

healthwatch

Enter and view visit

Rydon ward, Taunton

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Acknowledgements

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Purpose of the visit

- To seek the views of patients, visitors and staff about the services they receive or work in
- To seek the views of patients and visitors about other NHS or social care services they receive
- To identify good practice examples and share these with Commissioners, The Somerset Partnership and other inpatient wards.

Methodology

This visit forms part of a wider project running from November 2015 to July 2016. Healthwatch Somerset enter and view representatives will visit each of the nine wards in Somerset that provide treatment for people with acute mental health issues.

The enter and view team first spoke to the ward manager and senior member of staff on duty. The team were keen to ensure that their presence did not hinder the provision of care being given and that any safety concerns are discussed.

The enter and view team then received a tour of the ward. The team were accompanied by a staff member throughout the visit to help ensure safety and each pair was given a panic call button.

The patient engagement manager for the Trust and staff at the ward had spoken with patients prior to the visit and given them an opportunity to speak privately with the enter and view team. Three patients took this opportunity. Staff also maintained a respectful distance during lunch when the enter and view team were able to speak with other patients about the service they receive and their experience of using other health or social care services. (See appendix 1)

Following the visit this report will be shared with the provider within four weeks of the visit, and a response to the report and the recommendations sought within 20 working days. The report will then be published on the Healthwatch Somerset website and shared with the provider, Care Quality Commission and commissioners of the service.

A final report summarising the findings of all nine visits will then be produced and sent to the provider for comment before being published as previously stated above.

Findings

About Rydon ward

The Somerset Partnership NHS foundation Trust who provide this service describe the ward as follows:

'Rydon ward 1 and 2 each have 15 beds, providing assessment and treatment primarily for adults of working age experiencing an acute mental health problem. There is a team of specialist mental health doctors, nurses and therapists who work closely with the Crisis Resolution and the Home Treatment team.

Rydon ward 1 predominantly provides services for people who live in the Taunton area whereas Rydon Ward 2 predominantly provides services for people who live in Bridgwater and Somerset Coast areas.

Rydon ward provides a dedicated healthcare-based place of safety for detained patients.'

The environment

Rydon ward is situated on the outskirts of Taunton close to two other acute wards, there is limited parking in front of the ward and further parking can be found nearby at Well Springs House. The enter and view team noted that it was not easy to find a parking space and anticipated that it would also be difficult for visiting.

It was observed that information about the ward and the Somerset Partnership was displayed. The team felt that it would also be appropriate to display leaflets about Healthwatch Somerset both in reception and also on the patient engagement noticeboard. (See recommendation 1)

Overall the ward is modern, clean and appeared well maintained. The enter and view team felt that the art work helped to contribute to a relaxed atmosphere.

It was apparent that patient safety had been a high priority when the building was last refurbished and attention had been given to minimising risks such as ligature points.

All bedrooms have ensuite facilities. We were also shown an area of the ward that was designated for female only patients. It was explained that creating a feeling of safety was important and that this area was instrumental in doing this for some female patients. The enter and view team noted that in this area on both floors there was an absence of natural light and the corridor appeared dark and gloomy.

The enter and view team would recommend that the Trust consider changing the lighting in the female only corridor to improve this. (See recommendation 2).

On the ground floor there is a communal area with a television, a pool table and table football. This area doubles as a dining area.

On the first floor there was a large activity area/kitchen. At the time of our visit patients were observed to be supported with craft activities by staff in this area.

The down stairs ward has access to a large outside area that was observed to be reasonably well maintained. It was noted that although the area was secured with high fences, these did not seem overpowering or claustrophobic and that many plants were growing against the fence. In contrast, the upstairs has access to a small garden area that was less well maintained. The enter and view team thought that weeds, overgrown shrubs and cigarette ends contributed to this condition. (See recommendation 4)

The stairs leading down to this area smelt of stale cigarette smoke and cigarette ends were noted on the banisters and floor. It was noted that there was no outside shelter in this area for smokers to use and that this had no doubt resulted in smokers using the doorway as a shelter. The manager explained that the Trust were keen to ensure that they did not encourage smoking. (See recommendation 3)

Both floors have a number of interview rooms and a meeting room as well as other small lounge areas and it was thought that there was plenty of space for patients to receive visitors.

