Enter and View Report

Step Forward Centre

Bradford District Care Trust

24th May 2013

What is Enter and View?

- Healthwatch authorised representatives carry out visits to health and social care services in our district, to see how a service is being run and make recommendations where there are areas for improvement.
- Enter and View visits can happen if people tell us there is a problem with a service, but they can also happen when services have a good reputation – so we can learn about and share examples of what they do well.
- Any publicly funded service can be visited like care homes, hospitals, GPs and dentists.
- Members of the public volunteer to become authorised representatives, carrying out visits on behalf of Healthwatch. They receive training to deal with sensitive situations and confidential information, and are checked by the Disclosure and Barring Service.

Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Bradford and District.

Enter and View Visit Report

Date:	24th May 2013
Authorised Representatives:	Daphne Luce, Andrew Makin
Healthwatch Staff:	Frances Spencer, Marcella Celli
Bradford District Care Trust (BDCT) service visited:	**Step Forward Centre**
BDCT staff:	Chris Dixon (Centre Manager)

Background and Purpose to the Enter and View visit

This visit was prompted by the opportunity to learn about a new rehabilitation mental health centre as an example of good practice of a health service for vulnerable adults.

The purpose of the visit was to:

- Learn about the Centre
- Understand the Wellness Recovery Action Plan (WRAP) and how service users are involved

How was the visit prepared and conducted?

Prior to the visit the authorised representatives had received only some basic information about the centre and its services.

On arrival, the representatives had the opportunity to meet the Centre Manager, Chris Dixon, to hear about the centre and ask questions.

The representatives were then shown around the centre by the Centre Manager, and had the opportunity to speak to some of the service users about their experiences.

Step Forward Centre

The Step Forward Centre is a new purpose-built unit in the grounds of Lynfield Mount hospital in Bradford, providing a specialised rehabilitation service for 12 mental health patients (people aged 18 and over). It was opened in April 2012, and is managed by the Bradford District Care Trust. The purpose of this centre is to provide a bridge between acute services and care in the community, preparing clients to live supported but independently in their own accommodation. It is not a secure unit or an acute ward, in the sense that clients are free to come and go.

We were greeted by Chris Dixon, acting Centre Manager, who was enthusiastic, very informative, and keen to promote the centre as a flagship service. The centre seemed quite empty when we arrived. One patient was playing a board game in the Activity room; a couple of people were wandering about and going outside to smoke. There was an ethnic mix in the centre, including White, Asian, Afro-Caribbean and mixed-race.

The accommodation consists of 2 'pods' of 6 en-suite rooms (12 beds in total), one for each gender with 2 'swing' rooms which can be attached to either pod. In the centre of each pod is a seating area where men and women can socialise separately. There is a large lounge and a dining room both opening on to gardens, a kitchen for residents where cooking skills are learnt, an activity room, an office and meeting rooms. The dining room had menus offering a good variety of food including vegetarian options. It is a light, spacious and airy building surrounded by greenery.

Referrals

Referrals can come from acute wards, secure units, care homes and supported housing. Individuals referred can visit the centre to familiarise themselves and set their goals. Contact is maintained with those referrals, especially those from acute wards who may need a longer time to get involved.

Service users referred to this service are invited for an assessment to discuss what the centre is about; to make sure this service is the right service for them at this stage and to discuss goals. About 60% of all referrals to the Centre come from acute wards. Even when individuals are not ready to be admitted to the centre, they can still come over for a few hours, this being particularly easy if they are on an acute ward on site at Lynfield Mount.

There is currently a waiting list for this service. Priority is based on clinical needs. At the weekly meetings on Wednesdays staff discuss and agree admissions which might need to be prioritised. The aim is for residents to stay for about 3 months, but this is flexible according to individual needs and progress.

Staff

Chris Dixon, the Centre Manager, heads a staff team of 15, comprising two deputies, six registered nurses, and six support staff. Support staff are trained on the job by the trained nurses, following a basic induction programme but developing skills according to the needs of the unit. They are appraised against those needs.

There are 4 shifts a day, with 3 daytime staff and 2 at night, with always one qualified nurse on duty. This seems a good ratio for only twelve clients. An Activity Coordinator works 3 days a week, and there is also an Occupational Therapist who works with service users to assess their needs, looking at things like their cooking or budgeting skills.

All staff receive in-house training in solution-focussed therapy based on Cognitive Behaviour Therapy. Chris said they hoped to improve the frequency of one-to-one work with clinical psychologists in future when the Bradford District Care Trust sets up a new hub of psychologists and therapists who will be available to all services. Community Psychiatric Nurses (CPN) are involved before admission and continue their support when residents leave the centre.

WRAP (Wellness Recovery Action Plan) Model

The centre practices the WRAP Model, the Wellness Recovery Action Plan, designed with the patient to help them develop tools necessary for managing their illness, from daily maintenance to crisis management.

