

| Healthwatch Cheshire West Enter and View Report |   |
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| Enter and View Visit to                         | Bowmere Hospital, The Countess Of Chester Health Park, Liverpool Road, Chester CH2 1BQ  |
| Date  | 7 <sup>th</sup> and 8 <sup>th</sup> January 2015 (two visits) both arriving at 10.00 am   |
| Authorised Representatives                      | 7 <sup>th</sup> January - Margaret McDermott, Richard Berry, Caroline Jones, Neil Garbett,<br>8 <sup>th</sup> January - Andrew Firman, Pamela Fox and Denise Pritchard  |
| Staff Present                                   | We wish to thank Joy Fenna, Dave Appleton and staff for making us so welcome and for their spending so much time explaining the work of the two wards which we visited and for answering our many questions.  |
| Background                                      | Bowmere Hospital located on the Countess of Chester Health Park is, a modern building replacing the former Deva Hospital on this site.<br>The service is operated by Cheshire and Wirral Partnership NHS Foundation Trust (CWP), with the hospital providing a range of mental health services for adults, young adults and adolescents. These include psychiatric intensive care units and inpatient wards. Specialist services at the centre include assessment or medical treatment for persons detained under the 1983 Act, caring for people whose rights are restricted under the Mental Health Act, dementia, eating disorders, mental health conditions, substance misuse problems, treatment of disease, disorder or injury - formal and informal treatment. Of the wards visited each had an experienced ward manager who appeared to know their patients well. The hospital policy is that ward managers have a clinical background and 'resource managers' have been appointed to relieve them of administrative burdens.   |
| Overall Impression                              | It was obvious on our visit that all wards and staff work closely together this was evidenced by observing the way staff worked and interacted with patients and other staff. All staff appeared happy, caring and good communication skills were noted. An air of calmness was apparent in the wards we visited.<br>Cleanliness was excellent throughout. Bathrooms and toilets were clean and uncluttered.<br>Rosewood and Willow wards had laundry rooms where clients were encouraged to do their own laundry. The overall impression of these wards was that the standard of care is very high in pleasant well planned surroundings that were well cleaned. Talking to the staff we felt that they are devoted to their job and really care to a high degree for the welfare of their patients. We were told that there is a strong commitment to involve and support carers and families who contribute to planning the care programme for clients and that significant co-ordination takes place with consultants in the community and the Trusts' other community teams, together with other agencies including social care.<br>It was pleasing to see that on each ward visited a display board showed staff photographs and explained management structure.<br>Within the wards visited, there appeared to be an overall consistent methodology of delivery to clients, which forms the 'back-bone' to ensure clients receive a service that provides good quality care and outcomes. This was further enhanced by the fact that there appeared to be a low turn over of staff within the service. |

**Any ideas or suggestions for improving service?**

**Cheshire and Wirral Partnership Foundation Trust to:**

- consider improvements to accessible toilet located near to cafeteria - this should include a review of door furniture.
- follow up residents' 'bean bag' seat requests.
- consider accessibility issues regarding 'Intermediate Flats' on site particularly in relation to any future developments.
- Improvement to the courtyard environment within the Maple Ward, however this should be proportionate in budgetary terms as work on the new CAMHS unit is due to start shortly.

**Prior and post visit research by Representatives suggests that the hospital's website needs updating with more information provided on this in "layman's" terms.**

**Ward observations and comments**

**Entrance Hall, communal areas and café.**

These were bright, airy and welcoming. Café options were good and service excellent. Reception staff were extremely helpful.

- One toilet in this public area is clearly marked 'Disabled Toilet and Baby Change.' Representatives felt that the Trust should consider signage on this - "Accessible toilet" and Baby Change. However, Representatives also feel that the Trust should consider reviewing facilities in line with current building regulations and guidance on accessible toilets particularly in relation to door furniture and grab rails. **At the time of the visit Representatives did point out and demonstrate to staff that the current door furniture fitted, meant that someone with limited dexterity would find it impossible to lock the door and therefore, have full privacy.** When asked about this staff told us that the fittings currently used prevented ligatures being attached. This appeared to make sense on a ward but Representatives wondered if it was applicable in communal areas adjacent to a cafeteria and where existing fittings; i.e. moveable support bars; in the vicinity of the toilet itself are not ligature proof?

