimulus is engaging and comforting and Magnolia and Pyrland wards would benefit from advice about this from Reminiscence Learning.

**It is recommended that the Trust talk to 'Reminiscence Learning' about gaining advice about activities and other training for Pyrland and Magnolia Ward.**

## **4.10 Benefits advice**

Staff at three of the wards visited said, that some patients have a need for benefits advice and that this can affect not only their income but also their housing and support. In addition to Income support, disability benefits and housing benefit, some patients may also benefit from a Personal Independence Payment. Financial uncertainty can contribute to a patient's anxiety and in turn negatively affect their recovery.

**It is recommended that the Trust speak with Benefit advisors from the CAB or Job Centre to see how clear information about benefits and finance can best be provided to patients.**

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## 5 Things to commend and share

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### 5.1 Patient and family involvement

Swan Advocacy visit wards regularly and we learned that at some wards, an advocate supports 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.

Weekly have your say meetings.

Displaying of 'You said we did' posters.

Suggestion boxes on ward and in reception.

Daily planning meeting with patients and staff.

Friends and families test.

Flexible visiting times to accommodate the needs of families traveling long distances.

Main meal in evening at patient's request.

Information about SWAN advocacy service and PALS and Healthwatch Somerset displayed on wards.

PALS attend 'Have our say' meetings.

Annual surveys conducted with patients.

Patient survey given to all patients when they are discharged.

Carer's involvement evening (Ash ward).

Patient engagement noticeboard displayed.

Care plans are shared with clients and their families with the patient's agreement. Family involvement in care plans is encouraged.

The offer of regular family liaison meetings to help inform the family of the patient's treatment and support needs.

Community meetings are supported by a peer support worker from 'Somerset You Can Do'. Patients chose redecoration of communal areas and patient rooms.

### 5.2 Activities

Mindfulness being offered as an activity.

Visits from the SUCH project.

Displayed Activities noticeboard.

Patients being encouraged to do their own laundry.

Healthy eating group and facilities for patients to cook their own meals.

Provision of bicycles for cycling and other activities that benefit physical and mental health.

Activities include independent living skills such as managing finances and cooking.

Breakfast Club/ Group cooking activities.

Ward have national trust membership and patient's visit regularly.

The SUCH project visit all wards to offer alternative therapies such as Indian head massage and aromatherapy.

Staff being enabled to take a lead in areas that they are skilled/ interested in such as musical activities, art and outdoor pursuits.

Patients encouraged to use their skills to participate in meaningful activities such as repairing garden furniture, improving the environment with art work or graffiti.

### **5.3 Environment**

Bright and relaxing pictures on the walls.

Patients had input into choosing decoration and pictures.

Chalkboard with inspiring motivational quotes and phrases written by patients.

Patients can lock rooms for privacy. Staff maintain access in an emergency.

Portable hearing loop available.

Well maintained outside spaces.

Provision of reflection room.

Kitchen facilities for people to cook their own meals.

A choice of rooms where patients could receive visitors in private.

Nursing station located to give good view of corridors and outside space.

A reflection room where patients can calm down and feel safe.

De-escalation room designed to be low stimulus environment.

Well Maintained Garden with sensory plants and bird feeders and summer house.

Outdoor graffiti wall or art space.

Self-contained bed

### **5.4 Integration with local community**

Use of local gym and sports facilities.

Visits from local companies such as BMW and RNLI to inspire learning for young people.  
(Wessex ward)

The ward signposts to carer's support services.

Ward staff build up and maintaining good relationships with the police.

Patients who hear voices are supported to attend a 'hearing voices' support group in the community.

The ward is a member of the National Trust so trips to local National Trust sites for patients are arranged. (Rowan ward).

Discharge planning is started at the point of admission.

Links with local projects such as 'Lords Larder' food bank, community farm or charity shop, provide volunteering opportunities for patients.

