

healthwatch

Barking and
Dagenham



Enter & View Visit

**Morris Ward - Sunflower Court
Mental Health Assessment and
Support Unit**

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Introduction

Healthwatch Barking and Dagenham is the local independent consumer champion for health and social care. We aim to give our citizens and communities a stronger voice to influence and challenge how health and social care services are provided for people in the borough.

Enter & View is carried out under Section 186 of the Health and Social Care Act 2012. It imposes duties on certain health and social care providers to allow authorised representatives of local Healthwatch organisations to enter premises and carry out observations for the purposes of Healthwatch activity.

Authorised representatives observe and gather information through the experiences of service users, their relatives/friends and staff to collect evidence of the quality and standard of the services being provided.

To do this we:

- Enable people to share their views and experiences and to understand that their contribution will help build a picture of where services are doing well and where they can be improved.
- Give authoritative, evidenced based feedback to organisations responsible for delivering and commissioning services.
- Are able to alert Healthwatch England or the Care Quality Commission, where appropriate, to concerns about specific service providers of health and social care.

Healthwatch Barking and Dagenham carried out an announced visit to Morris Ward, part of Sunflower Court Mental Health Assessment and Support Facility. The unit is on the same site location as Goodmayes Hospital. It was decided to carry out the visit after issues were raised by some members of the public concerning the lack of activities to support people getting well and also the length of time some people were there.

We would like to thank the patients and staff for their views and assistance for the duration of our visit.

Summary

People from Barking and Dagenham are staying longer on the ward - those that Healthwatch spoke with from the borough had been on the unit for up to 4 years. It was suggested by a member of staff that blockages in the system are due to a lack of appropriate and available housing for Barking and Dagenham residents that access this service. It was suggested that the length of stay for residents from the borough was longer, compared with those from neighbouring boroughs who use the same service.

An area of concern was raised about the ward - that there weren't enough activities being organised for patients staying on the unit and that some areas of the unit could be better utilised for activity based purposes; for example exercise or gym work.

From some of the feedback received during the visit, it emerged that there could be a lack of the right staff being available to work with service users to support them with their chosen activities. This could affect their recovery.

It was agreed by the Healthwatch representatives that overall and from observations during the time that they were there; that this was a positive visit. However, in consideration of some of the feedback received from people using the service and some of the staff we spoke with; there are elements of it that could have an impact on the quality of the provision.

When representatives spoke with the people from Barking and Dagenham; they were each looking to progress to the next stage of their recovery. It was evident, from conversations with them; that this was due to work being undertaken with them by staff on the ward.

The visit coincided with the ward's Christmas lunch and there was quite a bit of activity happening; this included an organised pool tournament

Details of the visit

Morris Ward - Sunflower Court

Goodmayes Hospital,

157 Barley Lane

Ilford IG3 8XJ

Date: 18th December 2015

Enter & View Authorised Representatives:

Richard Vann - Lead Officer

Val Shaw - Enter & View Representative

Kim Christy - Support Worker

Purpose of the Visit:

To engage with and speak to service users and staff in the ward - to gain an insight and view about the service, how well it works for people and the work that is carried out to provide the service.

This was an announced visit - initially representatives were introduced to Dr Vincent Perry who answered some initial questions about Sunflower Court. We were then introduced to Gordon Muvuti, Operations Manager for Sunflower Court. Gordon gave further background and insight about the unit and the role of Morris ward as part of the services provided there.

Dr Perry escorted the representatives to Morris Ward - this is a secure unit. We signed in and were introduced to the Ward Manager, Tebogo Matlware-Moncho. Tebogo explained about security protocols and described the current set up of the ward. Her brief included an insight into the current wellbeing of individuals that were staying there.

Representatives were also introduced to the Lead Clinician for the ward - Dr Emmanuel Okoro - and were advised that the ward has a protocol to have 1 and sometimes 2 members of staff nearby whilst guests were engaging and speaking with people in the unit. This was advised to be for the safety and wellbeing of service users and guests.

Both Tebogo and Dr Okoro escorted representatives to the communal area of the unit. They showed representatives into one of the rooms that people reside in whilst staying there; to see the layout of it. They also sat in on discussions with some individuals.

