

### Enter and View – Visit Report

Name of Establishment:	Thames Ward Dennis Scott Unit Edgware Community Hospital Edgware, HA8 0AD
Staff Met During Visit:	Ms Ana Basheer, Ward Manager Healthcare worker (– Bank staff working more often on Avon Ward) Student Nurse
Date of Visit:	24 April 2013
Purpose of Visit:	<p>This is part of a planned strategy in response to concerns Barnet LINK received, prior to Healthwatch, about the treatment of Mental Health patients in various locations in the borough. Each Healthwatch has the statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. The principal role of Healthwatch is to consider the standard and provision of services, how they may be improved and how good practice can be disseminated. Subsequent to any visit a report is prepared, agreed by the manager of the facility visited, made public via the website and then made available to interested parties, such as the Health and Well Being Board.</p> <p>As part of our preparation for the visit we reviewed the Care Quality Commission (CQC) report of December 2011, particularly the areas of concern.</p> <p>It should be noted that the CQC report covered four wards at the Dennis Scott Unit and their report did not always distinguish between them.</p> <p>Where Thames Ward had been specifically named in the CQC report we discussed these</p>

	<p>comments with Ms Basheer, ie meals, medicine management, consent to treatment, weekend activities, and replacement staff. These are discussed below and are not seen as current issues for Thames Ward</p>
<p>Healthwatch Authorised Representatives Involved:</p>	<p>Stewart Block          Janice Tausig          Nahida Syed          (Christina Meacham could not attend owing to illness)</p>
<p>Introduction and Methodology:</p>	<p><b>DISCLAIMER:</b></p> <p><b><i>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.</i></b></p> <p>Thames Ward is one of four mental health units in the Dennis Scott Unit at Edgware Community Hospital. It is a mixed acute admissions ward with 20 beds. Patients are admitted via a doctor’s referral or a home treatment gatekeeper. Although patients generally stay for about 6 weeks, some may stay longer. Many, according to Ms. Basheer, come back more than once.</p> <p>There is a description of the ward on <a href="http://www.beh-mht.nhs.uk/mental-health-service/mh-services/thames-ward.htm">http://www.beh-mht.nhs.uk/mental-health-service/mh-services/thames-ward.htm</a></p> <p>We spoke to Ms. Basheer to establish the current situation, then to some of the other staff and also to patients where possible. It was possible to speak with the patients in private on only one occasion as Ms. Basheer felt that it would be inappropriate for us to be alone with patients. The tone of calm and professional</p>

	<p>manner of the unit is set by the Manageress, Ms. Basheer.</p> <p>At the time of the visit there were 17 male and 3 female patients. Sleeping accommodation is in individual rooms (not en-suite) with separate areas for men and for women. The women's area is very close to the Manageress's rooms and well observed. There are also separate lounge areas for men and for women though communal areas are shared. This was not seen as a problem by the E&amp;V Team as the ward area generally was very well managed and no communal area was visually shut off from staff passing by. The unit is always full. The Manageress has twice daily teleconferences with other units in the Trust to assess the current availability for new admissions.</p> <p>We used a prepared prompt list of questions to find out relevant facts, made observations and spoke to staff and patients. The notice advertising our visit was displayed on a notice board. We wanted to observe a meal time and so planned a morning visit and were also able to spend a little time with 2 of the Kitchen staff during lunch.</p> <p>During our visit we walked through the unit and patients (and staff) were free to approach and talk to us.</p> <p>There were no patients' visitors for us to talk to since visiting times are Monday to Friday: 16:00 to 20:00 and Weekends &amp; Bank Holidays 10:00 to 20:00.</p> <p>The communal areas had been recently decorated.</p>
<p>General Impressions:</p>	<p>Entry was through an air-lock system of double doors after our identity and purpose of visit had been identified. We were asked to sign the visitor's book and to use the disinfectant hand gel dispenser.</p>

	<p>The communal rooms are all light, airy and well-ventilated, although patients did not always use them, sometimes preferring to sit in the corridor on the floor. There were no odours and Ms. Basheer said that it was her policy to open windows and keep the unit well ventilated.</p> <p>The individual rooms are adequately furnished for the intended relatively short-stay patients and have nothing in them that could be used for self-harm. Even the curtains, necessary for privacy, came down - if any weight or pressure had been applied to them.</p> <p>Staff were all engaged in a variety of activities and frequently communicated with the Manageress to confirm decisions they had made, kept her up to date as events unfolded or asked for assistance where necessary.</p>
<p>Policies &amp; Procedures:</p>	<p>Apart from a mental health assessment patients on admission are given a physical health check and regularly monitored during their stay. Planning starts for their release destination, home, recovery house, social housing. "Bed-blocking" is not said to be an issue.</p> <p>Specialist Interpreter support is available, especially for clinical evaluations.</p> <p>Care Plans were shown to us with names removed. They are updated weekly on the system and are available for staff. Some patients are aware of their plan. The staff would discuss the Care Plan with the family if asked.</p> <p>It was noted that if there is conflict between two patients, one may be moved to another unit.</p> <p>We were assured that the criticism from CQC regarding the way in which medication was noted had been complied with. The Ward Manager confirmed that the required response had been sent to CQC.</p>