Working collaboratively with benefit agencies to provide the best advice and information for patients and their families.

## **5.5 Staff**

Notice board showing pictures of staff and a short write up about the staff, their interests and hobbies. This was displayed at Wessex ward and thought to help patients to see staff as people thus breaking down any perceived 'us and them' barriers.

Group supervision for staff is offered in addition to one to one supervision.

Links with the local college. The manager attends local carers days and visits health and social care student classes.

Flexibility within staffing numbers to accommodate patient's needs.

Regular liaison with other wards for advice and support.

Staff being empowered to adopt roles in line with their interests to support the patient group

At Rydon ward a key nurse was allocated to each patient for each shift and noted on a notice board for patients to refer to.

A poster explaining the different uniforms and what they mean was observed to be good practice at Rydon ward.

Reflective practice opportunities for staff. This is facilitated by an outside professional who has extensive experience and knowledge of personality disorders.

All wards adopt a Flexible working policy helping staff to keep a work/ life balance

Same agency staff being used when possible, to maintain consistency for patients.

Ward staff or crisis team follow up within seven days after patients are discharged from the ward.

New staff shadow experienced staff for first three shifts then buddy an experienced staff for a few weeks. (Holford ward).

All wards encourage and support work experience for students.

## 5.6 Volunteering

Some wards actively encouraged Volunteers to visits to the ward to provide additional activity options.

Ward manager formed good links with CVS (Community Volunteer Service).

New patients being encouraged to buddy with an existing patient to aid introductions to the ward (Ash ward).

Accepting students on work placements.

Good Links with 'Health and Social Care' students at local college and manager visits colleges to recruit volunteers from health and social care courses. (Holford ward).

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## 6 We said you did

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We Said	Trust response
Information about Healthwatch Somerset should be available on the Ward to patients and family.	All of the wards visited said they would display Healthwatch Somerset leaflets.
We shared our activities examples and good practice guides with all wards.	Healthwatch Somerset activities examples and good practice guides will be given to activities coordinators and discussed at 'Have Your Say' meetings for all wards visited.
Wards should consult a nutrition specialist for advice on improving healthy options for meals.	A Trust wide working group has recently reviewed all inpatient ward menus across the Trust. This group included a Dietitian, and the views of patients on all our wards were canvassed. The newly reviewed menus are currently being scrutinised by the Trust Dietitian for nutritional analysis.
Rydon ward and the Somerset Partnership create a volunteering recruitment plan to encourage the recruitment of volunteers onto the ward.	The Trust's 'Mental Health Acute Care Forum' is currently focussed on re-establishing the Peer Service Volunteer strategy. As acknowledged in the report we are actively seeking interest from recent service users, and to support this locally on Rydon ward the occupational therapy and management team have designed a poster that is

	<p>being utilised within the community for recruitment purposes. We are also discussing further strategies within our team meetings.</p>
<p>The Trust consult with staff to draw up a plan detailing clearly how bureaucracy and red tape can be reduced or streamlined to enable staff on wards to spend more time with patients.</p>	<p>The Trust is looking at maximizing the clinical time that staff are able to spend with patients through the 'Releasing Time to Care' program. This includes a detailed review of bureaucracy and also ward staffing capacity levels through the safer staffing process. Locally on Rydon ward all patients are individually allocated to staff and we are auditing our standard of one-to-one individual time being spent each shift with each patient.</p>
<p>The Trust meet with Taunton Association for the Homeless to clarify working relationships and processes including time scales for referrals and processes where appropriate.</p>	<p>The Rydon wards have invited Taunton Association for the Homeless to meet with staff and discuss their service and ways in which we can further support each other. We await confirmation of a date to meet.</p>
<p>Rowan ward requires regular cleaning of the outside area be carried out to ensure the garden is appealing and accessible to all patients.</p>	<p>We have included this in the cleaning schedule and it will be checked twice daily. We also continue to encourage patients to use the pots to dispose of cigarettes. We also have a health and wellbeing nurse who is offering smoking cessation to all in order to promote a healthier life stay.</p>
<p>Ash ward consider introducing any items from the good practice examples for meetings list that it thinks will help to improve these meetings.</p>	<p>Thank you for your good examples list. We have considered how they may benefit Ash ward and have agreed to include items...</p> <ul style="list-style-type: none"> <li>• Making the meeting part of larger events/ activities.</li> <li>• Ensuring that residents have the opportunity to add to the agenda and receive the agenda well in advance.</li> <li>• Asking those who prefer not to attend if there is anything that can be raised on their behalf.</li> <li>• Inviting guest speakers to talk about a topic of interest. Ask for suggestions about this from patients. Speakers</li> </ul>