The Organisation and Service Provider

According to current information on the **NELFT website** - Sunflower Court Mental Health Support and Assessment Unit have 11 wards that provide services for adult men and women presenting with different mental health support/care needs.

Morris Ward provides forensic mental health services for men. They are specialist services for people who have a mental health problem who have been arrested, who are on remand or who have been to court and found guilty of a crime. **‘Forensic’** means **‘pertaining to the law’**.

The following information is from the **‘Rethink Mental Illness’** website and explains the different sections under the Mental Health Act 1983 (revised 2007) that are used:

- **A person must need treatment in hospital. This must be the best thing for their health or safety or to protect other people.**
- **The criminal courts can use a section 37 of the Mental Health Act if they think someone should be in hospital instead of prison. A section 41 of the Mental Health Act is a restriction order. A Crown Court can add this order to a section 37 if they feel an individual is a risk to themselves or the public.**
- **The hospital can treat a person without their permission for up to 3 months.**
- **When discharged, individuals can get free aftercare services under a section 117 of the Mental Health Act 1983.**

Morris ward has 15 beds and is deemed to be a low to moderate secure facility. With an emphasis and focus on rehabilitation, it was evident that support and treatment is purposely intensive to assist individuals on their pathway to recovery.

It was noted in conversation with both staff and individuals, that the road to recovery is underpinned by target setting and timelines to support individuals to move forward.

Time outside of the unit is 'earned' in hours, based on how an individual's recovery is progressing.

The ward serves 4 boroughs - Barking & Dagenham, Havering, Redbridge and Waltham Forest. At the time of the visit, there were 14 people being supported and using the facility.

Staffing is maintained 24/7 and is split into shifts:

Mornings - 5 staff - 2 x Support Workers & 3 Qualified Nurses

Afternoon - 5 Staff - 2 x Support Workers & 3 Qualified Nurses

Nights - 4 Staff - 2 x Support Workers & 2 Qualified Nurses

It was advised during the visit that the ward has vacancies for 1 x Staff Nurse; 2 x Support Workers and 1 x Recovery Staff Support.

Representatives were told that the ward requires a permanent Occupational Therapist (OT) - it has been a struggle to recruit one, but it was advised that they are going to employ a locum to fill that gap.

The unit manager often has to employ the services of bank and locum staff. It was suggested that as continuity is an important factor for people using the service; seeing different staff is not the ideal scenario.

As a forensic ward, the decision to enable individuals to return and reintegrate back into society is made by the Ministry of Justice and is based upon an assessment by the ward doctor, of their readiness to move on.

Representatives visited some rooms. Each has its own toilet/shower facility, a bed and storage space for personal items. There is a safe to secure money and other personal items. Individuals are allowed to have up to £20:00 a day - this is dependent on what has been agreed with them in their assessment plan.

It was observed that the rooms had no fixtures and fittings that could be removed and is designed this way to protect people.

For people requiring a higher level of accessibility e.g. someone using a wheelchair - representatives were told that where adjustments are needed for an individual with specific requirements, the trust would need to know in advance to be in a position to put them in place.

We were told that staff working on the ward are trained to provide support with personal care. It was not clear to representatives how that might be provided for someone with a complex physical condition, with higher needs.

For individuals whose first language isn't English, representatives were told about a commissioned service called 'Language Shop' where the services of an interpreter can be accessed quickly, either by telephone or in person. Individuals that Healthwatch spoke with at the time of the visit didn't need this service.

Speaking and Engaging with Individuals

To gain a firsthand insight into how the service is working for local people, there were 4 residents from Barking & Dagenham in the ward who agreed to speak with the Healthwatch team.

It was advised - before speaking with them - that people from Barking & Dagenham who use this service, tend to spend much longer time staying in the ward, compared with people from the neighbouring boroughs.

It was suggested that the barrier to this, was the lack of housing accommodation available in Barking & Dagenham for when individuals are ready to move out of the ward and into the community.

Person 1

“Have been in the ward for 4 years and I should be leaving in the next few months.