<p>Staff:</p>	<p>The unit had 5 staff on duty during the day and 4 at night. In the event of staff shortages, bank staff are used in preference to Agency Staff where this is possible, as Ms. Basheer preferred to use staff familiar with the unit. She felt this promoted the best possible care for patients. All staff are Mental Health qualified Nurses.</p> <p>24 hour support is available for staff.</p> <p>Ms. Basheer told us that Staff received regular clinical and non-clinical training covering all legislation required. Safeguarding training was mentioned in particular.</p> <p>During our visit it was sometimes difficult to distinguish between staff and patients. Staff did not wear uniforms. Ward staff were not clearly identifiable by patients, visitors and other staff.</p>
<p>Staff Views:</p>	<p>The Manageress was well aware of the need for more activities, especially physical activities for the younger men. Please also see "Activities section" below.</p> <p>Ms Basheer said she spoke five languages – and a smattering of others, she tended to use interpreters for important meetings but relied on her own knowledge for day to day communication with patients. She was much in demand whilst we were there!</p> <p>On the whole, staff commented very little when we were with patients and let the patients speak for themselves.</p> <p>Other staff thanked us for the conversation we had with a particular patient, which had lasted nearly ten minutes.</p> <p>The ward was so busy that there was not the opportunity to talk at any length with the other staff.</p>
<p>How the Hospital Gets Patients' Views:</p>	<p>There are open meetings run by the Ward Manager for all staff. There are also anonymised</p>

	<p>Service User Surveys, we were given two copies. The feedback was generally positive. There is also an electronic system used by the patients to record their views. We did not see this. The team felt that it was important to cross-check comments by other means - observation, feedback, etc.</p> <p>Ms Basheer told us that verbal complaints to her were dealt with, usually on the spot; though no written record was kept. Written complaints were handled by a peer group review process with the Health Authority. There appeared to be no ward records kept of complaints, their resolution and the timing.</p>
How the Home Gets Relatives' / Carers' Views:	Staff are available to chat with relatives when they come in – although it is unclear how this impacts on their time with other patients.
Privacy and Dignity:	<p>Patients were shown respect, with staff knocking before entering rooms. No smoking was allowed in the unit and was actively discouraged but provision was made for smokers to go outside, accompanied, to smoke.</p> <p>Patients were also encouraged to take some responsibility by, for example, making their own beds. Patients were generally well presented.</p>
Environment:	Light and airy; patients moved about or sat, interacting with staff.
Furniture:	Reasonable condition, clean. Perfectly acceptable for short term stays.
Food:	<p>Meals are served in a well-ventilated dining room, patients collecting their meals from a serving hatch. We were told that staff went round the unit just before each meal reminding patients of the meal time and checking any who hadn't turned up.</p> <p>There was a reasonable choice of pre-ordered meals with the various religious/cultural groups catered for. The patients we spoke to, generally had no complaints about the quality or quantity</p>

	<p>of food. This was reinforced by what we saw. The food, prepared elsewhere, is served by kitchen staff.</p>
<p>Activities:</p>	<p>A TV room is available; patients can have radios in their rooms. Games room and newspapers available with a variety of games available.</p> <p>Ms. Basheer commented that there was a garden where the patients could play football. We understood there were also regular visits by psychologists, who discussed with patients individually how they were feeling and what progress they were making and pharmacists, who discussed drugs and their side effects with patients. It was clear from talking to two of the patients that they were well informed about their medication.</p> <p>One of the notice boards listed engagement time in the afternoons. This is time when staff talk with patients 1:1 to establish how they are feeling and the progress they are making. As our visit was due in the morning, we were unable to see this in action.</p> <p>There were no computers for the patients to use at the hospital. Nor were there any TVs in individuals' rooms. This was Ms. Basheer's policy as she wanted patients to talk and engage with others.</p>
<p>Feedback from Residents and Relatives/Visitors:</p>	<p>Several patients approached and talked to us. Unfortunately, it was impossible to ascertain whether their conversation would have been any different had they not been surrounded by Staff.</p> <p>One patient asked for an Advocate and said that when he had been there before an Advocate was available everyday. The patient was referred to one of the Nurses who said he would make arrangements for him to see an Advocate; One team member had the opportunity to speak at some length with a</p>

	<p>patient undisturbed by staff and this proved a positive experience for both of them with no issues arising.</p> <p>No relatives or other visitors were available.</p>
Recommendations:	<ol style="list-style-type: none"> <li>1. Clearly visible and legible name badges for all staff</li> <li>2. Web links to latest CQC reports and responses should be readily available.</li> <li>3. Investigate the possibility of more physical exercise.</li> <li>4. The Ward manager should keep a ward record of written and oral complaints, their resolution and dates.</li> </ol>
Conclusion:	<p>A well-run unit. A manageress well aware of the need to set boundaries so that the patients feel safe but with a very human touch, showing understanding of people as individuals who need care, attention, independence and support.</p>
Signed: Stewart Block Janice Tausig Nahida Syed	
Date: 16 August 2013	

**RESPONSE RECEIVED FROM THAMES WARD:**

Response from Ana Basheer – Ward Manager, Thames Ward

In response to Recommendations

1. All staff now have Identity Badges which should be visible at all times.
3. Weather permitting we are able to spend long periods out in the garden area, playing football, basketball and tennis.
4. Re Complaints – a record folder has been made up for complaints.

Also noted that the patients are able to use computers under the supervision of staff. There are now two TV areas in the ward.