Rydon ward has a section 136 facility which provides a safe place for people to be assessed when they have been sectioned. This provides a more appropriate alternative to police cells.

The manager informed us that 'we are proud of the care we give our patients'. He believes that the new building has a positive impact on patient care as 'patients can get away from it all if they wish'. This has led to a reduction in the use of physical control and restraint. He also tells us that 'the staff who are here like to be here and they care about what they do'.

Involvement

It was noted that there was a designated patient engagement noticeboard on which minutes of patient meetings are displayed together with information about how to complain or raise a concern or compliment. There are also suggestion boxes on both wards.

It was noted that the ward holds weekly have your say meetings. These are facilitated by the occupational health team. Other staff are encouraged to attend. The manager informed us that they would like to find ways of increasing attendance at these meetings. (See recommendation 8 and appendix 2)

The enter and view team asked how patients' families are involved and what would happen if a patient does not want their family involved. We learned that with the agreement of the patient families are encouraged to be part of care-plan review meetings. Family liaison meetings can be set up for staff to meet with family members separately if the patient prefers not to have their direct involvement in review meetings.

One patient told us that they had only found out about their right to an advocate from a notice board. The patient felt that they shouldn't have to look for information of this kind. (See recommendation 5)

Volunteers

At the time of our visit we were told that there had been no volunteers working at the ward since February 2015. Opportunities existed for volunteers to work one to one with patients on specific activities. (See recommendation 6)

Activities

An activities notice board is displayed on the ward and lists 14 different activities. During the week the activities groups are run by the occupational therapy (OT) team and ward nurses run the activity groups on weekends. Both floors have a staffed area where activities can take place. We were not able to go into the activities room on the ground floor as a church service was taking place for patients. This multi-faith service is run twice weekly by the ward chaplain.

A complimentary therapy service called the SUCH project visits weekly offering treatments such as aromatherapy and Indian head massage. Staff told us that this was popular among patients and this was confirmed by patients we spoke with who spoke highly of the service. Other arts and crafts activities were viewed as being timetabled on the board. We were also told that music and dance activities were planned. Patients also told us that they would like to see more activities to choose from particularly at weekends. When asked about activities one patient told us they would like to try step dancing and drama.

The deputy ward manager stated that they are in the process of recruiting peer volunteers to assist with activities and for the patients to 'have someone to talk to'. So far there has been a good response in applications.

The enter and view team would like to share a list of activities gained from visiting other services and recommend that these are discussed with staff and at 'Have Your Say Meetings'. (See recommendation 8 and appendices 3 and 4)

Ward rounds

Ward rounds take place every Thursday and offer an opportunity for patients to speak to their clinicians. One service user told us that ward rounds should be more frequent as waiting a week to speak to someone was a long time.

Food

On the day of our visit there was a choice between jacket potato and sandwiches for lunch. One patient we spoke with said the food is 'pretty good' and that there is always a choice. Another patient said that often there is not a healthy option or if there is then it is 'not a very healthy option'. The effect of nutrition on mental health is well documented and the Mental Health Foundation states

'Recent evidence suggests that good nutrition is essential for our mental health and that a number of mental health conditions may be influenced by dietary factors.' (See recommendation 7)

Staff

The manager informed us that following the recent staffing uplift the ratio of staff to patients is now 3:5 and they are in the process of recruiting more nurses. To manage the interim staffing issues the deputy ward manager informed us they sometimes use bank and agency nurses. The ward ensures continuity of care by requesting the same temporary nurses when required. During the visit there was only one agency member of staff on duty. The ward tends to use agency staff during the night as patient interaction is minimal at these times.

All employees are required to meet the mandatory training matrix for their roles, which we were told is checked regularly. The trained nurses need more time to evidence their work and this sometimes takes them away from patient contact. The staff we spoke with said that there is still a lot of red tape and paper work that they would like to see reduced to enable them to have more time with patients. Patients we spoke with also said that they would like to have more one to one time with staff. (See recommendation 10)

Several vacancies existed at the time of our visit and the manager told us that recruitment of staff nurses has been difficult. A rolling advertisement for staff nurses has been active for the past nine months and only two applications have been received. The deputy manager discussed how the removal of bursaries for trainee nurses may add to the recruitment difficulties. It was also discussed that student nurses now have to study at degree level rather than diploma level and that this may deter some people from becoming students.

