



**Enter and View Report
Becklin Centre
Leeds & York Partnership
NHS Foundation Trust
February - March 2015**

**A snapshot of the experiences of patients and their carers on
Wards 1,3,4 and 5 at the Becklin Centre**

Healthwatch Leeds is here to help local people get the best out of their local health and care services and to bring that voice to those who plan and deliver services in Leeds.



What is Enter and View

Part of the Leeds Healthwatch programme is to carry out enter and view visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who use the service first hand.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. None were raised in connection with these visits.

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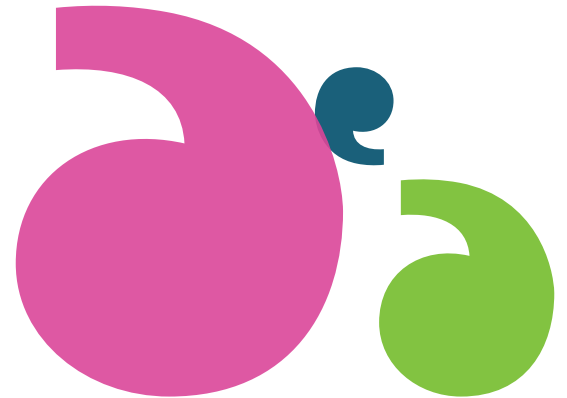
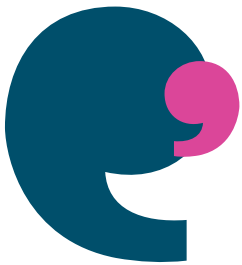
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Summary

Why we did it?

Healthwatch Leeds has a role to carry out enter and view visits to health and social care premises to find out about and observe the services that are being delivered.

These visits to the acute mental health wards at the Becklin Centre were a part of the programme of enter and view visits that Healthwatch Leeds have planned to undertake.

What we did?

A team of enter and view representatives visited each of the 4 wards at the Becklin Centre on two separate occasions to observe daily life for patients on the wards and speak to them and their carers about their experiences.

The specific focus of the visits was to look at the day to day care and staff support for service users; the quality and appropriateness of activities on offer and choice and quality of food available.

We recognise that the service provides high level acute and intensive mental health services which may have influenced some of the feedback we received.

Key findings

Below is a summary of the key findings from the visit series. Detailed findings and recommendations for each ward are included in the main report.

- The wards that we visited were clean and well maintained. There were some minor observations regarding décor, pictures and furnishings that may help create a more homely feel
- There appeared to be a programme of activities available and clearly displayed on each ward. However a significant number of service users that we spoke to told us that many of the activities advertised did not take place and there were regular cancellations
- There were issues about the lack of activities during evenings and weekends
- There was overall satisfaction with the food. However, a number of service users commented on the lack of variety, especially for those who have been there for a long time and some issues were raised about the freshness of the food and lack of vegetables



- Almost everyone that we spoke to understood why they were in hospital, however less than half said they were aware that they had a care plan
- Less than half of the people that we spoke to felt involved in their care, this varied between the wards with some wards having more positive comments about involvement in care than others
- There was a high level of satisfaction with the staff and the care that they provided
- There were several concerns raised about staff being too busy and not being able to give enough time to the patients
- Comments were also received about the use of agency staff and the lack of consistency that occurs as a result of this
- Issues around safety were a concern for some of the service users that we spoke to. This was specifically in relation to the behaviour of others on the ward leading to some service users feeling frightened and intimidated
- A concern around security was also raised by a number of service users. We were told on several occasions that rooms cannot be locked as either the locks are broken or the keys have gone missing and not been replaced.



Background

Healthwatch Leeds made a decision to undertake a programme of enter and view visits, to the acute inpatient wards at the Becklin Centre, during February and March 2015 in order to get the views of service users and relatives/carers about the care that they receive.

These visits were a part of Healthwatch Leeds planned enter and view programme.

The Becklin Centre is part of Leeds and York Partnership NHS Foundation Trust (LYPFT), which provides inpatient services for men and women aged 18 years and over with mental health conditions. There are four acute inpatient wards at the Becklin Centre, two of which are female wards and two of which are male wards.

