

HEALTHWATCH KENT ENTER & VIEW PROGRAMME 2015

UPNOR WARD, PRIORITY HOUSE MAIDSTONE

Acknowledgements

Healthwatch Kent would like to thank the service providers, patients, visitors and staff for their contribution to this Enter and View programme.

Disclaimer

This report relates to findings observed on the specific dates identified in the report. 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.

About Healthwatch Kent

Healthwatch gives people a powerful voice locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

What is Enter and View?

Part of the local 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 experience the service first hand.

Healthwatch Enter and Views 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. If

at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Name and address of premises visited	Upnor Ward Priority House Hermitage Lane Maidstone Kent ME16 9PH
Name of service provider	Kent & Medway Social Partnership NHS Trust
Purpose of the premises/service	Mental Health Acute Ward
Lead Contact	Julie-Anne Meadows Acute Services Manager
Date and Time of Visit	November 25 th 2015 - 1.30 pm
Authorised Healthwatch representatives undertaking the visit	Pat Still Jill McDougal
Healthwatch Support Team	Theresa Oliver and Robbie Gotham

Disclaimer

Please note that this report only relates to what we observed during our visit. Our report does not claim to be representative of all service users, only of those who contributed within the restricted time available.

Purpose of the Visit

Healthwatch Kent has been looking at mental health services as part of its programme of work over the past 18 months. This visit forms part of a series of Enter & View visits to acute mental health facilities in Kent.

The aim of these visits is to capture the experiences of patients and their carers, and to listen to their views about ways that the services could be improved.

In May 2015 we visited two wards at Priority House : Chartwell and Boughton Wards. At the time of our visit, Upnor Ward was still under construction. The team were invited to make a second visit to enable them to see Upnor Ward in operation, and to talk to patients about the service.

Aims and Objectives

- To talk to patients, carers/visitors and staff about the facilities provided on the new Upnor Ward
- To hear about their experience of Upnor Ward and understand if anything could be improved

Method

This was an announced Enter & View visit and was planned in conjunction with the staff at Priority House.

The visit was planned with Julie-Anne Meadows, the Acute Services Manager to accommodate the ward routine and would last for approximately two hours.

A team of two trained Healthwatch Kent Enter & View volunteers visited the ward. Rather than use a formal questionnaire, they used a Prompt sheet (see Appendix 1)

The team recognised that the number of patients seen would very much depend on the situation on the ward on the day and could not be prescribed in advance.

Volunteers checked with the staff working in the department if there were individuals who should not be approached or spoken to on the day.

All our observations have been shared with the organisation who provides the service. They have checked it for factual accuracy and they have been offered the chance to make a comment.

Background Information

Priority House provides acute intensive care in-patient services for younger adults with mental health problems who cannot be supported at home.

Upnor Ward is a brand new facility, which opened for patients in June 2015. The ward was planned to accommodate patients from Kent and Medway as a result of the closure of the mental health beds at Medway Hospital. There are 18 beds on Upnor Ward - 9 designated for patients from Swale, and 9 for patients from the Ashford area, although the actual numbers are determined by need. Two of the beds are assisted bedrooms for those with a physical disability.

Priority House has an Occupational Therapy department and patients have access to a range of activities including a gym. The Unit is based on the same site as Maidstone General Hospital and there are shops within walking distance for those able to leave Priority House, either accompanied or on their own.

Summary of Findings

- The new Upnor Ward has been well designed to provide a safe and healthy environment for those needing care. The communal areas are bright and airy providing sufficient variety of space and layout for service users to interact with others or keep to themselves. The outlook to the garden is attractive and peaceful. The feeling of light and space throughout the ward engenders positivity.
- The interaction between staff and patients appeared to be positive with a good staff to patient ratio on the day of our visit. Patients reported that they felt well cared for.
- The Occupational Therapy (OT) facilities on the ward are well planned, and although they were not being used during our visit and no Occupational Therapists were present, patients did report that they had participated in OT activities both on and off the ward. OT is still only available from Monday-Friday until 4 pm, however the new staffing regime from Spring 2016 should allow for weekend and evening organised OT activities.
- The individual rooms are well furnished and afford a reasonable amount of privacy and comfort, whilst ensuring patient safety. The showers were creating problems for all service users we spoke to.
- The relocation of acute mental health beds to Maidstone had not created problems for visitors for most of the patients we spoke to.
- The non-smoking policy does create tensions and issues for both staff and service users.
- Patients who were able to leave the ward appreciated the close access to local shops and other facilities.