	<p>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.</p>
<p>Create a volunteering recruitment plan to encourage the involvement of volunteers onto the ward.</p>	<p>The Trust's Mental Health Acute Care Forum is currently focused on re-establishing the Peer Service Volunteer strategy. As acknowledged in the report we are actively seeking interest from recent service users, and to support this locally on Rydon ward the occupational therapy and management team have designed a poster that is being utilized within the community for recruitment purposes. We are also discussing further strategies within our team meetings. This will be discussed at a divisional level to identify the best approach to this that can be shared by all wards.</p>
<p>Consult with patients and staff about the wearing of uniforms by staff supporting patients while out in the community.</p>	<p>There are plans for the uniforms and uniform policy to be reviewed by the Trust.</p>
<p>It is recommended that the issue of SWAN advocacy information not being 'young person friendly' is raised at a senior level by the Trust to SWAN advocacy.' It is important that young people have information that is accessible to them.</p>	<p>We have forwarded this information and recommended to Swan Advocacy and will discuss it with them in a review meeting that is planned in the near future.</p>
<p>Create and promote opportunities for patients or volunteers to be involved in planning and maintaining the smaller outside area.</p>	<p>We do hold an OT led gardening group when there is interest and we will re-promote this through our patient 'have your say' meeting. We currently have a patient on Rydon ward 1 who is enjoying being actively involved in overseeing the tidiness of the garden area.</p>
<p>It is recommended that the Trust prioritize plans to recruit into the vacant social worker post at Wessex ward.</p>	<p>We have advertised this post without success on numerous occasions. We have reviewed the advert and are now in a position to re-advertise.</p>
<p>It is recommended that young people are consulted on the design of PALS information posters and leaflets.</p>	<p>We will ask our patients to help us design new information posters and leaflets</p>

<p>DBT (Dialectical Behaviour Therapy) is <b>available on the ward for</b> referred patients but may not be available after discharge as patients are returning to different local authority areas. (Wessex ward) It is recommended that the Trust consider how this can best be managed.</p>	<p>Thank you for raising this point. Young people who are discharged to out of area counties will have their individual needs discussed with their home team/trust and any recommendations or referrals relating to this need will be made prior to discharge. Unfortunately we cannot dictate what therapies individual Trusts in other areas provide, but we do always try to make informed recommendations about what would be most helpful for a young person.</p>
<p>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 assessing access to social media on an individual basis.</p>	<p>Staff are in discussions with our IT specialist regarding the use of and access to social media whilst young people are on the ward. Young people access social media sites during leave periods and have requested that they continue to do so whilst on the ward. Consideration is being given to this; the potential implications and risks associated with the use of these types of sites during an inpatient admission and are being discussed further with the young people on the ward during our 'have your say ' meetings</p>
<p>That the Trust and SCC discuss alternative education plans and options</p>	<p>These discussions and service level agreements have already been negotiated, established and agreed between Somerset Partnership NHS Foundation Trust and the local educational authority. A service level agreement has been signed off for the past several years and is reviewed and signed off each year. Healthwatch's report will be shared with the local authority to inform future discussions.</p>
<p>That Pyrland ward contacts Reminiscence Learning for support and advice for therapeutic activities. <a href="http://www.reminiscencelearning.co.uk">http://www.reminiscencelearning.co.uk</a></p>	<p>Our Occupational Therapist will look into this further. Thank you for the suggestion.</p>
<p>Pyrland Ward 2 be refurbished to make it more welcoming and attractive. To include refurbishment and reorganization of the activities room to make it more inviting accessible and enjoyable.</p>	<p>We do recognise that ward 2 does require a degree of refurbishment and bringing up to the standards required of a modern dementia ward.</p> <p>The activities room has been created by staff following the reduction of beds and the availability of more space. It was thought at the time that it would serve as an alternate venue for patients to use for activities and</p>