Concerns had been raised by the Care Quality Commission (CQC) following visits to LYPFT sites, including the Becklin Centre in September/October 2014, when the overall rating for the acute admission wards had been deemed to require improvement. Full details of the report published in January 2015 are available on the CQC website at: <http://bit.ly/1Ca4hDU>.

The CQC in their recent report found many areas of good practice and also identified some issues at the Becklin

Centre. We have taken those concerns into account when developing our brief for these visits.

Why we did it

The purpose of the visits was:

- To find out what daily life is like for the service users on each of the wards at the Becklin Centre
- Observe the day to day running of the wards and the general environment
- To engage with service users and relatives and carers to get views about:
 - ◇ Day to day care and staff attitudes
 - ◇ Food and catering
 - ◇ Access to and experience of activities
 - ◇ Awareness of and involvement in care planning
- Highlight any issues or concerns that were raised
- Capture the experience of service users and relatives and highlight any suggestions and recommendations

What we did

This report summaries themes from enter and view visits to the four wards at the Becklin Centre.



These were announced enter and view visits and each ward was visited on two separate occasions at different times of the day.

Each visit of approximately 2 hours was undertaken by a team of 4 or 5 authorised enter and view representatives, including Healthwatch staff members and volunteers.

A plan sheet for each visit was sent to LYPFT, outlining the purpose of the visits, who would be attending and requesting further information. Posters giving details of the visits and Healthwatch contact information were also provided to be displayed in the wards and the hospital communal areas prior to the visits.

The visits were informal and involved a combination of observation and talking to service users, carers and relatives to gather information and views, with questions around admission, care plans,

food and activities and staff support and attitudes. During the course of the visits the team spoke to 44 service users and 9 relatives/carers and logged all findings on the questionnaire sheets. A proportion of the visits were observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the ward works and get a feel of the general environment. Observation sheets were used to record this information.

Healthwatch Leeds 'good or bad' feedback forms were also left in each ward so people could send any additional comments or feedback to us after the visits.

What we found

This report contains the findings, outcomes and recommendations of each visit which are reported on a ward by ward basis.

Ward 1 Introduction



Ward 1 is a 22 bed female ward for women with acute mental illness. We visited this ward on 2 occasions. The first visit took place on 26th February from 5pm to 7pm and the second visit took place on 3rd March from 10am to 12pm.

We spoke to a total of 10 service users and 7 relatives/carers as well as logging our observations of the ward, in terms of the general environment and cleanliness and interactions amongst the service users and between staff and service users.

Accommodation and Environment

The ward was clean, well maintained and of a good standard throughout. The reception area was light and clean with information clearly displayed on the notice boards. On the first visit it was noted that there was a lot of furniture in the TV lounge, this made the room feel small and crowded. There was a change on the second visit and the lounge was tidy and the table and chairs had

been removed to create more space. The bathrooms were noted to be spacious and clean on both visits. The corridors were clean and tidy and information was clearly displayed and up to date on the notice boards. We noticed reception was not attended for short intervals during the evening visit (resulting in a visitor waiting circa 5 minutes to be let out of the ward) but understand the only day time receptionist finishes at 5pm, so staff cover it the best they can.

Activities

There was a list of activities clearly displayed on the notice board. Most of the service users that we spoke to (8) said they get involved in the activities while only 2 preferred not to get involved. Some of the activities that service users mentioned they had been involved in included painting, photography, relaxation and walking. We were told by several service users that on many occasions advertised activities did not take place, leading to disappointment and boredom.

There was a feeling that the activities were cancelled as there are not enough staff to run them or staff are too busy. Comments were also made about the lack of activities after 3pm and over the weekend and we were told by one service user that film nights do not happen as the DVD player does not work.



Many people commented that they would like to do more activities such as walking, running and better access to the gym. One service user suggested that more therapy groups and stress management type of activities would be beneficial.

