

healthwatch

Kingston Upon Thames

Enter & View Visit: Tolworth Hospital, Jasmines Ward

Report & Recommendations

Healthwatch Kingston upon Thames

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Contents

Number	Pg.
1.0 Introduction	3
1.1 About Healthwatch Kingston upon Thames	3
1.2 Enter & View	3
1.3 The Enter & View Team	4
2.0 Method	4
3.0 Findings	5
3a. Staff	5
3b. Food and meal times	6
3c. Dementia friendly environment	6
3d. Disabled access	6
3e. Patient information, rights and advocacy	7
3f. Discharge plans	7
3g. Activities and stimulation	8
3h. Environmental observations	8
3i. Outside space	9
3j. Patient health and social care	9
4.0 Recommendations	10
4.1 Staff	10
4.2 Disabled access	10
4.3 Patient information, rights and advocacy	10
4.4 Activities and stimulation for patients	11
4.5 Patient health and social care	11
5.0 Next steps	12
6.0 Acknowledgements	12
7.0 Further information	13

1.0 Introduction

1.1 About Healthwatch Kingston upon Thames

Healthwatch Kingston upon Thames (from hereon referred to as Healthwatch Kingston) is the local, user-led organisation for involving local people in the design and development of local health and social care services and help improve patient experience. It was established in April 2013 under the Health and Social Care Act 2012.

It provides reports and updates about local services to Healthwatch England, a body that campaigns on national issues and raises concerns to the NHS and the Department of Health.

Healthwatch Kingston gathers information and feedback from patients and service users about the experiences they have of health and social services, and use this to make improvements and influence the development of those services. It works with health and social care services to make sure that the voice of local people is heard, and it goes out into the community to listen to what people have to say.

In addition, Healthwatch Kingston signposts people to local health and social care services and provides information on how to make a complaint or give feedback about those services.

Healthwatch Kingston is a registered Charity, and is funded by the Department of Health through the local authority, the Royal Borough of Kingston upon Thames. It is independent, and led by a board of Trustees who are local people with a keen interest in improving the health and social care system for local people.

1.2 Enter & View

One of the methods Healthwatch can use is Enter & View, which is a statutory function. This means that Healthwatch can visit any health or social care service in the borough of Kingston upon Thames or any that serves people in the local borough and observe how this service is delivered.

During an Enter & View visit, Healthwatch will talk to patients or service users and members of staff and make observations of the environment to ensure it is safe and clean.

After a visit, Healthwatch will prepare a report which will list its findings and any recommendations.

Where there are serious concerns, such as a health and safety issue or a safeguarding issue, this will be reported immediately to the service provider, the commissioner of the service or a relevant body such as the Care Quality Commission.

Enter & View participants receive full training, based on recommendations from Healthwatch England, and are DBS (Disclosure and Barring Service) checked. Upon completing this process they are then allocated status as Healthwatch Kingston Authorised Representatives.

1.3 The Enter & View Team

- Alan Moss - Healthwatch Kingston Authorised Representative
- Tony Williams- Healthwatch Kingston Authorised Representative

2.0 Method

The Enter and View visit to Jasmines Ward at Tolworth Hospital took place on Friday 23rd October, Healthwatch Kingston Authorised Representatives were on the ward from 2 pm to 4 pm and 5pm to 7pm.

Jasmines Ward is a ward for those who are aged 65 and over with organic or functional psychiatric conditions, illnesses and disorders. It is operated by South West London & St George's Mental Health NHS Trust.

The focus of visiting the Ward was to gain opinions and view points from the patients, staff and visitors to gain insight into how people feel the service works, what aspects are good about it and what areas can be improved. This has produced recommendations generated by people involved in day to day life on the ward. This report reflects the views and observations gathered for this specific date and time only.

Authorised Representatives on the Enter & View team gathered people's views through an informal interview style. Prior planning was undertaken to ensure that sensitivity toward the environment and a flexible approach to conversations with patients was paramount.

They did not use a structured questionnaire as this was felt to be too rigid and off putting for the patients. A list of prompts were utilised by HWK members to remind them of key areas where peoples views were required. The HWK members also recorded their personal views and observations of the environment.

3.0 Findings

During the Enter & View visit the ward was at full capacity with 17 patients. HWK members were informed that the standard staffing arrangement on the ward is 2 qualified Nurses and 3 unqualified on daytime shifts. On the ward there is a dedicated Psychogeriatrician, Ward Manager and Occupational Therapist. Visiting times are 10 am until 8.30pm.

The following section outlines key areas which were observed by HWK members and discussed by patients, staff members and visitors.

