

# Enter and View Report

## FINAL

Name of Establishment:	<b>Juniper Centre Bergamot Ward</b> Moseley Hall Hospital Alcester Road Moseley Birmingham B13 8JL
Date of Visit:	Thursday 24 <sup>th</sup> April 2014
Time of Visit:	2.00 – 5.00 pm
Purpose of Visit:	To ascertain patient, carer and user experience
Healthwatch Authorised Representatives Involved:	Alex Davis Jane Reynolds
Healthwatch Staff Member(s) Involved:	Claire Lockey
Date of Report:	2 <sup>nd</sup> May 2014



## **INTRODUCTION**

The Bergamot Suite is a Birmingham and Solihull Mental Health Foundation Trust ward at the Juniper Centre, which is attached to Moseley Hall Hospital.

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 Bergamot Suite is an 18 bed mixed gender ward for older people with functional (as opposed to organic) mental health issues.

It does take patients under the age of 65 years if they are assessed as being vulnerable and a placement on the ward is judged to be more appropriate than one on a working age ward.

Bergamot currently has a patient aged 59 years and another patient aged 62 years. The ward takes patients from across Birmingham and Solihull.

There are three wards at the Juniper Centre and there are a number of facilities that can be accessed by patients on any of these wards. These include the Sandalwood 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, Occupational Therapists and Psychologists who play a key role in the assessment of patients' skills and cognitive functions.

## **PURPOSE OF THE ENTER & VIEW VISIT**

The purpose of the Healthwatch visit was to ascertain patient, carer and relatives experience of the service. We produced a sheet "Issues for the Bergamot Suite" to act as an aide memoir and prompt (see Appendix 1).

Our visit started with a discussion with the Ward Manager Caroline Clewer and the Service Development Manager, Sue Gardiner for the MHSOP (Mental Health Services for Older People). We gave them the sheet "Issues for Bergamot Suite" and Caroline then showed us around the Ward.

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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## **1. THE CARE & WELFARE OF THE PEOPLE WHO USE THE SERVICES**

At the time of the visit the Bergamot Suite had seventeen patients with one patient due to be discharged later that day. There were seven patients detained under the Mental Health act 1983, five patients were on Section 3 (for up to 6 months for treatment) and two patients on a Section 2 (for up to 28 days for assessment, includes treatment as part of the assessment).

Section 17 Leave forms (when a patient is detained under the Mental Health Act but granted leave of absence) are monitored weekly by ward staff and monthly by the Mental Health Act Lead.

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). Key functions of the ward are the assessment and treatment of patients. All patients are given detailed information packs on admission.

The target length of stay is 45 days but this is frequently exceeded due to various reasons as indicated below. A full case review is held if a patient exceeds 90 days on the ward. Currently one patient is classed as a delayed discharge.

From our discussions with staff and patients and examination of RiO it seemed that after assessment and treatment discharge planning was prioritised (see point 3, Appendix 1).

The reasons for delayed discharge are many and varied. They include, patients' complex needs; patients' not being able to return home, a lack of appropriate placements and problems with funding from both Health and Social Services.

The ward is mixed gender but there are clear male and female areas, with separate male and female lounges.

The introductory leaflet: "Welcome to Juniper Centre, Bergamot Suite" has the following sentence on page 2: "We have ensured that our in-patient facilities meet gender specific legislation and you have the right to request single sex day facilities at any time i.e. day/sitting room."

We spoke to a total of four patients in various locations on the ward, in the garden, in a patient's bedroom, in a lounge and in an alcove. All four patients, were informal (not detained under the Mental Health Act) one man and three women.

Three of the patients were positive about the ward and staff. There was one patient who complained about a variety of issues but since this included her belief that forty bodies were buried under the ward corridor it is difficult to judge how far her views were reality based. She raised the following issues:

1. The cleaner had told her that she had to clean the shower in the bathroom.
2. The light in the corridor outside her room was too bright and kept her awake.
3. The staff said "no" to everything she requested.
4. Things go missing from her room.
5. It was very noisy on the unit.
6. A patient had thrown water over her.
7. She was going to discharge herself in a weeks' time.