	<p>one that equipment could be made readily accessible to staff on the ward. However, staff have found with the reduction of patients on the ward and severity of conditions most activities are taking place in our main lounge on a 1-1 basis rather than the activities room. This enables staff to provide individual activities to ward 2 patients that are tailored to the patient's needs at the time.</p> <p>We do encourage ward 2 patients to use the activities room when appropriate and regularly have relaxing and engaging sessions in there, often with music on. Patients are invited to do arts and crafts or sometimes just to socialise with the group.</p> <p>Often a lot of reminiscence happens in these conversations.</p> <p>As well as one to one activities, when appropriate group activities do take place on ward 2 for the patients who are able and are willing to participate.</p> <p>Activities and level of support required are adapted to suit the patients' level of functioning to enable them to participate.</p> <p>Regular Group sessions include</p> <p>Art, Flexercise, quizzes, gardening.</p> <p>Considerations are made for patients unable to focus, communicate or stay settled enough to remain in a group or to sit down long enough to complete an activity – this is when one to one is more appropriate.</p>
<p>It is recommended that more tactile and memory stimulating objects are provided around the ward would help to occupy stimulate and engage patients</p> <p>(Pyrland ward)</p>	<p>Thank you for these helpful suggestions. The majority of activities listed are regular activities that take place on both wards and activities are an agenda item for the 'have your say meetings'. Our activities organiser involves the patients in deciding what groups to run each week as often it depends on patients that are currently on the ward and their particular interests. Some patients also like the opportunity to share their skills. For example, earlier in the year we had a patient that was a sculptor artist and they gave a class in this to other patients and it helped them in their recovery</p>

	<p>also. However, there are some other suggestions that you have made that we had not considered which patients may enjoy or benefit from and the staff will explore these ideas and suggestions.</p>
<p>Magnolia ward look at providing movable trolleys or cases containing objects that are tactile or stimulate memory and conversation.</p>	<p>The ward provides activities on the tables in the main lounge and activity room. Depending on the patient group at the time the amount and type of activities available does vary. On the day of the visit there were activities available such as colouring, a jigsaw puzzle on the lounge table and as said there was open access to the garden and activities outside.</p> <p>Unfortunately movable trolleys on the ward may pose a health and safety risk, for example, if patients lean or steady themselves on something on wheels.</p> <p>This report will be fed back to the ward team at our next staff meeting and we will strive to provide more items that patients can use to provide activity and stimulation; balanced of course with health and safety and the interests of current patients.</p>

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## 7 Conclusions

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Overall it was found that all the ward environments met the needs of the patients although some suggestions for improvement were made. Staff were observed to be caring and supportive.

Concerns about commissioning arrangements for young people's inpatient services leading to young people being isolated from their families and support networks have been identified. This was seen as a national issue and not one unique to Somerset. Further steps to raise this have been made. Similarly young patients we spoke with raised concerns about access to the internet and social media which also led to feelings of isolation and loneliness and recommendations have been made.

Another national issue that has been brought to the fore relates to the difficulties recruiting qualified staff. This has a significant bearing on the inpatient wards in Somerset as bed closures have happened as a result.

