

Review of mental health services

Report of visits to in-patient, rehabilitation and day services

March 2016



Contents

1. Introduction	page 3
2. Our aims	page 4
3. Our method	page 4
3.1 Preparation	
3.2 Enter and View visits	
3.3 Day centre and self-completion patient Survey	
4. Findings: Part 1: Overarching findings	page 6
4.1 Our sample	
4.2 Staff	
4.3 Care plans	
4.4 Patient safety	
4.5 Discharge	
4.6 Activities for Caludon Centre inpatients	
4.7 Smoking	
4.8 Food and drink	
4.9 Under 18 admissions	
4.10 Comparisons to 2011/2012 findings	
5. Findings: Part 2: findings by ward or service visited	page 13
5.1 Caludon Centre inpatient services	page 13
5.1 Spencer Ward	
5.2 Westwood Ward	
5.3 Quinton Ward	
5.4 Hearsall Ward	
5.5 Fennel day service	page 21
5.6 Rehabilitation services - Hawkesbury Lodge	page 27
6. Conclusions	page 32
7. Recommendations	page 36
8. Acknowledgements	page 38
9. Response from CWPT	page 39
10. Appendices	page 47
- sample questionnaire and observation checklists	

1. Introduction

Healthwatch is the consumer champion for health and social care in Coventry. We give local people a voice - making sure that views and experiences are heard by those who run, plan and regulate health and social care services.

We are independent of services and decide our own programme of work. We have a statutory role including the right to request information and to get a response to our reports and recommendations.

The Healthwatch Steering Group set a strategic priority for 2015-16 to look at mental health services. The purpose is to continue to work to represent the interests of service users in the provision and redesign of mental health services. To follow up on previous recommendations regarding care within the Caludon Centre and concerns about the commissioning of children's and adults services¹.

In October 2011 Healthwatch (formerly Coventry LINK) carried out Enter and View visits to the Caludon Centre to look at in-patient activities and a report was produced of those findings². This was followed up with a progress report in November 2012³. Action plans to address recommendations were received from the Coventry and Warwickshire Partnership Trust (CWPT).

In 2012 further work was carried out to look at mental health care planning through staff and patient surveys and a report and recommendations was produced⁴.

Healthwatch undertook this review of in-patient, rehabilitation and day service because there have been significant changes and a restructuring of CWPT services including the introduction of "Care Clusters"⁵ and as a result of the intelligence Healthwatch gathers from patients and the public through outreach and NHS complaints advocacy work.

In November 2014 CWPT along with other services, signed the Mental Health Concordat, which is the 2014 Coventry Declaration on improving outcomes for people experiencing mental health crisis.

¹ [Healthwatch Coventry strategic and community engagement priorities 2015-16 \(July 2015\)](#)

² Activities provided for in-patients at the Caludon Centre: recommendations for service managers (October 2011); www.healthwatchcoventry.co.uk/mental-health-services

³ Follow up report on progress regarding activities for in-patients at the Caludon Centre (November 2012); www.healthwatchcoventry.co.uk/mental-health-services

⁴ Care planning for mental health service users in Coventry (February 2012) www.healthwatchcoventry.co.uk/mental-health-services

⁵ www.covwarkpt.nhs.uk/aboutus/patient-carer-information/adult/Mental%20Health/Mental%20Health%20-%20Care%20Clusters%203-8%20and%2010-17.pdf

2. Our Aims

Healthwatch undertook this piece of work in order to:

- Find out about changes made to inpatient and other mental health services and how these are working
- Gather patient perspectives on key aspects of care: activities, care planning, under 18 admissions, discharge
- See if recommendations from previous reports on activities and care planning had been addressed and changes embedded
- Check patient experience and gather views from patients and staff about what they think is working well and what could be improved.

3. Our Method

3.1 Preparation

We met with the Acting Director of Operations responsible for mental health services. He gave us an overview of the structure of services locally and an idea of what we should be seeing being delivered. We also learnt about further plans taking place over the next 12 months to improve patient activities and care planning.

3.2 Enter and View visits

A team of Healthwatch Coventry Authorised Representatives undertook a series of 'enter and view' visits to facilities run by Coventry and Warwickshire Partnership Trust (CWPT) in Coventry, to talk to patients and staff and carry out observations.

