



## Enter and View Visit

**Southmead Hospital Mental Health Services**

**Friday 25 September 2015, 9.30am - 12.30pm**

**Authorised representatives undertaking visit:**

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## 1. Acknowledgements

Healthwatch Bristol and South Gloucestershire would like to sincerely thank the patients and staff of the Southmead Hospital Mental Health Services department, as well as the Avon and Wiltshire Mental Health Partnership.

## 2. Purpose of the visit

This visit is part of the ongoing work Healthwatch is currently undertaking towards their quarterly themes around mental health services in the Bristol and South Gloucestershire area. The purpose of any enter and view visit is to gauge the views and feedback of people using the services and its staff, as well as relatives and other visitors where this is possible. These visits aim to capture the lived experience of people accessing acute mental health settings in order to complement other consultation work carried out in the community through surveys, questionnaires, focus groups and public events.

## 3. Methodology

### 3.1 How was practice observed?

Six Healthwatch volunteers split into three groups of two in order to visit two wards within the mental health services department at Southmead Hospital. The services visited were the 'place of safety' on the Mason unit and Oakwood ward.

The enter and view team met with the manager and modern matron at the beginning of the visit before splitting into three groups. The manager and matron explained that on occasions there may be patients whom the enter and view team cannot speak to for personal safety reasons.

The enter and view team observed care practice and had conversations with patients and staff in order to gain feedback and an impression of the quality of care provided. The enter and view team did not observe any medical intervention nor were they present at any medical consultation. Notes were taken throughout the observations and discussions with individuals, with their knowledge and consent. It is the notes taken during the visit on 25 September which inform the content of this report. These notes are evidenced in the appendices.

## 4. Background information

The 'place of safety' is a unit, the primary function of which is to admit patients detained by the police under section 136 of the Mental Health Act 1983 (the 1983 Act). Section 136 authorises the police to legally detain any person they believe has a mental illness and is in need of care. Section 136 of the 1983 Act states the detention of the person for these purposes is lawful and as such places the person in legal custody. Legally, a person can be detained in a place of safety for a maximum of 72 hours.

Oakwood ward was also visited, the purpose of which is to house patients awaiting or undergoing mental health treatments.

## 5. Summary of findings

The findings below from the visits are recorded separately for the place of safety and Oakwood.

### 5.1 The Place of Safety (The Mason Unit)

#### 5.1.1 Staffing

The Mason unit opened in February 2014. We spoke to the manager, a nurse, the administrator and a healthcare assistant. The manager informed us that bank staff are used as and when needed but that the staff team is being built up. We observed that healthcare assistants do not wear a uniform, in order to help to break down barriers and make the overall experience less daunting for those admitted to the unit. There are pictures of staff in the unit, although we did note that some of the staff pictures are missing.

We were informed that there is a mix of male and female staff on the unit and that there is always at least one male and one female on shift on the unit for the purposes of maintaining an effective balance of staff for the benefit of any patients who arrive.

We spoke to a healthcare assistant (HCA) who fed back that there has been lots of good development since the unit opened, including improved communication with the police, with whom the place of safety staff have to work very closely. The HCA informed us that there is a corporate induction programme and online mental health training offered to all staff. We were also informed that there are opportunities for staff to undertake diploma qualifications – the HCA we spoke to is currently studying for a diploma.

The HCA fed back that the manager is approachable and has supported staff to deal with the repercussions from a major incident. We were also informed by the HCA that she feels supported and works in a great team who look after each other. We noted when talking to the nurse, manager and administrator in the office that the atmosphere seemed relaxed and everyone appeared comfortable talking to us and expressing their views. The manager informed us that all staff are enabled to attend a weekly reflective practice meeting, the purpose of which is to think about events that have happened in the last week and consider how well they were managed and whether any improvements could be identified for next time.

### **5.1.2 Environment and decor**

The Place of Safety has private bedrooms as well as a communal area and a prayer room. We observed that the bedrooms were bland, painted in white without any pictures or other decoration. The bedrooms come with an en-suite bathroom. We noted that whilst each bedroom has a door there are no bathroom doors. The manager informed us that it is difficult to truly personalise the bedrooms because the absolute maximum that a person would spend on the unit is 72 hours. We were informed that the bathroom doors were removed for safety reasons. Patient and staff safety needs to be a consideration when deciding on the décor. All the bedrooms can be locked from the inside for privacy but can be overridden from the outside for safety and security purposes.