Staff were observed to offer support to patients in a caring and respectful way during the visit. We were informed that there are five clinical staff working each shift in addition to health care assistants, occupational therapists and activities staff. Patients are allocated a named nurse each shift.

The crises team act as an initial point of contact for admissions. The managers explained that due to the current staffing and geographical issues the working relationship between the crises team and the wards could be improved. Recently the Trust has conducted interviews to recruit three band 6 staff to undertake rotational duties between Rydon and the crises team in order to improve the situation. A new service manager for the crises team is also to be appointed.

Other health and social care services

Housing support and accommodation after discharge from the ward

The enter and view team asked the manager and deputy ward manager about relationships with other services and the process for residents being discharged from the ward. One of the issues that can make a successful discharge more difficult is the effectiveness of the links that the ward has with accommodation and support services. Cut backs in council spending have meant that there are fewer providers that are able to offer supported accommodation or tenancy support. The manager noted that Re-think have a monopoly of

housing services in the area which results in there being less variety of options to meet an individual's need.

It was also discussed that sometimes a patient wishes to stay in the area after discharge and that they may not have sufficient ties with the area to qualify for local authority housing. The ward needs to ensure that patients are housed appropriately when discharged from the ward and difficulties in finding suitable accommodation can often lead to delays.

The manager noted that Taunton Association for the Homeless require a lengthy notice period prior to accepting people to their accommodation. It was felt that links with this agency and the Somerset Partnership could be improved by firming up and clarifying processes. (See recommendation 11)

The manager noted that on the whole the ward have a good relationship with the police. Patients are often brought to the Section 136 facility by the police as a more appropriate alternative to custody. This is working well and we were told that no-one who used this facility needed to go into custody. However, under 18 year olds can be placed anywhere in the UK as they are funded by NHS England. This can result in a young person being placed a long way from home and their support network.

GPs

Patients we spoke with told us that their GP had referred them to the Somerset Partnership and that once referred they had had little need to return to the GP for their mental health need as support had been offered by the Somerset Partnership's community mental health team

Things to commend noted during the visit

- Weekly have your say meetings
- Patient feedback notice board
- Uniforms and what they mean being displayed
- Key nurse displayed for each shift on notice board
- Calming well framed pictures on walls
- Communal areas staffed continually during our visit
- Ward or crisis team follow up within seven days after patients are discharged from the ward
- A choice of rooms where patients could receive visitors in private
- Family involvement in care plans is encouraged

- The use of family liaison meetings to help inform the family
- Involvement of the SUCH project offering alternative therapies
- Good use of the 136 facility with no-one assessed needing to be admitted into custody.

Conclusion

During the visit the enter and view team observed the care environment, care and support being given by staff and spoke with seven patients. The team also spoke with the manager and deputy ward manager about external issues and constraints that affect the delivery of service. Healthwatch Somerset learned about issues and service gaps that can sometimes hinder patients when they leave the ward and the necessity of maintaining good relationships with other services such as housing and support. Other areas highlighted included the difficulties sometimes experienced relating to the recruitment of qualified staff and volunteers.

The enter and view team felt that Rydon ward offered an appropriate environment in which to meet the needs of its patients. Staff were observed to be caring and supportive and patients we spoke with confirmed this. Patients told us they felt safe at the ward and understood their care plans.

Recruiting qualified staff has been difficult mainly due to nationwide shortage of qualified staff. It was felt that more could be done to recruit volunteers to help ensure patients get the one to one time they need and so that more activity choices could be offered. We were told that the Trust are looking to recruit volunteers in the role of peer support. Patients we spoke with welcomed this idea.

Patients we spoke with told us that they enjoyed the 'SUCH Project' visiting and that they would like to see more activities choices especially at weekends. Patients we spoke with would also like to see more complimentary therapies being offered.

It was identified that there was a need to create better relationships and processes with housing and support providers. There is recognition that these services have been greatly reduced following council spending cuts.

Overall the enter and view team were impressed with the care environment and care and support given. Patients we spoke with said they were happy with the care and treatment they had received while at Rydon ward.

Recommendations

Recommendations have been made which are intended to help the service make further improvements based on the findings of the visit.