3. a Staff

- All patients and visitors spoken to described the care and dedication of staff as faultless. Visitors who were family or friends of patients remarked that they were welcomed onto the ward and offered refreshments. 2 visitors said the staff members are very kind. A patient said “I feel very positive about how the patients are treated here”
- We observed that staff members were gentle in their care and how they communicated with patients. One member of staff told us they love working with this client group, with their various conditions, personalities, and interests.
- It was stated by a visitor that since staying at the ward their family member has developed a positive relationship with staff members, and with the right medication their mental health has improved. The patient said they now feel ready for discharge, and hope the staff members at the sheltered accommodation are as supportive as the ward staff at Jasmines.
- The staff members were helpful to HWK members carrying out the Enter & View visit, answering all questions and providing their full cooperation.
- We were informed that staff members do not routinely carry alarms, though there are call buttons around the ward.
- After meal time it was observed there was a member of staff from an external organisation whose task it was to clear away lunch trolleys. It was found that this activity was carried out with no care to minimise noise, it was so loud that our conversation with a staff member had to stop.

3. b Food and meal times

- Patients said the food was very good, HWK members were not made aware of any cultural or dietary difficulties with meals
- Staff members stated there are protected times when patients can enjoy their meals without being distracted, however visitors may remain in the Lounge at these times.

3. c Dementia friendly environment

- It was observed that good steps had been taken to help patients avoid confusion regarding their whereabouts on the ward. Communal rooms, such as the dining room and sensory room were clearly identified.
- There are sensory panels in the corridor, these have various textures, patterns, colour and sound-making items to stimulate patients
- The sensory room had books available to read, and is used by Occupational Therapists as a space to interact with patients in activities involving tactile materials stimulating touch, smell, sound and memory
- It was noted that at the door of each bedroom there was a photo and name of the patient, as well as the name of the named nurse on duty. This is a very useful aid for patients to help them recognise and remember their nurse.
- In the dining room alongside the clock, was a board showing the day of week, date and meal times to aid patients awareness and memory

3. d Disabled access

- A staff member stated that the ward (which was moved into a year ago) was not originally designed for occupation by elderly persons. This means that there are minor issues to be contended with, such as the design of taps, toilets, hoists, and signage. It was stated these issues are in the process of being

addressed but the intended aim of site renewal (a new build in 3 years approx) limits the practical scope of refurbishments in the interim.

- It was observed that washbasins have sensor taps which confuse patients
- Toilets are too low and patients can have difficulty using them
- Wheelchair access is limited in places.
- It was also commented by a staff member that here are issues with the ward over heating.

3. e Patient information, rights and advocacy

- There were a number of information boards to inform patients of their rights, advocacy services available, medicines, and the procedure for complaints and compliments. There was also a board which had named photos of the staff members on duty that shift.
- There were posters advertising the Healthwatch Kingston Enter & View visits which were prominently displayed, however it was found that these hadn't been displayed for very long. Patients and staff did not know about the role and purpose of Healthwatch Kingston
- There is a Real-time Feedback machine in the Dining Room which patients and visitors can input their feedback; however when visitors and patients were asked if they use it they said they hadn't provided their feedback with it at all.

3. f Discharge plans

- A staff member stated that as a guide, 10-12 weeks would be expected for a stay on Jasmines, their aim is to stabilise admitted persons and to ready them for re-integration with the outside world as soon as practically possible.
- The ward manager said "We would ensure that the CMHT (Community Mental Health Team) are engaged with any signposting or referral decisions. We make special efforts to support family and carer contact"

- A patient said “I have been treated for anxiety and depression for quite some time. Recently my medication was changed and my behaviour became erratic. I was sectioned and have been on Jasmines Ward since 7th October. Now that my medication has been addressed I am hopeful that I can be discharged soon”

3. g Activities and stimulation

- There are a number of places on the ward giving patients the choice of where to relax including the lounge, dining room, sensory room, quiet room, and their bedroom.
- There was a full programme of activities shown on a large board in the corridor, and photos were included to give a visual reminder of each activity. It was commented by staff that this programme is regularly reviewed to assess how popular the activities are and to find out if patients have any requests different activities, it was stated however that new ideas can sometimes be limited due to lack of available funds.
- It was observed that the TV was not left on all the time in the Lounge but only when patients wanted to watch it, patients are also able to listen to a music player.
- It was stated by staff that a DVD player is normally available for patients to watch films; however it is currently broken and awaiting replacement.

3. h Environmental observations

- The Lounge and Dining Room appeared to be of adequate size. The quiet room was suitably small and cosy. The sensory room was quite small, limiting some group activities.
- Toilets were clean and well-stocked with toilet roll and soap, however it was observed that there was a very full waste bin in one toilet at 17:55, when the toilet inspection sheet had been signed not too much earlier at 17:10.
- The Laundry Room was unlocked, so possibly could be a hazard to Patients.