Food

There was a mixed response to the food with 5 service users commenting that they were happy with the food and 5 expressing dissatisfaction with the food. The concerns expressed were mainly around quality and choice and variety of options on offer.

The lack of variety was especially an issue for those that had been there for a long period and it was felt that the

menu can get repetitive. There were also comments about the freshness and overall taste of the food, which some felt was bland. One service user commented on the lack of options for vegetarians and felt that the portion sizes were too large.

“The amount of time given to eat (30 minutes) is not enough”

Involving You

Almost everyone (9 people) that we spoke to said they understood why they were in hospital. However only 3 out of the 10 were aware that they had a care plan and out of those 3 only 1 person said they were involved in their care plan. This indicates that service users are either not being involved in their care plans or the involvement may not always be made clear.

Some service users expressed concern about the fact that they felt things were being written down about them without consulting and involving them. One service user told us that she didn't know what was on her care plan and that meetings were scheduled without her being informed. A few of the service users that we spoke to expressed a desire to be listened to and be more involved in their care plan and recovery.

There was also a suggestion that staff should treat patients not purely on their diagnosis but take into consideration other factors that affect and impact on their illness and wellbeing.

A further concern was expressed by some service users about the delays in seeing a doctor and how this can potentially lead to a deterioration in health and result in frustration which can then lead to confrontation.





Care and Help

We talked to service users about the care and help that they received on the ward and specifically how safe and supported they felt. The majority (6) commented that they did not feel safe. When explored further this concern related specifically to issues with other service users, who could be aggressive and threatening, resulting in people feeling intimidated and afraid.

One service user also told us that there were issues around the use of drugs and alcohol at the Becklin Centre, which undermined their confidence in the security and safety of service users.

There was a mixed response regarding staff. While most (7) of the service users felt that staff gave them help when needed, half felt that staff did not take enough time to talk to them. Half of those that we spoke to said they felt they were treated with dignity and respect, 3 said they did not feel they were and 2 did not want to answer this question. The majority (6) also felt their privacy was respected, one person said that their privacy was not respected and 3 people chose not to provide a response to this question.

There was an equal split between



those that felt they would know who to talk to if they were not happy with something.

While many service users were complimentary about the staff the issue of staff being too busy and there not being enough staff was raised by many of those that we spoke to. Some people also commented that the support and care that they received was not consistent and was dependant on which staff were on duty.

Issues about dignity and privacy were also raised by a couple of service users, one of which related to the lack of facility for making private phone calls and only being able to use the phone in the reception area if you didn't have your own mobile.

Carers and Relatives

We spoke to a total of 6 visitors during the course of the two visits and received further information from a relative after the visits. All had visited previously and expressed satisfaction with the visiting times on the ward.

Two of the visitors felt that the care their relative received was good, with the remaining 5 stating the care was not good. None of those

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“I don't know how someone can write off about you”

that we spoke to said they were involved in their relatives care and one person said they would know where to go if they had any concerns.

The carers/relatives expressed concerns about a lack of activities for the service users and expressed concerns about their lack of involvement in the service users care plan. The majority

commented on the lack of information and communication that they had about their relative's care and treatment and commented on having a general feeling of not knowing what was going on.

One visitor felt there was a lack of quiet spaces on the ward where they could sit with the service user for a visit and felt this would be helpful for both of them.

Additional Issues

During the visits there were two issues of immediate concern raised with and witnessed by the visit team. Both these issues were highlighted with the ward manager at the end of the visits and the team were reassured that

necessary action was being taken to address the concerns highlighted.