1. Healthwatch Somerset leaflets are displayed both in reception and also on the patient engagement noticeboard

2. Consider changing the lighting in the 'female only' corridor to make it less 'gloomy'
3. Considered putting a smoking shelter in the garden for the first floor patients to contain smoke and litter for the benefit of other patients
4. Consult and involve patients in planning and maintaining the garden area
5. Information about making a complaint, raising a concern, Advocacy support and Healthwatch Somerset should be provided to each patient in a patient information pack
6. Create a volunteering recruitment plan to encourage the recruitment of volunteers onto the ward
7. Consult a nutrition specialist for advice on improving food.
8. Consider the good practice examples gathered by the Healthwatch Somerset enter and view team around activities and involvement. Please see appendices 2, 3 and 4
9. Consult with staff to identify and promote ways to complete paperwork with maximum efficiency to enable ward staff to spend more informal, interactive time with patients
10. Negotiate and clarify working relationships and processes with Taunton Association for the Homeless to improve discharge times.

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).

Appendices

Appendix 1

What people told us:

'The food is pretty good although the choice is limited. I'd like to see more choice at breakfast.'

'The staff have been supportive.'

'Sometimes I have to wait several hours before staff can take me out.'

'I feel safe when I'm in my room.'

'The food is ok but not very healthy'

'It can get a bit boring, especially at weekends.'

'It would be good to see more stuff like the SUCH project.'

Referring to ward rounds; 'It should be more frequent'.

'I've been well treated and looked after.'

'I think my GP understood my mental health but once my GP referred me to the Somerset Partnership I've not had to go back as my care co-ordinator sorts out everything I need now.'

'The nurses are good', amazing. Tracy and the other staff'

'I like it here I don't want to leave.'

'I hated my previous admission here but this time things have changed for the better, I now understand my care and I know it is relevant'

Appendix 2

Good practice examples gathered from previous enter and view visits

Have Your Say Meetings

- Hold regular weekly meetings.
- Make the meeting part of larger events/ activities.
- Ensure that residents have the opportunity to add to the agenda and receive the agenda well in advance of meetings.
- Give residents who do not wish to attend the opportunity to contribute to the meeting in other ways. E.g. via a key worker or suggestion box or someone raising items on the person's behalf.
- Invite guest speakers to talk about a topic of interest. Ask for suggestions about this from patients. Speakers may include a comedian or complimentary therapist, hobbies and crafts. This would help to ensure that residents who may not otherwise attend might be motivated to give their input for different reasons.
- Ensure that patients receive minutes of meetings, noting in particularly 'You said we did' type comments.

Appendix 3

Good practice examples gathered from previous enter and view visits

Activities

Quizzes	Bingo
Visits from local falconry/ bird sanctuary	Comedian visits
Musical Entertainers	Arts and crafts
Visitors and staff bringing in pets	Carol service
Monthly in-house church service	Hand bell ringing
Visits from the owl sanctuary	Nintendo Exercise
Visits from the Donkey Sanctuary	Garden walks
Art class	Film club
One to one manicure	Indian head massage
Visiting beauty therapist	Singing
Drumming workshops	Songs of praise.
Gardening	Chiropody
'Old Fashioned Sweet Shop' visit	Cooking
Clothes Direct visit to the home	Model making
Flower arranging	Barbeques
Dough modelling	Music and movement
Library visiting service	Dancing
Pets at home service	Ukulele lessons
News & current affairs discussion group.	X-box bowling.
Garden Games	

Appendix 4

Good practice examples gathered from previous enter and view visits

Activities promotion

- Display an activities timetable on the notice-board and provide a copy to each resident
- Offer regular individual activities on a one to one basis. This can include assistance with a hobby, or just time to chat or reminisce
- Encourage and support patients to organise their own activities
- Discuss activities at patient meetings
- Offer a mixture of individual and group activities
- Give gentle encouragement to participate in activities while ensuring no-one feels guilty for choosing to opt out
- Seek feedback on activities when people are discharged.
- Employ an activities co-ordinator or give staff a specific role and time to plan activities with residents
- Arrange fund-raising for activities
- Allocate time for staff to arrange individual activities for patients or spend one to one time with a patient
- Seek volunteers to help run activities.