There are chairs in the communal areas such as the TV room, the prayer room and in the admission room. We did note that whilst the chairs are fairly comfortable they do not have arm rests, which could potentially make them unsuitable for elderly patients who may have difficulty rising from a chair without arm rests. The Place of Safety has good wheelchair access. We did note that one bedroom had a musty smell. However, we were impressed by the 'positvitree' which has been painted on to one of the walls on a corridor – the idea is that patients can leave comments on the 'tree' for other patients and staff to read. We liked this because it adds some colour and brightness to the unit. We did note that there is one door, leading to the staff only area, which is a grey metal and unattractive. The manager agreed that this door is off-putting and said she would like to have it painted to make it look more attractive.

The Place of Safety does have a garden, where patients can smoke if they choose. There is a fence around the perimeter for security reasons but it did not strike us as imposing or resembling a prison security wall in any way. There are places to sit and a grassed area. The manager informed us that she would like to paint a mural on the garden fence and inside as well to make the unit more colourful.

### **5.1.3 Activities**

The provision of activities is made more difficult because of the very limited time that a patient can legally spend there. However, the Place of Safety does have its own secluded garden, a prayer room for all faiths, a communal room where there are chairs and some books and a TV room. Safety considerations have to be factored in so the TV is contained within a plastic, see-through cage, and there are not many books. We were informed that this is because these can sometimes be thrown at people. Family members are able to visit patients if they wish to.

## **5.2 Oakwood ward**

### **5.2.1 Staffing**

There are pictures of staff inside the entrance to Oakwood with the staff office situated to the right of the entrance. When we entered the unit we were greeted by staff and were given alarms for our personal safety. We were also introduced to some other staff members. Oakwood ward has 23 beds.

Patients we spoke to expressed concern that the doctors do not interact a lot with the patients and that staff do not wear a uniform.

'I want doctors to be more engaged with people, not in their office.'

'Staff should have different uniforms then people would know who to talk to.'

'The staff wear their own clothes with name badges on lanyards. They always wear dark clothes and it looks too official. Some people might find it intimidating and might react badly to it.'

As with the Place of Safety we were informed that the reason for not having uniforms was to help to break down barriers between patients and staff.

### **5.2.2 Environment and décor**

We noted that there are pictures of staff situated just inside the entrance area to Oakwood. The entrance seemed light and airy. We also noted there were no unpleasant odours throughout the unit. Oakwood has three patient lounges: one male only, one female only and one mixed. We observed that all the lounges seemed rather bleak, with no pictures, although we were informed that there are pictures which still need to be put up. We also observed that there are no pictures in the corridors which makes them seem bare and does not help to create a homely feel. Rooms are accessible to wheelchair users.

Patients and staff are able to write ideas for bringing patients back to base line on the wall.

One patient fed back to us that there was a shortage of space for a confidential conversation.

‘There is no confidentiality to talk to nurses about my care plan.’

### **5.2.3 Activities**

We were informed that there is a daily community meeting held with all residents if they wish to attend. An occupational therapist meets with residents weekly on Saturday mornings. Further, Oakwood also holds weekly meetings for patients, their families and friends and advocates if applicable.

We were informed of other activities and opportunities for social interaction. For example, we noted a therapy timetable positioned on the wall which lists the various activities on offer to patients. The staff informed us that activities can be either in groups or individually. Oakwood has a family room which leads into the garden. Patients are allowed to smoke in the garden.

We sought patients’ views on the activities at Oakwood. One patient commented that the provision of activities ‘is not very good’. A patient commented that they would like to go out into the community more regularly. Another patient commented that whilst lots of activities are offered they do not wish to participate in them. A patient remarked that the TVs are rather small. We heard comments that many activities happen at a different site which people need to be accompanied to. This can be a barrier to some patients and cause frustration.

'I need to be escorted to the next unit to do activities but I can't go. Why do they advertise activities when I am unable to attend?'

Patients at Oakwood have access to a garden and smoking area. One patient commented:

'Why can't there be somewhere in the garden for cigarette butts instead of them being thrown on the grass?'

## 6. Conclusions

We found both the Mason unit and Oakwood ward to be clean and sufficiently staffed. The atmosphere in both units was pleasant with welcoming staff and a calm and professional feel. Both units offer a garden and rooms for activities and social interaction but both are scantily decorated and do not have a homely feel.