Recommendations

Activities

- Together with the service users, consider a review of the available activities and what other options may be available
- Be realistic about the activities that can be provided and where possible consider the use of volunteers or organisations to support the activities
- Make the activity schedules as realistic as possible and explain to service users why and how cancellations happen
- Consider what provision for activities can be made for after 3pm and on weekends

Food

- Consider the feedback and how variation could be introduced to the menu. Consider setting up a way to feedback regular service user experiences of the food to catering providers

Involving You

- Review how care planning is shared with service users and how updates are shared on a regular basis
- Review service user information on shared care planning

Care and Help

- Systems for dealing with service users whose behaviour could give rise to safety concerns for others on the ward should be reviewed
- All service users need to have clear information about how to raise issues about their safety or other concerns, this may need to be shared more often than at admission

“Programme of activities do not happen as there are no staff available to do the activities”

- The provider should review the staffing of the ward as most comments are about the work pressures of the staff
- Information about feedback including compliments and complaints to be shared with all service users upon admission or at a suitable time after

admission with possible updates in the “you said we did” style on a regular basis

Carers and Relatives

- Review how communication and sharing works between staff and carers/relatives
- Carers/relatives to be involved in the care planning of the service user where appropriate and a clear explanation provided when this is not appropriate
- Offer clear information about feedback including complaints and compliments to all carers/relatives

Service Provider Response - Ward 1

Food

The menus have 3 choices of a main meal with alternative options of salads, sandwiches and jacket potatoes are also available. The menu choice vary daily and work on a 4 week rolling period. As the ward is an acute ward with an average length of stay of 17 days, the 4 week rolling programme would usually address this.



Re. hot drinks not being available after 10.30pm. There are 2 lounges within ward 1 both have facilities for hot drinks which are accessible 24hrs.

Delay in seeing a doctor- all service users are seen by a medic upon admission and by the Consultant the following day (or in his absence the next most senior medic on the ward).

The only time there is a delay in this is if someone is admitted after 5pm on a Friday or on a weekend. However, they would still be seen at point of admission by a medic.

Compliments and Complaints

These are discussed weekly in the 'Your Views' meetings on the ward which are minuted and displayed on the notice board in a 'you said, we did' style. These are displayed alongside the procedure for making complaints.

A general comment regarding the ward 1 feedback/observations is that I feel that it does not reflect some of the positive comments received by the observers during the visit and positive things witnessed such as the walking group that was attended by a third of the service users on the ward during the visit.

Ward 3 Introduction

Ward 3 is a male ward with 22 beds. We visited this ward on 2 occasions. The first visit took place on 26th February from 2pm to 4pm and the second visit took place on 3rd March from 1pm to 3pm.

During both visits we spoke to a total of 12 service users but were not able to speak to any relatives/carers. We also logged our observations of the ward, in terms of the general environment and cleanliness and interactions amongst the service users and between staff and service users.

Accommodation and Environment

Ward 3 presented as an orderly, clean, well maintained facility with adequate amenities and a friendly, professional and interactive team of staff.

The environment was airy and light and security arrangements were good. There was a good range of leaflets and signposting information for both patients and carers. The corridors leading off the reception area and the bath/shower rooms appeared functional with no artwork or decorative features.



**“Food is OK,
I have no
complaints”**

Patients were not worried by this but consideration might be given to “softening” the clinical environment by adding pictures or plants to these communal areas.

Activities

A full programme of activities was displayed on the notice board including: pool, table football, music sessions, cooking, board games, photography, and walks around Roundhay park.

We observed a musical session which was available to patients from all four wards during one of the visits. People appeared to enjoy the session and interacted well with the musician.

There was also a computer room available for patients with full internet access. Staff told us the room was well used by the patients. Although there appeared to be a full programme of activities offered, 6 of the service users that we spoke with said they did not get involved in the activities, mostly out of choice or due to health issues.

One patient commented that the activities did not always go ahead and a couple of people commented they would like to see more physical and outdoor activities such as football.

Food

There was a high level of satisfaction from the service users that we spoke to with the food, with only 2 people saying that that they did not like the food.

There was one concern raised about portion sizes being too small and another service user commented that the food did not meet his preferences.

Involving You

The majority of service users understood why they were in hospital and 7 said they knew they had a care plan, however only 4 felt that they were involved in their care plan.

Some patients did comment that they were happy to leave it to the doctors and were not worried about being involved in their care planning and one commented that everything was explained but he did not feel well enough to be involved. However, others did say that they were not involved or informed about what was happening with their care and future plans about discharge.