3.2.1 Visit schedule

Caludon Centre - inpatient Wards	Spencer - Female acute ward	18/09/15
	Westwood - Female acute ward	24/09/15
	Hearsall - Male acute ward	6/10/15
	Quinton - Organic ward (Dementia) mixed gender	6/10/15
Hawksbury Lodge	Mental health rehabilitation facility in Longford	14/10/15 (am) 15/10/15 (pm)
Fennel Day Centre	based at the Caludon Centre	8/09/15 - introductory meeting
		9/09/15 - full day
		20/11/15 - half day

3.2.2 Guided interviews

We undertook guided interviews with patient and staff on all of our enter and view visits. Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the patient or staff member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point.

We wore name badges to identify who we were and provided the hospital Matron with a letter of authority from the Healthwatch Coventry Chief Officer.

Samples of questionnaires can be found at appendices 1 - 3.

3.2.3 Observations

We made observations throughout the visits and made notes of what we saw around the ward/unit on an observations form (see appendix 4).

3.3 Day Centre and self completion patient survey

Our original aim in attending the Fennel Day Centre was to talk to service users and distribute a self-completion survey to gather information about in-patient experiences and discharge as well as day services (see appendix 5a). However, after our first visit it became apparent that very few of the service users at Fennel Day Centre had recently been in-patients and we changed the focus of our questions to ask more about the service received at the Day Centre (see appendix 5b).

We received two self-completed questionnaires from patients accessing services at Fennel Day Centre.

We made links with other organisations that support people with mental illness such as Coventry and Warwickshire MIND, Artyfolks, AIMHS. They distributed our self completion questionnaires among their service users who had been discharged from the Caludon Centre within the last 12 months. We received 7 completed questionnaires from Coventry and Warwickshire MIND services users (see appendix 5c)

4. Findings: part 1: overarching findings

4.1 Our sample

Overall:

- 25 people who were either in-patients, residents receiving rehabilitation or day hospital users at the time shared their views and experiences.
- 7 people who had experience of being an in-patient at the Caludon Centre and had been discharged within the last twelve months, returned a self-completed questionnaire.
- 14 Staff working across the different wards and CWPT services shared their views and experiences.

Whilst this may not be a large sample group the information gathered was consistent and therefore Healthwatch deems it fit for the purpose of making the recommendations.

4.2 Staff

Staff in all of the inpatient wards, Hawkesbury Lodge and in Fennel Day Centre, told us that morale was very low and described feeling overstretched and frustrated. They also told us how dedicated they were to their work and to the safety of patients.

Our conversations with staff highlighted that staff do different shift patterns. 3 Caludon Centre staff told us that when they are working a long shift (7am-7.30pm). Other staff made reference to some staff doing long shifts. Staff said they Some staff indicated that they did long shift because they preferred this pattern of working. Staff should have a 15 minute break in the morning, half an hour at lunch time and a 15 minute break in the afternoon. Staff across all services told us that they rarely get their allocated morning and afternoon breaks due to staff shortages.

A longstanding staff member at the Caludon Centre, told us that the lack of progression opportunities for nurses was causing problems with staff retention. They commented that many staff reach band 5 and leave the ward environment to go and work in community mental health where there is a shortage of band 5 staff. They added that mental health nurses are not provided with enough opportunities to progress their careers.

4.3 Patient safety

Patients feel they need more control around security in their own rooms to prevent things going missing. One patient told us that things had gone missing from their room and believes that other in-patients have taken them. They had reported these incidents to staff.

From the self-completion questionnaires all but one person said that they felt safe on the ward and that they felt able to ask for help from staff on the ward. The majority of questionnaires we received indicated that the recently discharged patients had felt the standard of care received on the ward and the overall quality of the ward environment was **"good"**.

4.4 Care plans

Whilst staff told us that patients are involved in their care plans and asked to contribute, the patients we spoke to and questionnaires we received from patients showed that they did not feel they had enough involvement in or awareness of their care plans.

Patients told us that that they had seen a care plan but that things were added to it without their involvement and they were then expected to agree to sign it. Patients also told us that staff did not take the time to chat to them but said that they did feel able to ask questions of staff.

One comment received from a recently discharged patient said of care planning, *"did not have much involvement, staff wrote it and I did it"*.

Most of the patients we questioned seemed to think that "care planning" related to medication and appointments with their doctor rather than their care and support package as a whole. Patients were not able to confirm how often their care plan was reviewed and not all were able to recollect being asked to sign one.