## 7. Recommendations

1. Redecorate the Place of Safety to create a brighter environment to make the process less intimidating for patients who are admitted.
2. Display the information leaflets in the Place of Safety slightly lower down so they can be better seen and accessed.
3. Replace missing staff pictures in the Place of Safety.
4. Put pictures up in the lounges in Oakwood.
5. Provide a bin for cigarette butts in the Oakwood garden.
6. Ensure there are sufficient staff to accompany all patients who wish to access meals or activities on another site.

Immediate service improvements – None identified.

### Disclaimer

- This report relates only to a specific visit (a point in time)
- This report is not representative of all service users (only those who contributed within the restricted time available).

## 8. Appendices

### 8.1 Patients' comments

The care is good. Staff generally care well for residents.

There is no confidentiality to talk to nurses about my care plan.

I would like to do my care plan with a doctor or a psychiatrist not nursing staff.

Assessment is not done well. They should talk the care plan through with service users but they don't.

Staff spend a lot of time in the office rather than out with service users.

I have advocates and they attend meetings with me.

I like support workers from the community.

The nursing staff are lovely.

I contacted PALS early on and now I am happy with my care.

I had a meeting and I was only told on the day. I should be given more notice – clearly highlighted at least three days in advance.

Staff should have different uniforms then people would know who to talk to.

The staff wear their own clothes with name badges on lanyards. They always wear dark clothes and it looks too official. Some people might find it intimidating and might react badly to it.

I want doctors to be more engaged with people, not in their office.

No choice for time to go to bed and get up.

I'm not happy with people here but I cope with them.

Someone's music is too loud, the whole building can hear it.

Why can't there be somewhere in the garden for cigarette butts instead of them being thrown on the grass?

I shouldn't be admitted on this acute ward. I feel I should be at home receiving care from a community team.

I do not feel very comfortable on the ward.



I feel safe.

The ward is very noisy and crowded but I feel safe.

I would prefer to be in a single ward not the mixed ward.

The TV should be in the lounge (big room) but it's in a small room which is only for a few people.

I can see the notice board for what there is to do.

I would like to do yoga.

There are limited activities on offer. I would like to do some physical activity, like ball games.

There are so many boards and notices, people don't know which are the important things to do.

I would like excursions.

I need to be escorted to the next unit to do activities but I can't go. Why do they advertise activities when I am unable to attend?

Activities provided in the unit are not very good. I would like to go out more regularly.

There are a lot of activities but I am not interested in participating.

We liked all the celebrations from different cultures.

We can have tea/coffee whenever in the day time, but it is harder in the night time. We queue at the hatch at 9.30pm but handover usually takes longer and it's normally late. Why don't they just make it 10pm?

I don't like the food they provide. I prefer to go out into the community and buy food.

There is just British food.

Food is OK. Everything is microwaved. If you want something special you have to go to Gloucester House to cook it yourself.

I would like an egg for breakfast but I need to be escorted to the next unit and this hasn't happened yet.

## **8.2 Staff comments**

One staff member would be responsible for 2-3 patients. Patients like some activities but not all can go. Facilities are all outside the building.

Residents are encouraged to do their own laundry in the laundry room. If a resident is unwell the night staff will do it.

Place of safety: we have seen lots of good development with the police. Communication has improved.

The manager is approachable and has helped members of staff to deal with repercussions from a major incident.

Modern matron is very approachable and gets to know her staff.

At weekends we have a pool of bank staff or regular staff pick up extra shifts.

There is always an on call duty manager to support you.

All staff have level 3 safeguarding training.

I would like to see more activities for residents. Most activities are at Gloucester House.

## **8.3 Observations**

There is a list of all the patients and their responsible nurses by the nurse's office.

There is a garden.

Staff were very welcoming.

No offensive odours.

The environment is very clean.

There are three lounges: male, female and mixed.

The lounge is bleak, there are no pictures but we were told they are waiting to be put up.

The corridor is bleak, no pictures, not a homely feel.

There is information about PALS in the notice board.

The doorway into the ward is metal and not attractive.

The dining room is very noisy.

There are only two washing machines for everyone. Is that enough?

There is a quiet lounge which can be used for multi-faith purposes.

Hand gel at entrance and exit only for safety reasons owing to possible misuse.

The seating had no arms – unsuitable for older people.

There is a relaxed well organised staff appearance.

The security is good. The safety of the patients has been considered in all areas.

Patients can leave feedback on a 'positive-tree' by writing leaves on a tree.

Cigarette butts are thrown on the grass in the garden as there does not seem to be anywhere else to put them.

There is good wheelchair access.