“I don’t know how someone you have never met can write stuff about you”



Care and Help

Out of the 12 service users that we spoke to 10 said they felt safe and the same number felt they got help from staff. An even greater number (11) said that staff took time to talk with them and the majority felt they were treated with dignity and respect and their privacy was respected. A further 7 said they would know who to speak to if they were not happy.

There was a good level of positive regard for the staff and the level of interaction and care that they provided. However patients that had been sectioned felt less confident to challenge the staff. There were also a couple of comments about the noise and disruption caused by the alarms going off and some concern was expressed about other service users invading people’s privacy and space.

Recommendations

General

- Consideration to be given to softening the clinical environment by adding pictures or plants to the communal areas

Activities

- We recommend that consideration is given to providing a wider range of

activities such as physical, outdoor and life skills based activities

- Ensure activities that are advertised take place and are only cancelled in exceptional circumstances and that the cancellation is explained to service users

Involving You

- To ensure all service users are aware of and given the opportunity to be fully involved in their care planning.
- To keep service users fully involved and informed about any changes and updates in their plan.

Care and Help

- Information about compliments and complaints to be shared with all service users upon admission or at a suitable time after admission

Service Provider Response - Ward 3

No response was received from the service provider in relation to the findings on ward 3.

Ward 4 Introduction



Ward 4 is a 22 bed male ward for men with acute mental illness. We visited this ward on 2 occasions. The first visit took place on 23rd February from 4pm to 6pm and the second visit took place on 4th March from 11am to 1pm.

We spoke to 10 service users during the visits and 1 who provided us with information after the visits. We also spoke to 2 relatives/carers as well as logging our observations of the ward, in terms of the general environment and cleanliness and interactions amongst the service users and between staff and service users.

Accommodation and Environment

The communal areas were clean and tidy, however it felt quite dim and dark (especially during the evening visit). This appeared to be due to the lighting and décor on the ward and the issue was highlighted by a member of staff. The ward was observed to have a very clinical feel and did not appear homely. General information and details about activities were clearly displayed on the notice boards.

The bathrooms were noted to be quite dirty on the evening visit and one of the toilets was particularly dirty. There was also the distinct smell of smoke noted in one of the bathrooms during the evening visit. However all the bathrooms were

clean and tidy, with no unpleasant odours on the second visit.

The sun room at the end of the ward was a small space and during both visits was cluttered with an empty book case in the middle of the room (this had been pushed to the side wall during the second visit) and a large keyboard on the floor and there was very little reading material available.

Activities

There was a list of activities clearly displayed on the notice board. Most of the service users that we spoke to (8) said they get involved in the activities. Some of the activities that service users mentioned they had been involved in included painting, walking, therapeutic groups and computer activities.

During the second visit we observed an activity taking place in the reception area, which was well attended and service users appeared to be enjoying. Some of the service users did comment that activities were advertised, but did not always take place. Others commented that the activities were limited and this resulted in it getting quite boring at times, especially over the weekend. One service user commented that he felt his days were dictated by service routine, with very little meaning to the day. There were suggestions for more activities such as walking groups, cooking, and games groups.

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“I would like to see some life in the activities and external activity”

Food

The majority of service users were satisfied with the food on offer, with a couple of people expressing dissatisfaction. The concerns expressed were mainly around quality and choice and variety of options on offer.

The lack of variety was especially an issue for those that had been there for a long period and for those wanting variety such as Indian food. Some of the service users commented that they order take away food on a regular basis in order to get some variety.

Involving You

Everyone that we spoke to said they understood why they were in hospital. However only half were aware that they had a care plan but 8 people said they felt that they were involved in their care.

Some of the comments that we received involved people not understanding what a care plan was and not being involved in decisions about their care.

“Primary nurse sat me down and went through the care plan with me and asked if I wanted to add anything”

Care and Help

All the service users that we spoke to during the visits said that they felt safe and the majority felt that staff gave them help and treated them with dignity and respect and most would know who to talk to if they were not happy with something.