General Observations

The Enter & View team were welcomed by Julie-Anne Meadows, the Acute Services Manager and given a tour of the ward. She was extremely helpful and happy to spend time with the team and answer a lot of questions. We were also accompanied by the Upnor Ward Manager, Joe Varughese.

The ward is new unit rather than a refurbishment of existing facilities. It gives the impression of light and space throughout. The corridors are wide and bright with informative notice boards and light coloured laminate flooring. There are no 'blind spots' so that staff and patients can be observed and assisted if necessary. As you enter the ward, you pass a number of clinical rooms, and the Occupational Therapy room and then enter the large open plan communal area.

This area is large, bright and very light with windows along one side looking out on to the garden area. The garden area is fenced for security, and it has benches and attractive bedded areas with conifers and other small shrubs. Service users are able to access the garden but have to ask a member of staff to activate the door. Those using the garden are supervised at all times. People we spoke to found the garden to be very therapeutic and quite well used.

One side of the communal area has a TV with seating area. The TV was on during our visit, but no-one seemed to be watching it. The wall has a lovely mural of Chatham Dockyard, which was produced from a photograph taken by a former patient. Next to this area is the seating and activity area with a number of small tables with four chairs at each. The meals are served from a hatch in the wall. Meals are prepared elsewhere in the hospital and transported to the ward. There is a small patient kitchen area in the communal lounge, with a sink, a fridge and tap producing hot water for drinks. Service users are able to have snacks in their rooms. During our visit a number of people were using the table area for talking or for drawing and colouring activities.

In the centre of the room is a desk for a staff member, with built in seating to enable patients to come and talk to them if they wish. This staff member can observe the communal area and the garden area and also activate the doors leading to the corridors with bedrooms.

All service users have a swipe card to access their rooms. There is a female only corridor with eight single occupancy ensuite bedrooms and also a female only lounge. The female only lounge had four chairs, shelving and a TV. It was not reported to be well used, by the service users we spoke to. The room has a nice view on to a small garden area, but no access to it. It would benefit from some pictures on the walls. All patients have a named consultant and an allocated primary nurse. This is indicated on a notice outside their rooms.

The rooms we were able to view were far more comfortable than those seen on the other wards we have visited. In addition to the bed, the rooms had two chairs, a desk with shelving, attractive curtaining and a view on to the garden. The bathroom had a wet room type shower, wash basin and toilet. Doors had sensitive strips to sound an alarm if a weight is applied. The

room doors have a window, which appears to be obscured. However staff can activate a light within the room and observe patients from outside the room. This is to ensure safety, particularly at night.

The male corridor is the same as the female corridor with 8 ensuite single rooms leading off from a wide and well lit corridor. There is no male only lounge, but at the end of the corridor is a small area with seating, in case men wish to sit in peace and quiet, but not in their rooms.

Between the two corridors are two rooms designated as assisted rooms for those with disabilities. We were able to view one room, which was large enough to accommodate a wheelchair user. The ensuite bathroom was also large with adapted shower controls and support rails around the basin and toilet. The present occupant, told the team that he was able to use the adapted bathroom quite easily with one arm. He also said that he was given a lot of support to help him to cope in the ward. The ward does not have a bathroom, but if a patient specifically requests a bath, then arrangements can be made for him/her to have a bath on one of the other two wards. A moveable hoist can be acquired from the hospital if necessary.