**Maple Ward - an acute adolescent inpatient service for service users between the age of 13 to 18years old.**

Representatives were shown around this ward by the Ward Manager

Accommodation here is for 12 clients. The ward has a dedicated multidisciplinary outreach team who assess clients before admission. We were informed that the average length of stay is 26 days; a figure that compares to a national comparison of 56 days in similar services.

Displayed certificates indicate that Maple Ward has been accredited excellent by The Royal College of Psychiatrists for three years.

We were told by the Ward Manager that nursing levels were satisfactory and usually consisted of three trained nurses and three/four untrained staff. Nursing levels both theoretical and actual staffing levels were clearly displayed.

A positive was at the entrance to the ward - a large notice board displayed staff pictures and roles.

To the visitor, the ward was large and spacious with safe furnishings throughout. There was a pleasant sitting area with large television, a smaller quiet lounge and a well-appointed dining room. There was also a classroom and activity room. The activities room was furnished with modern moulded furniture and was equipped with a coffee machine. At the time of our visit this was plugged in but had no water - thus not working. The room was well furnished but actually showed little evidence of activity - no board games, paper or clutter gave it a slightly 'sterile' feel.

Throughout the unit there were inspirational things on the walls and paintings completed by the young adults. Also in the lounge area was a large board where the young adults could put down their requests and comments.

Representatives noted these comments - included more bean bags, Wi-Fi and meetings to be held on different days.

The ward manager told us that they held staff and young adults meetings weekly on a Sunday and Tuesday evenings. There was also a suggestion box although at the time of our visit this was empty.

There are set visiting times on the ward but we were informed that these are flexible depending on

young adult's needs.

Meal times are protected. Lunch at 12pm and main meal served at 5pm. Menus were displayed on dining room door. Snacks and drinks are available. Food is provided daily by Apetito®.

We were told that the main theme/aim of the ward is moving forwards and recovery. The Ward Manager stated that the average stay for patients on this ward was 26 days with a 10-15% re-admission rate.

Family therapy services are available.

There is a large courtyard off the lounge area decorated by paintings done by the young adults.

**Willow Ward - This is an intensive care ward of seven beds for prolonged needs.**

We were told by a staff member that this was one of two of CWP's intensive care wards, the other being at Clatterbridge with ten beds.

A large notice board with staff pictures and roles was on display at the ward entrance.

There was a seclusion unit on the ward to be used if necessary. At the time of our visit this was not occupied. We understand that clients placed in this unit are supported by a nurse throughout this period and additionally monitored and reviewed by a nurse every 15 minutes, reviewed by another nurse two hourly and reviewed by a senior medical staff member every four hours. **Representatives noted a loose screw on one of the doors that created a slightly sharp edge. Staff agreed to report this to maintenance.**

Representatives spoke to two clients. One female was very happy and busy reading the New Testament and a male who told Representatives he had been on the ward four months and was hoping to transfer to Rosewood ward in the near future. He was very happy with his treatment on the ward; he also told a Representative that the food was very good.

**Rosewood Ward - This is an 18 bed rehabilitation ward, clients are transferred to this ward before discharge into the community. They can be on this ward for up to two years. It has accommodation for ten men and six women and has two flatlets.**

Once again staff accompanied Representatives.

On the male side there was a resource area where clients can source how to look after their own health. Information was provided about teeth, prostate cancer, drug abuse and medication. However, Representatives felt that a large empty notice board could have been put to good use.

Bedroom rules were also on the wall.

An activity room with three guitars was observed.

The Complex Recovery Assessment and Consultation (CRAC) service operates from this ward; it consists of ten professionals with a broad skill mix. This team covers Cheshire West, East and the Wirral.

The ward houses two 'step down' flats used by some clients prior to discharge. Here they have an opportunity to look after themselves with guidance from the ward staff. They are given £40 weekly for food. The flats have a garden laid to lawn which was very sparse with no trees or shrubs.