However when explored further some service users raised concerns about safety in terms of other patients who could be aggressive and confrontational. There was also an issue about room keys raised by a few people, where we were told that some rooms have broken locks that need replacing. Some have electronic key cards to access the ward and these also go missing and do not get replaced for weeks.

One service user also told us that there were issues around the use of drugs and alcohol at the Becklin Centre, especially in the communal smoking areas.

Many of the service users were complimentary about the nursing staff, there were concerns raised about the regular use of agency staff, who are not always aware of the patient’s needs. An issue was also highlighted about catering and cleaning staff and the need for them to treat service users with dignity and respect.

Carers and Relatives

We only spoke to 1 visitor during the course of the two visits. The visitor was happy with the visiting times and the care that their relative was receiving on ward 4. They said that they had a phone number where they could contact a member of staff if they had any queries or questions.

Recommendations

General

- To clear the sun room and provide a better range of reading materials if appropriate
- Cleaning regimes to be reviewed to ensure that the bathrooms are kept clean at all times
- Consider options for brightening the reception area and corridors such as adding artwork or changing the colour scheme and lighting

Activities

- Together with the service users, consider a review of the available activities and what other options may be available

- Be realistic about the activities that can be provided. Review opportunities to have activities supported by external organisations and/or volunteers. Make the activity schedules as realistic as possible and explain to service users why and how cancellations happen.
- Consider what provision for activities can be made on weekends

Food

- Consider the feedback and how variation could be introduced to the menu. Consider setting up a way to feedback regular service user experiences of the food to catering providers
- Look at the possibility of providing access to some snacks outside meal times

Involving You

- Review how care planning is shared with service users and how updates are shared on a regular basis
- Review service user information on shared care planning



“I feel neglected because the ward is very busy and it’s a difficult environment”



“I do not feel I can talk to the staff if I have a concern”

Care and Help

- Systems for dealing with service users whose behaviour could give rise to safety concerns for others on the ward should be reviewed
- All service users need to have clear information about how to raise issues about their safety or other concerns, this may need to be shared more often than at admission
- Ensure that broken locks are repaired and lost keys replaced as soon as possible
- Reviewing current arrangements to ensure patient safety is not compromised though being placed in rooms that do not lock

Service Provider Response - Ward 4

The sun lounge is currently undergoing a transformation to create a computer room in this space.

With regards to the food, menus are rotated every four weeks to enable a variety of options for patient's to enjoy. Our average length of stay is approximately 21 days so it is the minority that will be experiencing a repetition of the menu. In terms of snacks outside of meal times, patients are provided with a snack trolley twice per day (at 3pm and again at 8.45pm) as

well as a fruit bowl that remains on the ward. We have access to further provision of fruit should the demand be there. There is access to a vending machine for those that are able to leave the ward with or without staff and staff members regularly accompany patients to the local shops to buy provisions. They also buy for those that aren't able to leave the ward themselves.

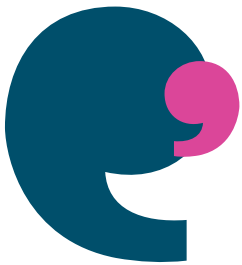
In terms of the lost keys, these are replaced as soon as possible. If any patient is without a key, they are made aware that they can approach a staff member to lock/unlock their door when needed. Patients are encouraged to have their valuable items locked away and all doors can be locked from the inside regardless of whether a key is available.

We have a number of different systems in place to deal with service users whose behaviour may give rise to safety concerns on the ward and it is dependent on the presentation of a patient as to how these concerns are managed.

Ward 5 Introduction



Ward 5 is a 22 bed female ward for women with acute mental illness. We visited this ward on 2 occasions. The first visit took place on 23rd February from 1pm to 3pm and the second visit took place on 4th March from 2pm to 4pm.



We spoke to a total of 11 service users and 1 relative/carer as well as logging our observations of the ward, in terms of the general environment and cleanliness and interactions amongst the service users and between staff and service users.