The availability of supported housing is another issue that affected some areas and this had an effect on the timely and successful discharge of patients.

Issues relating to substance and alcohol education and activities for patient who have dementia have been highlighted. This report explores opportunities for Joint working with Somerset Clinical Commissioning Group, Local Drug & Alcohol Services and Reminiscence Learning which it is hoped will lead to better outcomes for patients.

Further recommendations have been made regarding food and nutrition, the wearing of uniforms and working in partnership with the CAB and Job centre to provide benefits and financial advice to patients.

Many good practice examples have been recorded and it is recommended that these are shared between wards. In particular many good practices were noted in the area of patient and family engagement.

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## 8 Recommendations

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It is recommended that;

- 8.1** It is recommended that the issue of availability of appropriate supported housing is raised between the JSNA working group, commissioners of supported housing and the Trust and that they consult on this issue.

Healthwatch Somerset will ensure the Health & Wellbeing board are aware of the issues related to supported housing and successful discharge.

- 8.2** It is recommended that the Trust look at the monitoring and reporting procedures at Wessex ward with a view to identifying processes that avoid duplication and therefore free up staff time to spend supporting patients.

Healthwatch Somerset will highlight to Healthwatch England that the commissioning of young person's inpatient services by NHS England can lead to geographical isolation of patients. This in turn contributes to a feeling of separation experienced by young people, from their personal support network.

- 8.3** 3. Regarding the difficulties recruiting qualified staff and the lack of provision to study nursing & mental health nursing in the county; it is recommended that Healthwatch Somerset and the Somerset Partnership NHS Foundation Trust work together to compile and present this information and evidence to the JSNA.

- 8.4** The Trust request a review of the education service level agreement with the local authority with a view to

advocating for a teacher and teaching assistant to be employed on the ward. Healthwatch Somerset would be happy to participate in these discussions.

- 8.5 It is recommended further consultation with patients about the wearing of uniforms while being supported in the community be carried out.
- 8.6 5. It is recommended that all wards display a notice board that details pictures of the staff, a little information about staff skills and interests, their uniforms and what they mean.
- 8.7 6. We were informed that menus were under review and it is recommended that subsequent reviews of menus reflect the findings of research by the Mental Health Foundation about the effect of nutrition on mental health and wellbeing.  
<https://www.mentalhealth.org.uk/sites/default/files/Feeding-Minds.pdf>
- 8.8 7. Healthwatch Somerset recommend that the Trust open discussions with the Somerset Clinical Commissioning Group's (SCCG) joint commissioner and local drug and alcohol services about the setting up of a drugs awareness session in wards.
- 8.9 8. It is recommended that the Trust make contact with Hayley Peters (Director of Nursing) at Musgrove Park Hospital and Young Healthwatch Somerset to discuss management and education about the issues and treatment related to legal highs.
- 8.10 9. It is recommended that the Trust consult with IT specialists to look at upgrading internet security to enable less restrictive, safe access to the internet and consider

**risk assessing access to social media on an individual basis.**

- 8.11 10. It is recommended that the Trust talk to Reminiscence Learning about their involvement in Activities and advice for Pyrland and Magnolia Ward.**
- 8.12 11. It is recommended that the Trust speak with Benefit advisors from the CAB or Job Centre to see how clear information about benefits and finance can best be provided to patients.**
- 8.13 12. It is recommended that the good practice examples in this report are shared by the Trust with all ward managers and staff and that where possible they are implemented or adopted as appropriate by all wards. They can also be shared at 'Have your say meetings' and be available to patients and their families to comment on.**

## **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.)

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## 9 Appendices

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### 9.1 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<sup>1</sup>:

- 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.

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<sup>1</sup> 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<sup>2 3</sup>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.<sup>4 5</sup> 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 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

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<sup>2</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

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

<sup>4</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>5</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

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.

## 9.2 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.

## 9.2.1 Good practice examples – Activities organisation

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