The ward also has a Calming Room, which is used for de-escalation. It was in use during our visit. This room opens out of the main communal area, but also has access to a small enclosed garden area.

The ward has a Physical Health Room and a Physical Health nurse is part of the ward team. All new admissions are given a MEWs assessment on entry. This is a Modified Early Warning Scoring System. Checks are done of Blood, including a fasting test; Respiration rate, Pulse, Blood Pressure and medication regime. An assessment is also made of moving and handling issues and falls prevention if necessary. Carers are invited to attend this assessment. The room has a bed and an ECG machine as well as first aid equipment. The pharmacy leads off this room and each patient has his/her own drawer for medication, which is dispensed, at specific times of the day.

Also along this corridor are two treatment rooms and the laundry. On the opposite side of the corridor are offices and the OT room. This is a good sized room with a large table for activities. Activities include art, pottery, craft, creative writing, games, and modelling. There is also a storage area and a table tennis table. A door leads out of the OT room into a Therapy garden, which is used by patients under supervision only. Gardening is an OT activity for patients in the summer. The garden has planted areas and wooden seating. It is linked to another garden which is designated a higher risk area, for the use of patients deemed to be at 'lower' risk, where there are planted areas and also a small pond. Although secured by very high wooden fencing, the Therapy garden is a peaceful and attractive area, and is specifically for use by those on Upnor ward.

In addition to the OT room on the ward, service users can use the gym, which is for all 3 wards, and can also access OT activities on offer in the OT centre, which include walking, t'ai chi and cookery. OT is still not available in the evenings and at weekends, but ward staff have access to boxes of activities for patients to use during these times. We were told that cards, games and drawing activities are always available in the main ward area.

During the visit the team talked to 11 people. Of these, 5 were female patients, 3 were male patients and 3 members of staff, including the Ward Manager, Joe Varughese and the Acute Services Manager, Julie-Anne Meadows.

Experiences of Service Users

Staff, Care and Privacy

During the Enter & View visit we were able to talk to eight patients. They were 100% positive about the staff and the care they had received during their stay on Upnor Ward. One patient commented that 'they are on the whole really nice, with a good staff ratio.' The patient with a physical disability commented that a member of staff is always there when he needs help. Another patient said that she felt 'well cared for and safe'. However one patient said that she felt that there were too many agency staff on duty at night.

All of the service users we spoke to felt that they had sufficient privacy within the limitations of being in hospital. They were able to socialise with others in the communal areas if they wished, but it is large enough for them to sit away from other people if they want to. Alternatively they can be in their rooms or in the garden if they wish. One patient said that he felt the ward represented 'the NHS at its best'.

There is a Welcome booklet for new patients, which was designed by the OTs and patients, but only 2 of the 6 patients we asked about this could remember having one.

The Environment - the communal areas and rooms.

Seven of the eight patients we spoke to were very positive about the ward environment and the open plan layout. One said that it was 'a very good environment in which to eat, watch TV or just talk'. They also commented that they liked the free access to tea and coffee. A patient commented that he felt able to breathe more easily and felt able to talk to others more. The atmosphere was described by people as: - 'safe', 'calm', 'pleasant', 'bright, fresh and clean'. Five people said that they felt very safe in the ward. One person commented that the open plan layout could be

intimidating when other patients get upset. None of the female service users we spoke to had used the female only lounge. One said that it felt 'cold' and she had not seen anyone use it. Another said that she would use it if she felt like it, but was happy in the communal room.

Six of the eight service users we spoke to were very happy with their individual rooms. They were described as comfortable with sufficient furniture. One female patient was unhappy with the window in her door and felt intimidated by night staff who were able to look into her room. However all of the patients we spoke to complained about the showers in their rooms, and reported that the water pressure was insufficient and intermittent and that it was impossible to have a proper wash or wash your hair.

Being on a mixed ward was not seen as a problem by anyone, although one female patient commented that she felt a lot happier because the male and female corridors were separated. We spoke to a service user who was using one of the two assisted rooms. He was very happy with the adaptations in his bathroom, which enabled him to operate the shower etc. with one arm. He said that staff were always there to help him if needed.