I have been doing my own medication for the last 2 months; I take it in the mornings and after food. I get to see the Occupational Therapist part of the time and I have been learning to cook for myself. My choice of food could be better - pasta.

I use the computer, but there has to be enough staff available for me to do this. At the moment I am looking to do a 10 week computer course and I have been accepted at Hensley House.

Once a week I am escorted to the gym in Becontree. I also like to play snooker and I won the Pool Tournament today!”

Person 2

“Taking my own medicine and have been in the ward for 4 years.

I do my own washing and cooking - the food is good here; and some days I cook for 2 other people. I am happy here - I spent 2 years in and out of different places.

I am doing an IT course, and am part of a job group and a drug group. I enjoy gardening and carpentry.”

Person 3

“I was on another ward for 1 month before coming to this one.

My mum couldn't come to see me when she wanted to; she can come any time after 5pm usually, but I have arranged for mum to come at anytime now because she had an accident.

It is good to see the psychologist once a week - I have been in and out of the unit 6 times in 3 years.

Before that I was in Brazil and it was good. When I got back from Brazil, there was no continuity in the support for me from Barking Community Hospital - not good - they have been heavy handed with me.

When I was on the other ward, the medication was making me aggressive.

The Care Co-ordinator is good. I was part of a prevention group but relapsed. There was an anger management plan in place for me but it was not followed up. I was also given a personality assessment.”

During this conversation Dr Okoro added that there was a care co-ordinator and patient discussion before admittance about what could be done better.

There are community meetings every Tuesday and that patients are asked to feedback any suggestions they have and objections. He went on to say there was a clinical and family group once a month and that he holds separate meetings between himself and families too.

Person 4

“I have been on Morris ward for 2 years - when I was first admitted to the ward I was very over weight, not fit and not in a good place in my own mind.

I was introduced to a programme that is run at the hospital called ‘Coping through Football’.

It’s a project set up by 2 sporting charities that work with the NHS to use football as a way to get fit, make friends and start to feel confident.

From being involved with this, it has helped to transform the way I am and how I see things.

I have lost 7 stone in weight as part of the fitness regime in the project and currently play football twice a week with the aim for me to work towards moving back out into the community.

I have been offered the chance to play for a semi-professional football club and this has helped me to think about becoming a coach and getting my coaching badges. Where I go regular, my dad comes with me and it has brought us closer together.

One area where it could work better for me is that I am expected to arrive by a certain time and be ready to take part in training sessions.

This is a strict regime. The times coincide with the staffing handover on the ward and because I have to be escorted when I leave the unit, waiting for a member of staff to become available during this time makes me late - often by an hour. This leads me to getting into trouble with the coach and sarcastic comments from other players.

I am looking to move out sometime in January 2016.”

(During the visit, this issue was raised with the ward manager and a couple of other staff after speaking with this person. It was made clear that the staffing rota system wouldn’t be changed to accommodate timings for this person to pursue this initiative, even though it is supported by the trust as a partnership project)

Staff Member 1

Works on the ward as a Support Worker with their main role to assist and facilitate the qualified nursing staff.

They said they “do not administer any medication and that much of their time is spent engaging in one to one conversation and interaction with every individual they are working with.”

They form a firm working relationship with the nurse on their shift and it was considered that good communication was key to supporting each individual and each other in a positive team.

Staff Member 2

Has been a qualified nurse for a number of years and is very experienced.

Their role focuses on individual intervention, based on the care plan approach for individuals that they are allocated to care for and support.

They said they “do this with the close working relationship they have with the support worker.”

“At times when bank staff are needed on a shift, they are good to work with too.”

Representatives were told that “there is an open and verbal approach in this working environment” to encourage a positive ethic from the managers through to the team. When asked about a Duty of Candour, they said “this was a 100% in place and understood.”