All of the self-completed questionnaires received, indicated that clients were aware that they had a care plan but had very little or no knowledge of what was included in it.

Patients felt that they needed more involvement in their care plans and needed to be better informed about what options and services were available to them.

Caludon Centre staff told us that initial care planning consists of a 72 hour assessment in which staff make observations when the patient arrives on the ward and talk to the patient and their family or carers in order to formalise a care plan for each individual. Risk assessments and reviews are carried out regularly or if staff notice any changes in a patient's condition.

Staff also described that patients are asked if they wish their family to be involved in their care plan and how much. They are asked to sign in agreement but some refuse if they are very unwell. We were told that women tend to want their families less involved in their care plan and tend to like things to be kept private.

4.5 Discharge

Patient's experience of discharge was varied. Most felt that it needed to be better organised and planned.

Staff told us that there are regular problems with discharge and that many patients spend up to 3 months longer on the in-patient wards than they need to. This is because once patients become well it takes a long time to find them suitable housing to move to if they are not able to return to live with their family or due to debt issues meaning that they cannot return to the home they lived in before being admitted .

Staff said that they have some relationships with housing associations but they do not have space. They also told us that these links need to be improved and strengthened to enable a smoother process when patients are ready to be discharged.

On Quinton ward staff told us that their biggest concern is lack of beds. Many patients spend longer on the ward than they need to whilst they are waiting to be moved on e.g. one patient came onto the ward as a short stay patient and was ready to move to a care home. However, the patient remained in hospital for a further 6 weeks while the care home was carrying out refurbishment.

Staff described examples of patients leaving hospital and needing to be housed through Coventry City Council. Staff and patients were told that nothing can be arranged prior to discharge and the patients have to go to the council offices and declare themselves homeless before they can be re-housed. Staff expressed their concern over this issue and said that they do not want to let vulnerable patients leave without knowing that they are going to have somewhere to go to once they are discharged. One staff member commented that *"people recovering from acute mental illness will not cope well with stressful situations such as this"*.

Staff said *"we see patients get well enough to leave and then watch them deteriorate because they don't want to have to stay here when they get well and it has a negative impact on their mental health"*.

Our self completion questionnaire asked about people's experience of hospital discharge. Again the response was varied. Half expressed that they felt that it was poor and said that they did not think it was well planned or that they had enough involvement in the process. The other half felt that their discharge was good. Experience varies between wards.

4.6 Activities for Caludon Centre inpatients

We were informed by staff and senior management that they are in the process of recruiting 10 Activity Co-ordinators and had 7 in post at the time of our visits. Healthwatch's findings are to further inform the work already underway.

We found that some issues we had encountered in previous visits to look at activities remain:

- Use of outside space
- Use of Gym equipment
- Consistency of activity programme

- Availability of activities at the weekend

Ward staff said it was difficult to incorporate activities into the daily care as nursing staff on the ward spend a large proportion of their time observing patients and care planning. They also told us that many of the patients are too poorly when they first arrive and do not want to talk about activities or what interests them.

One of the Activity Co-ordinators told us that she will be flexible about what activities they can offer on the wards and would like to see activity co-ordinators visiting the wards at weekends, rather than only during the week. All of the patients, staff, including one activity worker that we spoke to, felt that there needs to be a variety of activities available every day including weekends.

We observed that there was a lack of stimulating activity and need for more regular meaningful and stimulating activities across all the Caludon Centre wards we visited. Staff and patients who had spent several months on the wards, told us that there are not enough activities provided on the wards to keep patients occupied and prevent them becoming bored.

Two of the patients who had been on the ward for many months, told us how they preferred it when there were dedicated activity workers on the wards.

Another patient we spoke to had been there for just a few weeks and said "*There is nothing to do, it is boring*".

Staff on wards told us that they are not able to access equipment to provide the same activities as the activity co-ordinators provide as they do not have a key to access the cupboard where equipment is stored. Staff also told us that they do have a small budget to purchase equipment for activities but this is not enough.

Suggestions from patients for activities included:

- Cooking sessions (patient had done these previously but they had stopped)
- Opportunity to learn, perhaps via on-line courses such as literacy, numeracy or IT skills.
- Exercise
- Activities involving music.
- Pampering sessions i.e. facials, hair styling, massage (suggested by female patients).
- Singing and praising.

In the Caludon Centre we were told that doors to quiet rooms and gardens were left open but when we were shown around the wards, doors to communal areas and gardens were locked during our visits and had to be opened by staff. Managers informed us that gardens have controlled access as patients must be visible to staff at all times.

