



Enter and View Visit Report

Venue:

Sapphire ward, Newham Centre for Mental Health, Cherry Tree Way, Glen Road, London E13 8SL

Date/Time:

25th April 2014. 11.00hrs to 14.30hrs

Named Lead:

Mr George Soutar

Enter and View Team Members:

Ms Farah Afshari

Ms Chan Brown

Mr Zoran Kuburoviz

Purpose of Visit:

To provide an independent assessment of quality of service provided to service users through service users' feedback, observations and speaking to the staff involved in providing the service.

Approach used:

A team of four Healthwatch Newham Authorised Enter and View Representatives (referred to in this report as the team) observed the general environment within the ward and services provided and conducted individual, confidential structured interviews with seven service users.

General information on the venue:

Sapphire ward is a fifteen bedded in service user ward catering for adult women with mental health conditions. The ward is situated within Newham Centre for Mental Health, a purpose built unit caring for people with mental health issues in the London Borough of Newham. The unit has seven wards with a total of eighty seven beds.

Up until the beginning of April 2014 the ward had catered for both male and female service users and was then reconfigured to cater for female users only.

The service is provided by East London NHS Foundation Trust

The team were welcomed in reception by Mr Yarnold, Matron and shown round the communal areas of the unit then taken to Sapphire ward and shown round the ward and introduced to the staff.

The average length of stay in Sapphire ward is twenty-eight days.

The team then split into two teams of two and undertook structured interviews with service users and undertook observations of various environmental factors and observed the midday meal being served in the dining room.

Observation/Findings:

Environment:

The general environment, both within the communal areas in the unit and the ward was found to be clean, airy, well lit, welcoming and in a good state of repair.

Within the ward:

On the day of the visit the ward entrance door was locked. The staff informed us that this was reviewed twice daily and the ward was only locked when a service user's condition required it to be so and that this was recorded in a log book. The log book was not observed.

Current newspapers were available on the ward for service users to access

Private areas were available for service users to meet friends and relatives

The television room was reserved for service user only

Information board available in corridor detailing a wide range of activities available for the week

Each service user had their own room with en suite toilet and shower

There is a designated family room available on the ground floor where children can visit parents who are service users as children are not permitted within the ward areas.

All seven service users interviewed said that they felt safer and more comfortable since the ward had been reconfigured to a female only ward.

There are communal enclosed garden areas available for service users on the ground floor but a number of service users indicated that these were for smokers so therefore they did not go there.

One service user reported that her shower had been broken for two days and not been repaired and that the ward washing machine had been broken for two days. This was confirmed by staff. The service user had been given access to a washing machine on an adjacent ward but at the time it was being used by other service users and was therefore unavailable for her to use when she wanted. There were alternative bathing facilities available in the communal ward bathroom but the service user felt that this was not adequately explained to her.

The therapy room had a number of items of furniture stored within it and resembled a storage area. The Matron explained that prior to the ward reconfiguration this had been used as a family room.

There was a board in the corridor which purpose was to indicate the staff on duty that shift and to which service users they had been allocated to look after. On the day of the visit the board had not been completed but all service users when interviewed said that the board was normally completed and this was where they could find out who the nurse looking after them that day was. A member of staff informed us that the board had been completed that day but had been wiped clean by a service user.

Many doors within the ward had no signs to indicate usage;

The window blind in the treatment room was missing and a plastic apron taped to the window to provide privacy;

Signs on the wall still indicated both male and female dormitories despite the recent reconfiguration; it was unclear if these were accessible to visitors

Pay phone located within the dining area was not working, the staff told us that this had been damaged by a service user the day before and had been reported as requiring repair;

There was some artwork on the walls but more would further enhance the environment.

There was a staff picture board at the entrance to the ward but although names were on the board there were no pictures. The Matron told us that the process of populating this board with pictures was in progress. A number of staff changes had been required as a consequence of the reconfiguration of the ward.