Accommodation and Environment

The reception area was open, airy and welcoming and had clear up to date information displayed. The corridors were bright, light and clean and all the bathrooms were generally clean. On the first visit we did note an odour of smoke in one of the bathrooms. During the second visit there was some mould noted on the ceiling of both shower rooms.

The lounge area was quite small and could feel crowded when there were a few people in there. One service user told us that there was no remote control for the television and she has been told by staff for the last 2 weeks that it will be replaced, but this has not happened.

The sun room was quite small but had a reasonable selection of books for people to sit and read. There was however a lack of any other reading materials.

Activities

There was a range of activities available on the ward. Most of the

service users that we spoke to (10) said they get involved in the activities while only 1 preferred not to get involved. Some of the activities that service users mentioned they had been involved in included painting, walking, ceramics, arts groups and board games.

We were told by some service users that on many occasions advertised activities did not take place and one service user told us that almost half of the day activities advertised during that week had not happened and 6 out of 7 of the evening activities did not happen, as she had kept a log of the ones that had been cancelled. During the second visit we observed that the dining room was being used for a meeting and the activity scheduled for 3pm that day did not take place. There was a feeling that there weren't enough staff to run the activities on offer.

Many people commented that they would like to do more activities such as walking, meditation, more discussion groups and art groups.

Food

The majority of people we spoke to were happy with the food on offer. There were some comments about the need to have more vegetables and the food being too oily and salty. One person commented that they would like access to a halal menu, but



otherwise was happy with the food.

Involving You

Everyone that we spoke to on ward 5 understood why they were there, however only 5 know they had a care plan with the remaining 6 not being aware of their care plan. However 8 out of the 11 said that they felt they were involved in their care, despite the fact that there were sometimes disagreements on the way forward.

Care and Help

Out of the service users that we spoke to 7 said that they felt safe on the ward with 4 commenting that they did not feel safe. This predominantly related to other service users who were quite loud and shouted at people. We observed this happening during the first visit where one service user started shouting at someone we were speaking to in the lounge and then left the room. There was a feeling of insecurity among a few of the people we spoke to due to behaviour of other service users.

Some service users commented that they felt safe in their rooms where they could lock the door, however they had initially been given rooms but not given a key, resulting in clothes and other items being taken from their room by other service users.

While the majority of people were happy

with the staff and felt they treated them with dignity and respect, we did receive a lot of comments about staff

being very busy and not having enough time for the service users. There was a concern expressed that staff spent a lot of time doing paperwork and were at the reception desk rather than spending time on the ward.

Some people told us that they did not feel they were treated with respect and staff had no time for them and sometimes they had to wait a long time to speak to their named nurse.

Almost all of those that we spoke to did feel that they would know who to talk to if they were not happy with something.

Carers and Relatives

We only spoke to one carer/relative during the visits. They were generally happy with the visiting and the care, but did feel that service users are left to it and there is no one for them to talk to. They also commented that the food could be better and more nutritious.

“Staff are extremely helpful and I can talk to anyone”

Recommendations

General

- More pictures or brighter colour schemes in the corridors and communal areas
- A more varied selection of reading or other suitable activity materials to be made available for service users

Activities

- Together with the service users, consider a review of the available activities and what other options may be available
- Be realistic about the activities that can be provided and where possible consider the use of volunteers or organisations to support the activities
- Make the activity schedules as realistic as possible and explain to service users why and how cancellations happen
- Introduce a mechanism of how activities planned can be monitored to see if they are going ahead or not

Food

- Consider the feedback and how variation could be introduced to the menu. Consider setting up a way to feedback regular service user experiences of the food to catering providers
- Ensure that specific menus such as halal are made available to service users that require them

Involving You

- Review how care planning is shared with service users and how updates are shared on a regular basis

Care and Help

- Systems for dealing with service users whose behaviour could give rise to safety concerns for others on the ward should be reviewed
- All service users need to have clear information about how to raise issues about their safety or other concerns, this may need to be shared more often than at admission
- The provider should review the staffing of the ward as many of the comments are about the work pressures of the staff

“The food
excellence”



- Ensure that broken locks are repaired and lost keys replaced as soon as possible
- Review current arrangements to ensure patient safety is not compromised though being placed in rooms that do not lock

Service Provider Response - Ward 5

It was suggested to provide more reading materials other than books (as noted in the sun lounge) We do have a service user resource room as a designated room where service users can access information leaflets relating to their admission (pharmacy leaflets, welfare and debt advice, IMCA etc) and community activities. It may be that you weren't given opportunity to see this.

