

# Enter and View Report

## FINAL

Name of Establishment:	<b>Juniper Centre Sage Ward</b> Moseley Hall Hospital Alcester Road Moseley Birmingham B13 8JL
Date of Visit:	Tuesday 22 <sup>nd</sup> April 2014
Time of Visit:	2.00 pm
Purpose of Visit:	To ascertain patient, carer and user experience
Healthwatch Authorised Representatives Involved:	Alex Davis Patricia World
Healthwatch Staff Member(s) Involved:	Claire Lockey
Date of Report:	1 <sup>st</sup> May 2014



## **1. INTRODUCTION**

- 1.1 The Sage Suite is a Birmingham and Solihull Mental Health Foundation Trust ward at the Juniper Centre, which is attached at Moseley Hall Hospital.
- 1.2 The Juniper was opened in 2010 and was purpose built and designed as a key component of the Trust's Mental Health Service for Older People (MHSOP). The Sage Suite is an 18 bed acute ward for men with organic disorders. Although part of the MHSOP (Mental Health Services for Older People) it will take patients diagnosed with Rare Dementias (previously referred to as Working Age Dementias) and they take patients from across Birmingham and Solihull.
- 1.3 There are three wards at the Juniper Centre and there are a number of facilities which can be accessed by patients on any of these wards. These include the Sandelwood Suite which provides a comprehensive physiotherapy service, a physiotherapy gym, an adapted living kitchen, a craft and activities room and washing machines which can be used by patients. There are Physiotherapists and Occupational Therapists who play a key role in the assessment of patients' skills and cognitive functions.

## **2. PURPOSE OF ENTER & VIEW VISIT**

- 2.1 The purpose of the Healthwatch visit was to ascertain patient, carer and relatives experience of the service. We produced a sheet "Issues for the Sage Suite" to act as an aide memoir and prompt (see Appendix 1).
- 2.2 Our visit started with a discussion with the Ward Manager Emmett McNamee and the Lead Nurse for the MHSOP, Norah Foster. We provided Emmett and Norah with a copy of the sheet: "Issues for Sage Suite – Appendix 1" they then showed us round the Ward and the Sandelwood Suite.
- 2.3 We have organised our report under three broad headings:

### **1. The Care and Welfare of the people who use the service**

### **2. Staffing**

### **3. Assessing and Monitoring the Quality of Service Provision**

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#### **3. THE CARE AND WELFARE OF THE PEOPLE WHO USE THE SERVICE PROVISION**

- 3.1 At the time of the visit the Sage Suite had fifteen patients, plus one patient who was in the Queen Elizabeth Hospital. There was only one patient detained under the Mental Health Act 1983, who was on a Section 2.
- 3.2 The Mental Health Act Detention Forms were examined on RiO Computer System (the original forms are scanned in) and were completed correctly. Section 17 Leave forms are monitored weekly by ward staff and monthly by the Mental Health Act Lead (see point 3 of Appendix 1).
- 3.3 All patients are assessed for Capacity for Consent to Treatment on admission and at the weekly ward reviews. Currently there are no patients subject to the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS). However, following the publication in late March 2014 of the landmark "Chester West" Judgement of the Supreme Court on DoLS, eleven patients on the Sage Ward were assessed as requiring DoLS.
- 3.4 Key functions of the ward are the assessment and stabilisation of patients. The target length of stay is forty days but this is frequently exceeded. A full case review is held if a patient exceeds 90 days on the ward.
- 3.5 The reasons for delayed discharge are many and varied. The two patients currently classed as delayed discharges are awaiting appropriate placements to meet their complex needs. Other reasons include patients' not being able to return home, care homes from which patients are admitted making an early decision that they will not be accepted on discharge, a lack of appropriate placements and problems with funding from both Health and Social Services (see point 4 of Appendix 1).

- 3.6 We asked for a list of care homes that patients had been discharged to and were later sent the following (this also includes homes to which patients were discharged from Rosemary Suite which is the Women's Acute Ward for organic disorders at Juniper) :
- Briars Croft - Solihull
  - Ardenleigh Grove - Solihull
  - Albion Court - Acocks Green
  - Heartlands - Yardley
  - Andrew Cohen - Stirchley
  - Sunrise - Edgbaston
  - Heath House - West Heath
  - Stennards Leisure - Northfield
  - Berkhat House - Moseley
  - Neville Williams - Selly Park
- 3.7 Two homes from which patients were admitted but were not discharged back to because of challenging behaviour were Bromford Lance Care Centre and St. Giles Nursing Home.
- 3.8 We spoke to a total of four patients in the large lounge. This is where patients congregated. The lounge has a TV, newspapers and a continual staff presence. There was never less than two staff in the lounge, sometimes three and on occasion four. They were actively engaged with the nine or ten patients there.
- 3.9 Staff were changing the TV channel when requested, getting patients drinks and generally interacting with them. We also spoke to the son of a patient. He was visiting his father and struggling to understand his father's condition but felt that the staff members at the Sage Ward are providing him with very good care and support.
- 3.10 The issues of memory loss were evident with most of the patients we spoke to but they all presented as calm and settled. No complaints were made to us.
- 3.11 The Ward was clean and well decorated. It is in a good state of repair, it has non-skid flooring. All the bedrooms are single and en-suite. The walls around the bedroom doors are painted a different