The flatlets were occupied but residents were out during the time of the visit. **Representatives asked about access issues in regard to these flats - where furniture was close together and bathrooms particularly, did not appear to be suitable for a wheelchair user or someone with physical mobility problems.**

We spoke with a female client who was very happy on the unit and was hoping to be discharged soon into supported living in the community. She had been on Rosewood ward for nearly two years. Another gentleman had only recently moved onto the ward. He asked Authorised Representatives if they could sort out some bean bags for him to sit on. He commented that the food was good, **"but it had recently changed to be more healthy eating stuff and sandwiches."** He said that he liked it better when they had two cooked meals a day and proper puddings.

There was a pleasant courtyard on this ward with outside seating in a landscaped area.

Representatives noted that the ward was decorated with client's art work.

**Beech Ward**

This ward has 22 single en suite rooms for patients with acute mental health problems. These include psychosis and bi-polar disorder. The ward deals with adult psychiatry usually with acute care pathway admissions via the home treatment team. It is staffed by one consultant, one senior and two junior psychiatrists and at the time of our visit had four trained psychiatric nurses and three health care assistants on duty. An occupational therapy team is assigned to the ward and is based at the nearby Clarion Centre. Physiotherapists and a dietician also visit the ward.

Representatives were once again pleased to note staff photographs and management structure on

display in the entrance corridor. Two domestic staff were observed cleaning rooms and corridors one of whom introduced herself. When asked she commented that she had plenty of time to do her job properly and, ***“Enjoyed working on the ward.”***

There appeared to be adequate office accommodation and storage areas within the ward. We were informed that patients have a named nurse who co-ordinates their care and an assigned nurse to care for them for the day. The ratio of staff to patients appeared to be very good and the general feeling on the ward was of quiet caring efficiency. Case notes are recorded electronically.

The ward had a number of small pleasantly-furnished sitting rooms (one for female patients only) and alcoves, some with a very pleasant outlook and there were television screens available for patients to watch. One alcove had a pool table which was not being used during our visit. The decoration was light and pleasant and the whole area was very clean and comfortable.

We were further informed that drugs are supplied daily by Lloyds Pharmacy and all records are on computer and accessible electronically via GP services. A pharmacist and technician are assigned to the ward. Each patient has their own drugs chart and medicines are kept in a controlled drugs cupboard in the ward clinic area.

An area with tables is available for meals to be taken but patients may eat in their rooms if they wish. Meals are supplied in frozen form by the contracted company Apetito®. Those meals observed looked good and appetising. The menu for the day is displayed in the dining room. A separate patient kitchen is provided for those wishing to make their own meals. We were told that patients’ diet and fluid intake are closely monitored.

Patients have a key to their own room. The rooms are a good size and well equipped and are situated on either of the two corridors, male or female.

This ward had responded very flexibly in an unusual case of a couple being admitted who strongly wished to stay together. A decision had been taken to move a second bed into a room to enable this to happen; this despite the usual policy of men and women in single rooms and separate corridors within the ward.

On the corridor, near the main entrance to the ward, there is a Video Display Unit presenting good information for patients and their carers. A list of activities, co-ordinated by occupational therapy staff, is also on display. This, Representatives understand is influenced by patients’ interests.

During our visit one assistant was working on a jigsaw puzzle with one patient joining in and another observing. The atmosphere was calm, sociable and relaxed. One patient was observed to be watching television which he said that he enjoyed doing. Although he said that he was not happy with his medication, he appeared to be aware of how he could speak to someone about his worries. We noted that both Patient Advice and Liaison leaflets and CWP leaflets regarding making a complaint were on display. We were informed that there is a film club based in the hospital which patients can attend, together with a separate cafe also used by staff and based outside the ward.

Formal (sectioned) and Informal patients are admitted onto the ward. Informal patients are allowed to exit the ward if they wish. Formal patients must remain on the ward. When questioned, it appeared that Deprivation of Liberty legislation was well-understood by the staff. We were told that formal patients are encouraged to exercise their rights to challenge at a tribunal hearing and are supported in doing so if they choose to proceed.

We were informed that discharge planning starts on admission with close liaison with families/carers, who are involved in both Care Programme Approach Meetings, and the Trust’s community teams. Social care staff are woven into the network of agencies supporting patients. We noted the commitment to ensuring the minimal possible disruption to patients’ lives with a clear expectation that they would return to life in the community at the earliest opportunity consistent with their needs. There appears to be an intention to move more towards multidisciplinary integrated teams in the future.