Courtyards and gardens used by ground floor Caludon Centre wards were not being tended. We were told by staff and patients that many patients were '*being caught*'

smoking in these areas so access to outside spaces was then being restricted for non-smokers as well as smokers. Smoking cessation options were being introduced and encouraged by staff but were not well received by the majority of patients. We did not see or hear any evidence of upstairs wards using the gardens.

A link on the CWPT website⁶ stated that the outdoor gym equipment was made accessible to all patients via a timetable on each ward and sessions held by qualified staff. Patients on all wards told us that they do not have access to the gym equipment.

We did not see any evidence of timetables or staffing having been put in place to enable or encourage it to be used or any future plans for this to be implemented. It is widely reported that access to outside space and physical activity are good for recovery.⁷

We were told by several members of staff that some activity workers left because they were being moved from ward to ward, therefore activities were only being delivered for a few hours on 2 days per week per ward and recruitment has been going on for longer than originally planned.

4.7 Smoking

CWPT premises were made smoke free zones in July 2015 in line with all NHS buildings. We were told that visitors and patients are meant to go off site to smoke but during each of our visits we saw people smoking outside the main entrance and were told that patients regularly sneak outside for a cigarette near the front of the building and in the gardens or courtyards. It was clearly difficult for the staff on the site to enforce.

Managers told us that Caludon Centre patients should not have access to lighters/matches and smoking materials and that it was myth that people who were acutely mentally ill want to smoke more.

The majority of staff told us that patients are likely to want to smoke more when they are experiencing mental distress. Although giving up smoking is better for the patient's health, preventing smoking during times of mental ill health merely adds to the patient's anxiety and creates tension between staff and patients. Patients were frustrated with the smoking ban, they said that they sympathised with the staff who were having to enforce the smoking ban and encourage reluctant patients to use smoking cessation methods.⁸

⁶ <http://www.covwarkpt.nhs.uk/media/virtual-tours/caludon/gym.html>

⁷ www.mind.org.uk/information-support/tips-for-everyday-living/physical-activity-sport-and-exercise/#.Vlg82_L_uHA; www.nhs.uk/conditions/stress-anxiety-depression/pages/mental-benefits-of-exercise.aspx

⁸ www.gov.uk/government/publications/smoking-cessation-in-secondary-care-mental-health-settings

Staff also said that the smoking ban on the entire site is not effective. Patients still smoke within the grounds or in a neighbouring road if they are allowed to go off site.

Patients interviewed, who were non-smokers, spoke about patients smoking in their rooms causing problems as “*things kicking off*”. We were told on every ward by staff and patients that the gardens are being locked to prevent patients smoking in the garden.

4.8 Food and drink

We received a mixture of views about the food provided at the Caludon Centre. The majority of patients said that they were happy with the food or that it was “ok”. Patients on Westwood Ward had a more positive opinion of the food and told us that it was “very good”. They especially enjoyed the cakes in the afternoon.

In order to avoid interrupting protected meal times we did not focus many of our questions around food. As we were not on the wards during meal times we were not able to establish whether different wards were given different food.

The ordering of meals appeared to vary by ward. Some people told us that they order their meal the day before. Others told us that they order their meals in the morning for each day.

Many of the patients we spoke to had been an in-patient for several weeks, some had been there for several months. Patients told us that the food was adequate but a little boring, owing to a two week menu cycle which becomes repetitive after the first couple of months. Some patients told us that there was not enough choice.

Patients and staff told us that patients have access to a hot or cold drink throughout the day. They can help themselves to squash and water. A hot drink trolley is brought around offering hot chocolate, tea and coffee but patients can request a hot drink at any time.

Patients told us that they felt confident that staff would ensure they were provided with a meal if they had to miss lunch or evening meal for any reason.

4.9 Under 18 admissions

Coventry and Warwickshire Partnership Trust does not provide tier 4 inpatient mental health beds for children and adolescents. These services are commissioned by NHS England. Issues have been highlighted about the availability of tier 4 beds for children and young people from Coventry and Warwickshire and this can lead to young people having to go to alternative locations for treatment. Healthwatch Coventry has been asking questions about this over the last year and we therefore included some questions about how young people who may, by necessity, be treated in Caludon Centre wards are supported and safeguarded.