Transition to the community, and relapse prevention, are the goals of WRAP. To provide structure for the residents, the week has 25 hours of activities decided by patients and run by staff and the Occupational Therapist. The Named Nurse sets up and facilitates attendance at groups both in the centre and in the community. There are centre meetings twice a week, and a social night on Saturdays. There is also a baking group and discussion groups.

It is important that patients have a structured life outside institutional care, and links with peer support groups. Patients are therefore encouraged to attend the Bridge Project, a drug treatment charity which promotes health and well-being and a MIND group, and these help to provide continuity when they leave the centre and go back into the community.

WRAP is used to show clients the effect of their illness and early warning signs of relapse, and how to avoid setbacks. Clients will generally re-establish contact with friends in the community, but the potential for relapse is prepared for and managed.

Regular Care Programme Approach (CPA) meetings are held, at least every two weeks, to keep the programme on track. CPA is a particular way of assessing, planning and reviewing someone's mental health care needs. Staff are aware that focus can be lost if there is no meeting for a long time.

On admission residents are registered with a GP. Initially, Service Users have their medication administered by staff through the medication trolley. However they are supported to move towards self-medication which they can do in their own space. This transition is done with their Named Nurse.

The relapse rate doesn't seem to be high. Until the end of May 2013, when we visited, there have been two service users who had to go back into acute services or other services. One was because of a diagnosis of an organic illness which required care in a more suitable environment. Individuals need a lot of support when in the centre and when they start going out into the community.

The average stay is 3 months. However some service users have stayed over 3 months in agreement with staff and if service users feel that they are not ready and need to work on some aspects of their WRAP. No service user has ever stayed over 8 months. The discharge is a joint decision.

Service users can attend a Patient Advice Liaison Service (PALS) meeting every Thursday. This is an opportunity to share their views among themselves and with the staff.

The City University of London is finalising an evaluation report on the centre which should provide some helpful feedback on this service at this early stage.

Interviews with service users

We spoke to two clients privately in the dining room: a male service user nearing the end of his stay, and a female who was at an earlier stage in the programme.

The man had been a resident since January, and was preparing for discharge. He had a sheltered flat prepared, which was a relief to him as he had suffered some abuse in his previous (private) accommodation. He had had some physical as well as mental health problems, and was very positive about the Step Forward Centre. He described having come from an acute ward to "look around" and immediately liked it. His previous ward was noisy, in contrast to this centre.
He was positive about the activities, including the group meetings, gardening, painting, and games. Asked if he went out from the centre, he said he went shopping locally, and bought food he could cook in the kitchen.

His favourite activity was gardening, and he had worked on the new garden being created on the site. He has made friends on the unit whom he will be sad to leave behind, but has friends in the community who he will continue to see. He has some family who have occasionally come to see him, and he has been out to see them. He is in touch with a local MIND group, and will attend their drop in centre.

Our other interviewee was more guarded in her conversation. She was however quite positive about the unit, including the staff and most of the other clients. She had moved around the country and I got the impression that she had used several services, which would imply that she had something against which to compare the Step Forward Centre.

She seems to have had issues with another patient. Her solution was to entirely blank this person, while maintaining awareness of their whereabouts. When asked about support, she was very positive about her CPN and said that was where she would go if she had difficulties. She also enjoyed gardening, and was looking forward to moving into a new flat.

Conclusions

The Enter and View Task Group would like to thank Chris Dixon, the rest of the staff and the service users for the warm welcome given to the Enter and View Team and for their time.

The Enter and View Team members' observations are:

- The centre's facilities, and the information on therapeutic approach and activities supplied by Chris Dixon, were impressive. It was harder to see this in action as most patients had gone out or were in their rooms. Our first interviewee was undoubtedly very content with the centre and its services. It was harder to judge our second interviewee's views and feelings, but overall she expressed qualified approval of the unit and its staff. A major satisfaction for both was having a safe place to move on to.
- Relapse rates seem to be good and improving. Step Forward's own internal monitoring shows that average length of stay has reduced and successful discharge increased.
- There is no information on throughput (i.e. how many clients have used the service since its opening) which it would be useful to find out. It would also be interesting to get feedback from service users who have been on the unit for longer than the 3 month target.
- The unit seems to run a good service using enthusiastic and well trained staff. The atmosphere is good, although quiet at the time of our visit, and there are a range of activities. Most importantly, we felt were a) the improving outcomes as measured by the staff, and b) the positive responses of the clients we saw. Both these pointed to a service which was achieving its stated outcomes and providing a good service both to clients and the community which it serves.
- Our recommendation is that the good practice observed on this visit should be publicised and shared throughout the Trust, in order that other services can learn from it.

Andrew Makin and Daphne Luce
25th June 2013

For more information about this visit and Healthwatch Bradford and District Enter and View activities please contact Marcella Celli on 01535 6625258 or email marcella@healthwatchbradford.co.uk