Outdoor Space

All of the service users we talked to valued the garden area. One patient commented that 'you can see the beauty of it even on a wet day'. All had used the garden area to sit, or just to have a break from the ward. Two commented on not being able to go outside without permission. One said that she would enjoy it more if she could just go outside when she felt like it.

Activities

During the Enter & View visit the OT room was not in use, however two service users were engaged in colouring activities in the communal area. They were using books with complex patterns and one described the activity as 'very therapeutic'.

Four of the service users had taken part in the OT activities on offer and all were appreciative of the experience. Activities mentioned were:- Pottery, Problem Solving, Relaxation, Art, Reflection Clinic, X Box Group, Prayer group and Sofa sounds. Two patients had been on the regular Monday walk to the Blackthorn Trust and had really enjoyed it. One other patient said that she was 'not interested', but had really liked a Petpal experience, when a dog visited the ward. Another patient said that he had not taken part in OT because he had taken the time to rest and get well.

One service user said that she would like OT to be available at weekends. Another said that she would like to listen to music. Music is available in the communal room, but not at the same time as the TV.

Access to the local area

Six of the service users who spoke to the team were able to leave the ward. Two were able to go out unescorted and had been to the local shops, two had been out with their family, and two were able to go out with a member of staff. One of these patients felt that she had not been out for the time allowance stipulated in her Section 17 terms. People who were able to leave the ward appreciated the easy access to shops and to the catering facilities in the main hospital reception.

Smoking

Since our last Enter & View visit smoking is no longer permitted on Trust premises. During our May visit the garden areas were well used by smokers. Now patients are required to go off the hospital premises to smoke. There are no smoking shelters and the team did observe a number of patients smoking just outside the main doors.

Only two of the service users we spoke to were smokers. One patient had electronic cigarettes, which he purchased from the local Tesco's. One patient said that they could only go outside to smoke when accompanied by a member of staff. They felt that the non-smoking policy did cause issues between staff and patients, as she felt some smokers were treated more favourably than others.

Food

Seven of the people we spoke to praised the food provided. They felt that they had plenty of choice and it was of good quality. They said that there was always a choice of three main courses and puddings plus a salad and sandwich option. Snacks are also available outside meal times if required.

Admission & Discharge

Only two patients talked about discharge from Upnor ward. One patient was going home for a trial leave period, which had been planned with staff support. Another was expecting a CPA meeting the following day.

Visitors and Family Contact

Of the 8 patients we spoke to - 3 were from Medway, 2 from Ashford, 1 from Folkestone and two did not say.

Only one patient mentioned that visiting was a problem and this was because his wife was elderly and could not visit very often due to her age and the distance to travel. He lives in Ashford.

Others said that they had had visitors, who mostly travelled by car. The patient from Folkestone said that the distance had not proved to be a problem. Her husband and three children came to see her at the weekend and she was able to book the family room to enable them to have some privacy.

Discussions with Staff

The team talked to three members of staff - the Acute Services Manager, Julie- Anne Meadows; the Ward Manager, Joe Varughese and a Health Care Assistant.

All of the staff were very positive about the facilities on Upnor Ward and felt that it provided a safe and caring environment for all patients. The Ward Manager, Joe, was formerly on Emerald Ward at Medway Hospital and transferred with the patients when it closed down. He told us that all new wards have experienced issues to begin with, but these are gradually being resolved.

When asked about distance to travel and visiting, Joe felt that the ward was equidistant between Swale and Ashford. Parking is not such a problem after 4 pm when visiting starts. Visiting is between 4 and 8pm, but this can be flexible in difficult circumstances. When patients are having their evening meal visitors have to leave the ward so that staff can observe patients to ensure that they are eating properly. The Health Care Assistant (HCA) said that the patients do seem to have plenty of visitors.