We spoke to staff on all of the acute wards at the Caludon Centre about how under 18 admissions are dealt with and what procedures would be followed. All staff told us that it is very rare to have a young person admitted to a Caludon Centre ward. On the rare occasion that a young person was not able to be located a bed by CAMHS (Child and Adolescent Mental Health Services) there would be additional staff on the ward to cater for this person. Young people are allocated a staff member who remains with them throughout each shift.

A staff member told us that visiting times are looser for young people so that family can visit more frequently.

4.10 Comparisons to 2011/2012 findings

4.10.1 Inpatient activities

Our previous reports⁹ looking at inpatient activities identified issues regarding:

- getting the outside gym up and running;
- activities at the weekend;
- access to equipment for activities on wards.

In 2012 we were told that music groups were being run and that plans were in place to introduce Zumba classes, circuit training, a mobile library, as well as access to equipment for activities during weekends when activity workers are not working. We did not see or hear any evidence of these.

During our 2015 visits we established the same issues are still current. There was no evidence that activities had developed. Patients and staff expressed that there was less access to activities since there is no longer an activity worker per ward and there still no activities at weekends.

In 2012 we were also told that there would be improved internet access so that in-patients could make contact with outside in order to arrange accommodation and prepare for their discharge. This has not been implemented.

4.10.2 Comparisons to 2013 report on care planning

In 2013 we produced a report and made recommendations in relation to Care Planning¹⁰.

After looking at the information we gathered about care planning through our surveys this time we should have included more questions relating to care planning in our surveys. However, our findings in 2015 reveal that there is still a lack of

⁹ *Activities provided for in-patients at the Caludon Centre: recommendations for service managers* (October 2011); *Follow up report on progress regarding activities for in-patients at the Caludon Centre* (November 2012); www.healthwatchcoventry.co.uk/mental-health-services

¹⁰ *Care planning for mental health service users in Coventry: Recommendations* (February 2012) www.healthwatchcoventry.co.uk/files/CoventryLINK_MHCare_planning_report_Feb13.pdf

clarity around care planning and care planning is not consistent across wards or other CWPT services.

Patient's experiences of care planning and staff accounts of their care planning relating to activities, show us that there is still work to be done in this area as comments indicated that activities are still seen as separate to rather than part of care plans. Ensuring that what is included in care planning is consistent, reviews are carried out at regular intervals and staff are properly supported to ensure that these processes are being followed remain important actions. Communication with patient about care plans also seemed to be an issue.

5. Findings part 2: Findings by ward or service visited

5.1 Caludon Centre - Spencer Ward

5.1.1 About the ward

Spencer is an all female acute ward but with the potential to be a mixed ward as it is larger than the other wards. We spoke to staff about how they would facilitate this change if they needed to accommodate male patients on the ward. Staff explained that there are two wings to the ward and it would be possible to separate the two areas and keep the male and female patients separate. More staff would need to be brought on to the ward to facilitate this.

The ward was changed from a mixed ward to an all female ward a year ago when the CWPT services were restructured and as yet they have not needed to accommodate any male patients.

We were shown around the ward and into one of the unoccupied bedrooms, all rooms have en-suite shower rooms. We noticed that the windows all around the ward were very dirty on the outside, so much so that it obscured the view.

There was rubbish strewn around outside in the garden.

5.1.2 Patients told us

Patients said how not having access to their usual cosmetic treatments to deal with facial hair was causing them some distress. They said they would value having a service where this was provided on the wards as a pamper session including waxing, hair styling and similar facilities. We were told by staff that these things can be brought in by relatives for them to use, such as hair removal creams and battery operated shaving devices.

One patient we spoke to was being provided with rip proof clothing. She would like to have more frequent changes of clothes and for the clothing to fit better. She said *"when I walk around everyone can see my bottom"*.

One patient said that agency staff who were meant to be observing patients during the night were often seen sleeping when patients had woken during the night.

A patient told us that personal items have frequently gone missing from her room and that security needs to be tighter.

Patients said that sometimes there were conflicts during family visits and that they feel staff need to better monitor these visits and communicate better with them to reduce conflict. One patient told us that she had said that there were times when she may not want to see her relatives but staff allow them to visit.

A patient also gave an example that she had asked staff not to tell her mother when she was having a bad day, but then was angry because she overheard the staff telling her mother about how she had been that day. She felt this was a breach of her privacy and was angry that her request had not been listened to or adhered to.