colour and that colour is reproduced on the bedroom walls as a memory aid for patients. Patients' names are on their bedroom doors along with that of their named nurse.

3.12 Meals are no longer cook-chill. From May 2013 they have been freshly cooked in Moseley Hall Hospital kitchens, adjoining the Unit. Meals are served in the ward dining room. Patients are offered a choice of food including special diets such as Halal or Kosher. Meals are served by the Ward Housekeeper with assistance from ward staff.

3.13 Patients are encouraged to use the adapted living facilities described in the introduction to this report.

#### **4. STAFFING**

4.1 The Ward has a Ward Manager, and will soon have, two Deputy Ward managers. The shift pattern is 5:5:4.

4.2 There are always at least two qualified nurses on each shift (the Ward Manager is not counted). If required the staffing levels can be increased. Overall the staff complement is 50/50, qualified / unqualified.

4.3 All staff complete the five day AVERT's training (Approaches to Violence through Effective Recognition and Training).

4.4 One of the Deputy Ward Managers is dual trained, as is the Lead nurse (see point 1 of Appendix 1). The ward is currently looking for more staff to be seconded for the two year adult care training.

4.5 Furthermore, the ward is developing some informal nurse exchange arrangements with General Wards.

4.6 We were pleased to see nursing staff actively engaged with patients throughout the ward. The domestic staff is all in-house and works as a vital part of the ward team.

4.7 Currently the ward has one Responsible Clinician, a Consultant Psychiatrist. However the MHSOP is being reorganised and this arrangement is likely to change.

**5. ASSESSING & MONITORING THE QUALITY OF SERVICE PROVISION**

5.1 The Lead Nurse is the clinical lead whose role is to support, supervise and take responsibility for staff development. We were impressed by the commitment and dedication of Norah Foster, Lead Nurse.

5.2 The MHSOP is reconfiguring to improve its performance. We were very interested in the development of a Care Home Liaison Team due to start in June 2014. This could play a key role in tackling the crucial issue of delayed discharge.

5.3 The ward is working with the Community Enablement and Recovery Team (CERTS) to avoid admissions where possible and where admission is necessary reduce the length of stay.

5.4 The User Voice service is very active in the older adults division. There is an associated Dementia Council, supported by the User Voice worker, which includes relatives, carers and service users with first hand experience of dementia.

5.5 There is also the Patients Advice and Liaison service (PALs). There were posters in the lounge and elsewhere on the ward advertising all of these services.

## **6. CONCLUDING COMMENTS**

6.1 Our over-riding impression of the ward was they are a committed, well led and supported staff team. There are two final comments we would like to make:

1. When asked what one change the Ward Manager (who has been in this role for one month) would like to see, he was very thoughtful. He said he would like to be able to motivate all staff to want to continue learning. We would therefore suggest that a training programme for all ward staff is prepared and delivered to address this issue.
2. The development of informal staff exchanges with General Ward staff is a very positive step and we would encourage its growth.

## **7. ACKNOWLEDGEMENTS**

7.1 We like to acknowledge and thank Norah Foster, Lead Nurse and Emmett McNamee, Ward Manager and the staff members and patients who made this visit such as a positive experience.

**FEEDBACK/COMMENTS FROM THE SERVICE PROVIDER**

**FAO: Ward Manager/Deputy/Staff**

Please insert your comments and feedback regarding the Enter and View visit conducted by Healthwatch Birmingham:

**WARD MANAGER/STAFF COMMENTS AND FEEDBACK**

Prior to visit I had heard very little about Healthwatch Birmingham, however both Alex and Pat gave a very good insight when they visited.

Alex and pat were very easy going in their nature which made for a good exchange of thoughts, views and ideas. This was also noticeable at the ease in which they interacted with our patients on the ward.

It was pleasing to demonstrate to Alex and Pat the work that had taken place to address the issues raised by CQC on their visit in May 2012.

The ward was very appreciative of the observation and comments that both Alex and Pat had made.

Emmett Mcnamee