

Enter and View Report

FINAL

Name of Establishment:	Juniper Centre Rosemary Ward Moseley Hall Hospital Alcester Road Moseley Birmingham B13 8JL
Date of Visit:	Wednesday 28 th May 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:	May 2014



1. INTRODUCTION

- 1.1 The Rosemary Suite is a Birmingham and Solihull Mental Health Foundation Trust ward at the Juniper Centre, which is attached to Moseley Hall Hospital (which is part of the Birmingham Community Healthcare NHS Trust.)
- 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 Rosemary Suite is an 18 bed acute ward for women with organic disorders. As part of the Mental Health Services for Older People (MHSOP) it takes patients from across Birmingham and Solihull. In addition it can admit patients diagnosed with Rare Dementias (previously referred to as Working Age Dementias) below the age of 65 years.
- 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 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 also Physiotherapists, Occupational Therapists and Psychologists 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 Rosemary Suite" to act as an aide memoir and prompt (see Appendix 1).
- 2.2 Our visit started with a discussion with the Deputy Ward Manager Caroline Ireland, after which Caroline showed us round the ward.
- 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

4. THE CARE AND WELFARE OF THE PEOPLE WHO USE THE SERVICE

- 4.1 At the time of the visit the Rosemary Suite had 17 patients. There were 3 patients detained under Section 2, Mental Health Act 1983 (for up to 28 days for assessment, which includes treatment) and one patient detained under Section 3, Mental Health Act 1983 (for up to 6 months for treatment). Most of the detained patients have “functional” mental health issues as opposed to “organic” dementias. This reflects the lack of beds on the Trust wards for women with functional problems. As soon as a bed is available elsewhere these patients are transferred.
- 4.2 Four patient records were examined on the RiO computer system, three of which were for detained patients. All plans were detailed and up to date. RIO system is where all patients care plans are recorded and updated accordingly.
- 4.3 All patients are assessed for Capacity for Consent to Treatment on admission and at the weekly ward reviews. Currently there is one patient subject to the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS), on an urgent authorisation and a standard authorisation has also been sought. Another patient has been referred for a DoLS assessment.
- 4.4 Key functions of the ward are the assessment and stabilisation of patients. All patients are given a physical examination on admission. The target length of stay is 45 days but this is frequently exceeded. A full case review is held if a patient exceeds 90 days on the ward.
- 4.5 The reasons for delayed discharge are complex and varied. The three patients currently classed as delayed discharges were

awaiting appropriate placements to meet their complex needs. Other reasons include patients' not being able to return to their own home and problems with funding from both Health and Social Services. Recently the Sandwell and West Birmingham Clinical Commissioning Group (S&W CCG) had made their own, short, assessment of a Rosemary Ward patient and disagreed with the Ward's assessment that the patient met the criteria for Continued Healthcare Funding. The Ward staff Member is in the process of challenging this CCG decision.

We spoke to a total of four patients. Some patients were unable to speak or too anxious to do so. We spoke to some patients in the lounge, where there had just been a "pampering" session where they could have a manicure" and a gentle hand massage if they wished. We spoke to the complementary therapist and she commented on the value of therapeutic touch for patients with sensory distortion or loss. One patient was able to express the view that she thought she would have to go to a nursing home because her family could not cope. She said that staff on the ward was very good to her. Another patient became very anxious and tearful when talking because she says she really misses her husband. Another two of the more restless patients were spoken to in the corridor, both had one to one nursing. They were pleased to speak but lacked understanding and insight of their condition. A number of patients had dolls, the ward uses "doll therapy" for some patients. These are sometimes referred to as "empathy dolls" and evidence suggests they can reduce agitation and anxiety for some dementia patients.

One of the most overriding impressions we had was of how much the staff were tuned into the patients. They were constantly alert to any signs of distress or agitation. They did not talk "around" people but directly to them, which could be difficult but often is more effective. There always seemed to be staff available to check on people if they heard raised voices or they had concerns about an individual.

We also spoke to two relatives, one of an existing patient and one of an ex-patient. Both were positive about the ward and the care provided. One relative said that the ward could be noisy and that was the case for some of our visit. There was one patient who was very distressed and had periods of shouting, a staff member was in

constant attendance and was partially successful in comforting and distracting her.

- 4.6 No complaints were made to us by patients or service users.
- 4.7 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. There is also a photo of the named nurse with their name on a notice board in each bedroom.
- 4.8 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.
- 4.9 Patients are encouraged to use the adapted living facilities described in the introduction to this report.

5. STAFFING

- 5.1 The Ward has a Ward Manager and a Deputy Ward Manager. The current shift pattern is 6:6:5. The usual pattern is 5:5:4 but given the level of ward clinical activity this has been increased to the 6:6:5. We were pleased to learn that the Nurse in charge had the discretion to make this decision without seeking Senior Management approval.
- 5.2 There are always at least two qualified nurses on each shift (the Ward Manager is not counted in this ratio). There is one full time and two part time Occupational Therapists attached to the ward.
- 5.3 All staff complete the five day AVERT's training (Approaches to Violence through Effective Recognition and Training).

- 5.4 We spoke to four members of staff plus the Deputy Ward Manager. The general view was that the staff members were well supported but there was also the view that the staffing levels needed to increase.
- 5.5 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.

6. ASSESSING & MONITORING THE QUALITY OF SERVICE PROVISION

- 6.1 On our first visit to the Juniper Centre, the Sage Suite in April 2014, we were impressed by the Lead Nurse, Norah Foster, whose was the clinical lead for the Mental Health Services for Older People (MHSOP) division of the Mental Health Trust. The MHSOP is reconfiguring to improve its performance and this role will change. We were very interested in the changes to the structure of the Senior management of the MHSOP and hope to revisit the Juniper Centre to see how these changes are reflected in the performance of the wards at Juniper. Among the developments is the creation 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.
- 6.2 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 direct experience of dementia.
- 6.3 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.

7. CONCLUDING COMMENTS

- 7.1 Our over-riding impression of the ward is that they are a committed, well led and supported staff team.
- 7.2 There is just one final comment we would like to make. The opinion of the staff is that the dining room is too small for the number of

patients and their various walking aids (this is also a criticism made by staff on Rosemary Ward).

- 7.3 We raised the possibility of having two sittings but we was informed that this would be problematic because of Health and Safety regulations regarding the temperature at which the food has to be served. This problem could be overcome by negotiating that the food delivery from Moseley Hall Hospital kitchens comes in two batches.

8. ACKNOWLEDGEMENTS

- 8.1 We would like to acknowledge and thank Caroline Ireland, Deputy Ward Manager and the staff members, patients and relatives who made this visit such as a positive experience.

9. 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

It is acknowledged the dining room is limited in regards to service users, mobility aids and staff to assist. Ladies are offered the opportunity to have their meals in a quieter area if they feel this would be better for them and one of the small lounges has been utilised as an extra dining room which has enabled staff to supervise some of the ladies that were in need of extra assistance/observation.

Jane Pugh, Ward Manager,
Rosemary Suite