The staffing levels are sufficient to support patients including those on Section 17 leave. Staffing ratios enable service users to be accompanied to the shops or simply out for a cigarette when needed. The HCA told us that staff have a rota and those who are free can go out with people who want to have a cigarette. The observation desk in the centre of the communal area enables one member of staff to observe 360 degrees around the lounge and also in the garden. It did not seem to be obtrusive during our visit, and was being used by patients to interact with the staff member.

Plans are being made for a new staffing regime across Kent called Therapeutic staffing. This will mean that each ward will have an OT member of staff and other specialists as permanent members of the team. It is hoped that the new regime will be introduced in February 2016.

The HCA told us that patients do need more to do and some complain of boredom, particularly in the evenings when they tend to just watch the TV.

There is a box of activities available for patients when the OT department are not available i.e. after 4 pm and at the weekend.

Julie told us that the separate corridors for male and female patients' rooms are always strictly adhered to. Even if a bed is urgently needed, a male patient would not be given a room in the female corridor and the same is true for the designated male corridor.

Julie and Joe explained that they try to put care in place which prevents patients needing frequent and reoccurring admissions. The average length of stay is flexible and determined by clinical need. More support packages are put into place to support those preparing for discharge. The hospital has a discharge co-ordinator and also a 24/7 Crisis team. All patients have a Care plan and the aim is to have a CPA before leaving. The Community Mental Health team are not available over the weekend but the Crisis Team are always on call. Patients who are not supported at home can have an OT Home assessment if necessary. They did admit that distance from home is a problem for OT assessment, although every effort is made to do this. The HCA told us that patients are given a lot of information on who to contact when they are discharged, including out of hours support.

Julie said that the Carers Drop In sessions are not really working and are to be replaced by a Carers Group from 5 - 7pm on a Tuesday evening. The Carers' Group will be run by the Ward Manager and a Psychotherapist. There will be a rolling agenda with Speakers. Carers will be invited to attend. The Carers Forum is now called a Triangle of Care Meeting.

The CAB and Advocates do come on to the ward to support people, although no-one we spoke to had used their services. Julie reported that she is now working with a new charity for Homeless people to support those who have nowhere to go on discharge.

The HCA admitted that the non-smoking policy does cause issues for some patients, and can lead to stress and tension. She felt that smoking shelters should be provided so that service users are not congregating outside the main doors. Patches and electronic cigarettes can be provided on the ward if needed.

Recommendations

- The Welcome Booklet for patients is attractively produced and contains a lot of useful information, but unfortunately most respondents could not remember seeing a copy. The information in it could be reinforced by having copies widely available in the communal area, and for staff to remind patients of its existence.

- The OT activities were much appreciated, but it would be even more beneficial if a small programme of activities could be made available during the evenings and at weekends. This may be resolved under the new Therapeutic staffing regime next year.
- The female only lounge could be brightened up by pictures, or a mural, to encourage increased usage.
- The problems with showers was a cause of concern to everyone we spoke to and hopefully will be addressed as quickly as possible.
- A designated smoking area in a quiet corner of the grounds with a shelter, would mean that patients were not congregating outside the main entrance to smoke.
- Healthwatch Kent will consider ways to talk to carers in order to get a more complete view of the facilities and visiting issues. This could be by attending the Carers' group, or by an initiative to research carers' views via a questionnaire.
- Healthwatch Kent to work with KMPT to undertake a project looking at delays in discharge from things such as homelessness.

Acknowledgements

Healthwatch Kent would like to thank the patients and staff at Upnor Ward, Priority House for their co-operation and assistance during this visit. We would also like to thank our volunteers who made the visit possible.

Appendix 1 - Healthwatch Kent Enter & View Prompt Sheet - Upnor Ward - Priority House

Introduce ourselves as Healthwatch Volunteers.

Healthwatch want to find out what you think about the care you are getting here.

Are you willing to talk to me about it? I don't need to know your name.

I may need to make a few notes, but they are only to remind me of some of the things you say. Is that OK? You can read them if you are unsure about anything.