Other Information and Feedback

During the introduction to the ward, representatives were given an insight and other information about the site:

- That there has been a substantial decrease in the number of local women (from all 4 boroughs) needing to access residential services at the facility. This has given rise to NELFT providing treatment in other ways, away from Sunflower Court. This might be in the community or at another facility.
- In the reception area at Morris Ward it was pointed out that there are a number of paintings on the walls. These are done by people who have stayed there.
- With health and wellbeing considered to be integral to the recovery process for people on the ward; there is no gym area and equipment in the immediate vicinity to support service users as part of this.
- It was advised that mental health professionals and nursing staff are leaving the service to work for agencies as the pay and flexible working opportunities are deemed to be better. This raises concern about loss of experienced staff.
- Representatives observed that the toilet facilities in the foyer of the main building were not kept very clean. The flusher was not working and there was no cleansing hand gel for visitors to use.
- People are assessed in the Psychiatric Intensive Care Unit (PICU) before being accepted on to the ward.
- The service is for people age 18 to 65, with some individuals aged 70+. It was advised there are indications that there is increasing demand for more services for older people.

- Healthwatch was told that individuals using the service can feel restricted and it was considered an important factor, in discussion with clinical staff, to join up and facilitate a link between individuals staying on the ward and their community services and networks.
- Representatives were advised that the low secure approach works well.
- It was advised by the Operations Manager that there is a strategic programme in place to improve services at Sunflower Court.
- People from Barking and Dagenham are staying far too long on the ward. It was suggested that blockages in the system are caused by a lack of appropriate and available housing.
- It was pointed out that this blockage occurs more frequently for Barking and Dagenham residents than it does for people from the other 3 boroughs.
- It was suggested that another member of staff was needed on the ward to assist in escorting individuals to take part in outdoor activities.
- There was concern that the information on the NELFT website about Sunflower Court was not up to date and that the content about the wards could provide more information for the public to access. It was noted, for example, that only health professionals are guided to direct contact details for the wards.

Conclusions

The people using this service from Barking & Dagenham that Healthwatch spoke with in Morris Ward were generally happy and satisfied with the support and treatment they received.

There are areas of the service where it was the view that some changes could bolster the quality of the support and put the needs of service users first by working more flexibly with in-house procedures.

The general atmosphere was settled and it was apparent that people were doing activities they wanted to do.

The rooms have good facilities for a private space. The design helps to keep them safe, although this could have access implications for people with more complex support needs i.e. people with mobility requirements.

People from Barking and Dagenham who access this service are staying on the ward longer, compared with residents from the other boroughs.

Feedback suggests that the issue having the biggest impact is the lack of housing/accommodation available in the borough, to support these residents to return to the community.

It was evident that the staff working on Morris Ward were positive about the job they do and those Healthwatch spoke with seemed driven by helping to support people to move on from the ward back into their community.

There are some parts of the service in the ward that lack staff resource. This is known to the management team and representatives were assured that measures were being taken to fill the vacancies.

Recommendations

- 1) Through partnership working between NELFT, The London Playing Fields Foundation and Leyton Orient Trust, the 'Coping through Football' project encourages individuals to participate in football, as part of their recovery.

The current staffing arrangements during shift handovers can have an impact on the time element for when individuals are expected to participate in activities in the community. This is because individuals on the ward are required to be escorted by a member of staff.

Consideration should be given, to look at ways to ensure individuals are fully accessing NELFT activities. When there are times when staff need to escort someone to an activity, the timings of that activity should be met for that individual so that they can fully participate.

The provision of a personal health budget, to pay for someone to escort a person - via the NELFT bank staff resource system for example - might be one option to consider.

- 2) Where an activity involves access to exercise facilities outside the ward, participants have to travel to places in the community whilst escorted by staff. A designated area with exercise and gym equipment for the ward could improve support for individuals' health and wellbeing
- 3) The length of stay on Morris Ward for residents from Barking and Dagenham is much longer, compared with those from other boroughs that access the same service. This is a barrier for those assessed to be ready to move on; due to a lack of available housing. The local authority responsible, for providing housing services, should consider working to finding a satisfactory solution to support residents from the borough who are assessed as ready to leave Morris Ward.

Response from Sunflower Court

*A draft copy of this report was sent by E-mail to the manager of Morris Ward, Tebogo Matlhwane-Moncho on 18th January 2016 - asking for comments and a response to our findings.

The one month waiting period has elapsed and Healthwatch Barking and Dagenham have not received a response.*