The hand sanitizer dispenser at the entrance to the ward was empty;

It should be noted that the ward and staff had been reconfigured three weeks earlier.

Service User Involvement in planning care:

Seven service users were interviewed;

All service users interviewed were asked if they had a named nurse.

Two service users said they did not know who their named nurse was. The rest knew who their named nurse was.

All service users were asked if they had a care plan and if they had been involved in compiling their care plan.

Two service users said that they had not seen their care plan; one stated that she had been told that the care plan would be completed at the day hospital.

Those that had seen their care plans stated that they had been involved in compiling their care plan and in some cases they had shared this with their family. If appropriate they were given their own copy of their care plan and that this was reviewed with them on a regular basis.

All service users who knew who their named nurses were reported that they had regular contact with them.

Food/Nutrition:

All meals are cooked on site. The canteen on the ground floor is available for use by staff, service users and visitors to the unit.

The ward had a dedicated dining room and food was served to the service users from a hatch between the ward kitchen and dining room.

The service users are given the opportunity to choose their meals the day before from a menu which caters for a number of ethnic groups. It was observed that there was flexibility in that if service users wanted a meal different from that which they had chosen this was provided if available. During the visit a service user started to eat her chosen meal but didn't like it and was provided with an alternative of her choice.

All service users agreed that they were given the opportunity to choose their meals the day before but a number reported that the food wasn't "nice enough" and that they sometimes chose to purchase food from the canteen as it was better and there were different choices available. A number cited chips as being much nicer in the canteen than those available on the ward. A service user said some foodstuffs such as vegetables were "overcooked and full of water" while other service users stated vegetable (gave carrot as example) had been undercooked at times. One mentioned to us the food being dry and other mentioned not much care being taken in preparing the food therefore different food tasting the same.

A selection of drinks is available for service users at all times and toast is provided in the late evenings.

It was suggested that a service user group could be involved in reviewing the choices available on the menu and reviewing the quality of the food offered.

A number also reported that the ethnic specific meals were not appropriate e.g. The Caribbean meals were not spiced properly and enough. Also, that although an attempt had been made to cater for a number of different ethnic group's only one choice was available within these groups.

One service user reported that the text on the menu card was too small as her eyesight was not good, she therefore need to seek other people's assistance to learn what is on the menu card.

The Matron informed us that if a service user was not present at mealtimes because of some planned intervention then they could access a meal from the canteen at no additional cost to them.

Social Interaction/communication:

Although there was a service user activity /therapy board in the corridor with a full list of activities/therapies a number of service users reported that listed activities often did not happen. Staff reported that there had been problems meeting all the therapies/activities planned due to insufficient Occupational and Psychological therapy support.

One service user suggested that it would be helpful if they had an input into the type of activities offered as she felt that those offered were not appropriate to her needs and she felt that more activities involving physical activity such as swimming should be available.

All service users spoke highly of the staff and reported that they were approachable, saying they could discuss any issues/problems with staff and that they were listened to. The staff also proactively approached them to engage them in meaningful conversation.

The team observed a number of interactions between staff and service users during the visit.

All the service users reported that they felt that their stay in hospital was benefiting them and felt that they were "getting better."

Service User Feedback:

Two service users reported that someone had entered their room at night and that they had had belongings stolen (unconfirmed).

Another service user stated that she was happy with security and that she could lock her room from the inside and only staff could open the door.

During the visit two service users were observed approaching staff and asking them to lock their rooms when they were not in them.

One service user stated that "the reception must take more care of who was entering the ward as anyone can walk in"

In general service users felt the visiting times were satisfactory but felt that during weekdays these could be extended to start at 2pm.

When asked to rate the service very good, good, satisfactory or poor:

One service user rated the service as good to very good

Two service users rated the service as good

One service user rated the service as satisfactory to good

Three service users rated the service as satisfactory.

Report Author: George Soutar, Lead, 6 May 2014