We checked on the RiO System and the Care Plans and CPA reviews were up to date for these four patients and they showed appropriate patient involvement (see point 2, Appendix 1).

The Bergamot Suite 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. Patients' names are on their bedroom doors along with that of their named nurse. There is also a photo of the patient's named nurse in the bedrooms with their name.

The ward's information boards were well designed, bright and informative. There was plenty of information about Advocacy, the Independent Mental Health Advocates (IMHA's).

There was good information for Relatives and Carers, there are set visiting times so the assessment and treatment work of the ward is maximised.

Meals are no longer cook-chill. From May 2013 they have been freshly cooked in Mosley 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.

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

## **2. STAFFING**

The Ward has a Ward Manager and a Deputy Ward manager. The shift pattern is 5:5:4. There are always at least two qualified nurses on each shift (the Ward Manager is not counted in this ratio).

If required the staffing levels can be increased. All staff complete the five day AVERT's training (Approaches to Violence through Effective Recognition and Training).

We spoke to five staff members (not including the Ward Manager and the Service Development Manager). They were all very positive about working on the ward, all felt well supported by management and the staff team. They all said that they felt safe on the ward.

Care Reviews take place once a week with Care Programme Approach (CPA) meetings taking place every two weeks. The Care Co-ordinator is expected to attend the CPA meetings whether they are Community or ward based. Patients are always invited to both Ward Reviews and CPA Reviews.

We were pleased to see nursing staff actively engaged with patients throughout the ward. The domestic staff members are all in-house and work as a vital part of the ward team. There is a full time Occupational Therapist and a full time Physiotherapist. There is an activities worker, currently three days a week, soon to become full time.

Currently the ward has one Responsible Clinician, a Consultant Psychiatrist. However the MHSOP (Mental Health Services for Older People) is being reorganised and this arrangement is likely to change.

### **3. ASSESSING & MONITORING THE QUALITY OF SERVICE PROVISION**

The Lead Nurse, Norah Foster, is the clinical lead whose role is to support, supervise and take responsibility for staff development. We did not meet Norah on this visit but we had a lengthy discussion with her on the visit to the Sage Suite at the Juniper Centre two days earlier.

We were impressed by the commitment and dedication of Norah, Lead Nurse. The Ward has fortnightly patient forum meetings that are used, alongside the one to one sessions with patients, to monitor the patient experience and to inform improvements to the ward. They are written up in the form of "You said - We did".

There is a Quality Metrics Audit, with six factors, such as "Medication Storage and Administration" and "Respect and Dignity". These factors have up to thirteen dimensions and are displayed within the staffing office.

PLACE Inspections are also conducted annually via the Trust to look at the quality of environment, cleanliness, privacy, dignity, wellbeing and food/hydration. The ward PLACE inspection is due shortly. We have no doubt that the ward will score highly.

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.

The User Voice service is very active in the older adults division and had posters displayed on the ward. The Patients Advice and Liaison service (PALs) is also active and was well publicised on the ward.

### **CONCLUDING COMMENTS**

Our judgement was that the ward was well managed with a committed and supported staff team, with good support from the Service Development Manager and the Clinical Lead.

### **RECOMMENDATION**

We have one recommendation: given that staff expressed the view that the dining room is too small, that serious consideration is given to having two settings for meals. One option would be to have men and women's sittings; another option would be to have patient sittings divided by the level of risk. That would enable a higher level of supervision for patients assessed as high risk.

### **ACKNOWLEDGEMENTS**

We would like to acknowledge and thank Caroline Clewer, Ward Manager and Sue Gardiner, Service Development Manager for the MHSOP and the other staff members and patients who made this visit such 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**

The care plans and CPA checked on the day of the visit all showed evidence of patient involvement in the care plans. All the registered nurses (apart from one) have had CPA care plan training.

A recent audit of discharge care plans completed in August 2014 found 2 patients did not have a discharge care plan - this has now been addressed

Dining room concern- there is a difficulty with two sittings and maintaining food temperatures. Ensuring there is a positive mealtime experience is important to the service. The Team manage by considering other areas where patients may eat, based on their personal preference such as the small lounges or their bed room areas as not everyone likes to eat in a formal dining area.

Caroline Clewer  
Ward Manager  
Bergamot Suite