3. i Outside space

- There is a large garden area with plants, tables and chairs which looked very pleasant and well maintained, however this was not in use during our visit.
- It was observed that there are some ridges at the door thresholds of the garden which could prove a trip hazard.
- The garden has a very high perimeter fence which some patients might regard as intimidating. We could not see any CCTV in the Garden so query the safety of patients using this area.

3. j Patient health and social care

- Staff commented that on occasions when patients need transport to other Hospitals or healthcare facilities there can often be long waits for transport to be secured, particularly for return journeys. It was suggested by a staff member that Tolworth Hospital could benefit from having a minibus for these purposes.
- A staff member and a visitor said that often there are delays in patients moving from Kingston Hospital to the ward, because there are no beds available on the ward. It appears that this is due to there being a lack of care homes in Kingston for patients to be discharged from the ward into.

4.0 Recommendations

4.1 Staff- Ensuring staff members are fully enabled to provide Professional and compassionate care

- We suggest that all staff members at Jasmines Ward should be commended that patients and visitors rate them highly.
- A Risk Assessment should be carried out on the need for staff to carry alarms.
- Trust should take steps to make off-ward personnel and contractors considerate of patients' comfort, by being considerate with noise levels and disturbance caused.

4.2 Disabled access - Ensuring all patients are able to use the facilities safely

- Staff efforts have clearly made for the ward to be as comfortable for the client group as they are able. However, the Hospital should fund the alterations necessary to make the ward fully accessible for the patients needs and patients who have a disability
- Ridges at the entry to the garden were noted as a potential trip hazard, we suggest a Risk Assessment should be carried out on patients' use of the garden.
- A Risk Assessment should be carried out on patients' access to the Laundry Room.

4.3 Patient information, rights and advocacy - Ensuring patients, friends and family members are fully informed and understand their rights

- As Healthwatch Kingston is the statutory organisation which involves people in improving their health and social services, information about Healthwatch should be cascaded throughout the Trust. Communications should reach all

Staff members, service users and visitors so that the whole organisation is aware of its role and patient involvement is encouraged.

- HWK will provide posters and leaflets to ensure they are displayed on the wards and any future Enter & View visits should be promoted on the ward at least 3 weeks in advance.

4.4 Activities and stimulation for patients - Ensuring patients can have a choice to partake in pleasurable activities

- Bodies such as *the League of Friends* should be encouraged to provide miscellaneous funding for ward activities. They are a charity which works to improve the care and comfort of patients, visitors and staff, above and beyond what the NHS can fund and provide.
- Local organisations in the community could be involved in providing their services such as yoga, meditation, cookery etc. It also serves to increase awareness and knowledge of mental health in the community, and the services which Tolworth Hospital provides.

4.5 Patient health and social care - Ensuring patient care is well coordinated

- To avoid patients being placed in inappropriate settings we suggest the Trust's Care Pathways should be assessed and redesigned to create a better coordinated service between Health & Social Care.
- The Trust should review transport arrangements for patients needing to go off-site.

5.0 Next Steps

- This report will be presented to the Service Director of Tolworth Hospital and we will provide adequate time for staff to respond. We expect that not all recommendations will be implemented straight away, but we anticipate that the management will provide us with a plan to address these issues.
- It will be presented to the Care Quality Commission to share information.
- The Mental Health Task Group wishes to communicate with the Hospital to explore the feasibility and practicality of the recommendations- providing service user insight, views and ideas in how the recommendations could be implemented.
- The Healthwatch Kingston Mental Health Task Group wishes to build a positive partnership with staff at Tolworth Hospital, to be fully involved in ensuring patient and carer views are part of the ongoing monitoring process which is vital in the increasing the performance of the Hospital.
- We are planning our schedule of Enter & View visits and will return to Tolworth Hospital in the near future as part of an ongoing process of involving patients, visitors and staff in improving their service.

6.0 Acknowledgements

Healthwatch Kingston would like to give great thanks to members of the Mental Health Task Group for their work throughout this Enter & View, throughout the pre- visit planning, participation on the day and the production of this report. It would not have been possible without their team work and effort.

Thanks to Tony Williams and Alan Moss for spending time on the ward collecting a comprehensive view and insight into the patient, visitor and staff experience.

We would also like to thank the staff at Jasmines Ward who took the time to show HWK members around the ward, took the time to explain the service and answer questions honestly on the day.

7.0 Further information

This report was produced by Healthwatch Kingston upon Thames and will be made available to the public on our website, and hard copies will be made available on request. Should you require this report in a different format, please contact the Healthwatch Kingston office at:

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