### **Cherry Ward**

This has eleven beds with en-suite shower rooms and assisted care bathrooms are also available for dementia care. This ward has a greater proportion of older people for dementia assessment and therefore, has a longer average stay expectation. Patients are usually very cognitively impaired with some requiring full support with eating, drinking and personal care and hygiene. Patients will typically display aggressive and challenging behaviour which falls outside the capacity of carers at home (including some care homes) to manage.

Families are encouraged to bring things from the patient’s home to make their surroundings more

familiar. There is a booklet for families to fill in dealing with likes and dislikes, hobbies, family members etc. in an effort for staff to get to know and to understand the patient. It was noted that on the Video information board, carers were invited to join the patients for a luncheon club on Sunday. We were informed that spiritual care was also offered if requested.

**Staffing** - One consultant, three junior doctors, four trained nurses and three assistants during the day. Representatives were further informed that two trained nurses and three assistants are on night time duty. A student nurse on her first placement was fully involved with patients and said she was enjoying working on the ward.

The ward manager explained that the key to success with patients living with dementia was knowing the person and knowing how to communicate with them effectively. Drug therapy is used but much less than in the past. The emphasis is more on behaviour management.

Representatives understand that the Trust supports e-learning in dementia care for staff and there is supervision in place to support staff with case work. Chester University run a dementia care module which most staff has accessed.

If a patient has to be admitted to the Countess of Chester Hospital for medical reasons, this happens via Accident & Emergency with a member of the Bowmere nursing staff sent with them and staying with them as necessary. If this is for a long period of time, staff from another ward or bank staff or agency staff can be called in as replacement.

**Observations** - A nurse was observed caring for a patient and trying to encourage him to eat. The caring feeling was evident and was reflected in the general feeling of the ward.

We observed one patient being quite aggressive to another patient; staff calmly intervened to prevent escalation. Another patient was persistently walking up and down with the help of a walker, trying all doors. An assistant was also trying to feed him as he walked along, showing great patience and a concern for patient safety.

The ward was decorated in pleasant colours but we were told that refurbishment is to take place and this will make it easier for patients to move around. Alterations are planned - to the dining room area to make it more of a "restaurant style" and more art work is planned on the walls; the intention being to stimulate memories and to encourage more people to eat there and socialise. Staff and patients eat meals together in the dining room.

In one area there was pleasant background music. This was noted as being not too loud and not intrusive. There was a small laundry with washing machine and dryer for emergencies but most of the patients' laundry is taken away by carers.

Group work and individual work is encouraged by the Occupational Therapy (OT) staff and the work displayed round the ward was very impressive. We were informed that recent activities had been somewhat limited by the loss of a key worker in OT and the new appointee was undergoing induction at the time of our visit. It is understood that occasional visiting entertainers and a very pleasant outside garden area with raised beds and distant views provide some variety. Animal therapy sessions take place and it is hoped to re-instate the Pets as Therapy visits to the ward. A sensory room with a range of sound and light equipment did not appear to be well used. We were told that attempts to secure a hairdressing volunteer had not yet been successful.

Staff did comment that discharge is often problematic with difficulties in securing appropriate settings for future care. It was the ward manager's experience that referrals to social care are responded to in good time and that the Trust's home treatment team can help significantly with arrangements back in the community.

### Additional Comments

Quality care matrix boards were on display on all the wards

Representatives understand that the wards are always working to admit clients as soon as possible; however, we were told that there are external issues hampering this at times such as social care placements.

Complaints procedures were displayed, we were told that complaints were handled internally or by the PALS officer. Leaflets covering PALS, Complaints Procedure and Visiting Advocacy were readily available. In addition a schematic of Rosewood Ward service was clear and concise explaining the services delivered by that Ward.

### Feedback from Provider of service

Staff all reported that the Representatives from Healthwatch Cheshire West were respectful of the ward team and the patient's privacy and dignity and provided a relaxed and positive visit.

The Trust is delighted about the positive feedback provided following the visits and welcome the feedback from the Representatives and the opportunity to improve the services we provide. We will review the environment specifically relating to the accessibility of the toilet facilities within the main corridor, the patients requests for bean bags and the outside environment.