Regarding the issue that service users were given rooms that didn't lock making them feel unsafe, just to reassure you that there is no electronic key system in situ and that all bedrooms can be locked from the inside. If a lock was broken/unable to lock the room would be put out of use until this was resolved if we were unable to action immediately.

The visiting hrs are 10.00-12.00 14.00-17.00 and 18.00-20.00 with the rationale behind this to offer protected mealtimes and in addition to offer time

for staff to carry out assessment and interventions with service users.

Meals

Halal meals are available on the menu choice sheet given to service users daily to select their meal option.

Interesting comment about the variety of food. The menus have 3 choices of a main meal with alternative options of salads, sandwiches and jacket potatoes are also available. The menu choice vary daily and work on a 4 week rolling period. As the ward is an acute ward with an average length of stay of 17 days, the 4 week rolling programme would usually address this.

Recommendations to be put in place regards systems of managing behaviour which made service users feel unsafe are already in situ and on the second visit this was taking place during the visit and hopefully was observed.

What we think

Following the 8 visits that we undertook, we found that whilst the acute mental health wards at the Becklin centre are providing an invaluable service there are a number of concerns and issues that need to be addressed.

We recognise that this service is operating under immense pressures and staff are dealing with challenging and difficult situations on a daily basis.

There was overall praise for the staff and the commitment that they have, however concerns were expressed around staff time and availability and the over use of agency staff.

Another consistent theme that has come out of these visits is the issue of activities being cancelled on a regular basis and a lack of activities during evenings and weekends. Whilst we recognise that priority has to be given to clinical care and as a result activities will need to sometimes be cancelled we are concerned about how often this appears to be happening. Many of the service users that we spoke to recognised the key role of activities in their recovery and how the lack of these can lead to boredom and frustration.

There were also some comments made about the availability of alcohol and other substances at the Becklin centre, which again is a cause for concern and needs to be looked at and

addressed.

Safety and security came up as a theme across the visits. Specifically in relation to the behaviour of other service users and the issue of rooms not locking and keys going missing and not being replaced.

There needs to be greater involvement of service users in care planning, as our visits clearly indicate that many people seem to be unaware of their care plans. Whilst some service users may choose not to have any input into their care plan, it is still essential that they are all given this opportunity and made aware that they have a care plan.

Service Provider Response

The report has reinforced some of the areas that we know we need to work on such as involving people in their care and engagement in activities. There are other observations which are also really useful to hear as 'fresh eyes' observing the environment.

We feel however that some important positive comments about the commitment and attitude of staff are lost within the report and don't feature within the quotes. It is as important to hear what is working well so we do more of it.



Next Steps

This report will be shared with Leeds and York Partnership NHS Foundation Trust and all the commissioners of these services.

The report will also be published on the Healthwatch Leeds website and shared with the Care Quality Commission.

Due to the variation of findings on each ward, we have not produced a set of overall recommendations for the visits. There is an individual set of recommendations outlined for each ward in the relevant section.

Healthwatch Leeds would request a response from the Trust on actions that they plan to take regarding the recommendations for each ward, with timescales wherever possible.

“Staff are extremely helpful and I can talk to anyone”

Acknowledgements

Healthwatch Leeds would like to thank the service users, relatives, carers and staff at all the wards that we visited for giving us a positive welcome and spending time talking to us about their experiences.

Thank you also to the ward managers and other LYPFT staff for helping us to arrange the visits and providing relevant information that had been requested by Healthwatch Leeds.

Please note that this report relates to findings observed on the specific dates that we visited. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

The visits also take into consideration the fact that many of the service users spoken to will have a mental health illness which will have an impact on the information that is provided