We are trying to find out what people feel about the new Upnor Ward. Were you ever in Medway Hospital or in the other wards at Priority House?

If yes: - how do you feel about Upnor Ward in comparison?

- What do you think about the ward and the care you are getting here?
- Were you given a booklet of information when you first arrived?
- What do you think of your room?
- Do you feel you have enough privacy?
- Do you feel safe here?
- What about being on a mixed ward?
- The environment - corridors, notices, space; light, decoration?
- The garden/outdoor space?

- The activities here - what have you done? What would you like to do?
- Can you leave the ward? Where can you go to? Do you have someone to go with you?
- Any issues with the smoking policy?
- What do you think of the staff?
- Do you have a Care Plan?
- Have you seen the CAB or an Advocate since you have been here?
- What support do you hope to have when you leave?
- Anything else you would like to say about this ward?

Visitors:

Do you get many visitors?

Do they have far to come?

How do they get here?

Do they have problems getting here e.g the cost of fares or petrol, or poor transport availability?

Do you have the chance to talk to them via Skype?

<ul style="list-style-type: none">• Communal rooms - lounge, dining room, kitchen?• What is the food like?	<p><i>Thank you for talking to me</i></p>
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**Appendix 2 - Healthwatch Kent Enter & View Prompt Sheet - Upnor Ward - Priority House
Carer's Views if seen**

Introduce ourselves as Healthwatch Volunteers.

Healthwatch want to find out what you think about the care your relative is getting on Upnor Ward?

Are you willing to talk to me about it? I don't need to know your name.

I may need to make a few notes, but they are only to remind me of some of the things you say. Is that OK? You can read them if you are unsure about anything..

We are trying to find out what people feel about the new Upnor Ward. Are you visiting a family member? How long have they been here?

- What do you think of it here? The ward? The care provided?
- Were you given enough information when your *relative* first came here? A Welcome Pack?
- Can you visit very often?
- Do you have far to come?
- How do you get here?
- Do you have problems getting here e.g the cost of fares or petrol, availability of public transport?
- If yes, has anyone discussed any support to enable you to visit?
- Have you been to the Carer's forum? Did you know there was one?
- Was your loved one ever in Medway Hospital? Is so, were you able to visit more often (if applicable)?

What do you think about the facilities here

- The rooms?
- Privacy? Safety?
- The environment - corridors, notices, space; light, decoration?
- Being on a mixed ward?
- The garden/outdoor space?
- Communal rooms - lounge, dining room, kitchen?
- The activities here - what have they done?
- The food?
- The staff?
- Are they able to leave the ward? Are staff available to go with them?
- Have you been able to discuss his/her Care Plan with anyone?
- Have you seen the CAB or an Advocate since you have been visiting here?
- What support do you hope to have when they leave here?.

Thank you for talking to me

Appendix 3 - Healthwatch Kent Enter & View Prompt Sheet - Upnor Ward - Priority House
Staff's Views if seen

Introduce ourselves as Healthwatch Volunteers.

Explain that we are here to find out what Service User's and Staff feel about the facilities on the new Upnor Ward.

Have you worked on other wards at Priority House, or in other local hospitals?

- What do you think about the facilities here for Service Users?

Rooms, Environment, Communal Areas, Garden/Outdoor Space?

- Is there a Welcome Pack for a. Service Users? b. Carers?
- What about activities - what is available, when is it available and is it well used?
- If a patient is able to leave this ward, where can he or she go to?
- Are members of staff available to go with them for support?
- Do the Service Users have many visitors?
- Do you feel that transport is an issue and what support is available for relatives and carers?
- What facilities are there for visitors?
- Is Skype available for Service Users to talk to their family? If yes, is it well used?

- Has the smoking policy caused any issues for staff?
- What support is available for Service Users while on the ward and when planning for their discharge from hospital?
- Any other comments you would like to make?.

Thank you for talking to me

Enter and View Report

HealthWatch

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