5.1.3 Staff told us

Staff described the sense of satisfaction they get from seeing patients making a recovery and feeling proud that they were a part of that 're-enabling' process.

A staff member told us that there are 'community meetings' held daily on the ward to inform patients and staff about what plans there are on the ward and what activities are available. They also told us that staff on this ward are usually female. There is a chance that occasionally a male member of staff would cover the ward but they try to avoid this.

A staff member told us that they liked working on this ward. They had worked on other wards and generally find that women have more complex issues and their behaviour and issues that they present with are usually different from those of men e.g. there are more women than men who will self harm and staff have to manage the risks when those patients are on the wards and reduce access to sharp objects and other items which have cords or wires with which patients could harm themselves, therefore patients do not have televisions in their room and can watch television in the communal lounge.

Patients are allowed to have mobile phones on the ward but when they need charging this is done in a locked room; again this is so that patients do not have access to cords or wires with which they could harm themselves.

Patients said that they liked going in the garden but would like to see it being kept tidy.

5.1.4 Activities

We were told by staff that doors to most communal rooms are kept open and the door to the garden is kept open so that patients can move around the ward. However, when we had a tour of the ward all doors were locked and staff had to open them with a key. The door to the garden was located through the main communal lounge. This door was locked and we were told this was because patients had been sneaking out there to have a cigarette.

We were told that the doors are open in the evening when there are more people around and it is easier to see what is happening around the ward. At the time of our visit a few patients had been able to go out on home leave and the ward was quiet.

There were pictures and writing on walls, positive messages and slogans for patients to read. Patients were involved in doing these drawings on the walls and this is still being done around the ward. The lead nurse told us that she worked hard getting permission from management for them to be allowed to write on the walls, she also showed us a drawing of a train being done on the wall in a room referred to as "the family room". This room was used if children were visiting their relative, we only saw this on Spencer ward.

We saw that there was an activity room and were told that there was a design activity taking place. During our visit we only saw two patients spend a few minutes in this room.

We were shown around the ward and saw that there were books, colouring pencils, jigsaws and games available in the room referred to as the library. This room looked welcoming and comfortable. We were told that patients like to use this room to take visitors when they come in. We did not see anyone using the garden during our visit. We observed patients using the television room and wandering around the ward. Patients told us that they were bored.

All three of the patients we spoke to told us that they looked forward to the movie night on Fridays. The lead nurse had introduced this a few weeks before our visit. Staff and patients said that they get together and put £1 each towards some drinks and snacks and choose a film to watch. This gives them something to look forward to each week.

5.2 Caludon Centre - Westwood Ward

5.2.1 About the ward

This was an all female acute ward. On the day of our visit we were told that the ward was a bit unsettled so we decided to sit in one of the offices and patients and staff came to speak with us there.

The Ward Manager told us that she was temporary and she divides her time between managing Oakwood Centre in Nuneaton and the Caludon Centre.

We felt that there was a lot of pent up frustration among the patients on this ward

5.2.2 Patients told us

Patients asked why they are not allowed to use the outside gym equipment, which is available to those on another ward. They also expressed that they were finding it difficult to adhere to the smoking ban because they were bored and want to smoke more when there is nothing else to do.

Patients told us that they were feeling bored and frustrated. One patient told us that she feels like she is being punished for being ill and that it is like being in prison. She said *"I have not committed any crime"*

"There are not enough activities to do, just arts and crafts. I would like to do some things involving music like a karaoke night, exercise or games on the X-Box".

One patient preferred to spend time by herself doing crosswords and reading because the activities offered on the ward did not appeal to her.

One patient told us how good the staff were on the ward and that she had come a long way in her recovery since arriving on the ward three months previously. This patient was about to go on her first weekend home and said that staff have supported her to reach a point where she felt able to go on home leave.

Patients felt sorry for the staff who were having to enforce the smoking ban and patients were *"kicking off"* because they are not allowed to smoke in the garden and some patients were not allowed off the ward to smoke due to the level of their section (Further information regarding levels of mental health section are available online¹¹).

5.2.3 Staff told us

We spoke to a health care assistant who said that she provides hairdressing and will wash and dry and style hair for the patients if they wish. She will also paint patients nails and do art activities with them. We asked how patients and staff are made aware that this facility is available and were told that she puts a sign up to tell people what is on offer and many of them know that she will do these things with them.

We were told that male staff sometimes get harassment from the female patients and patients display inappropriate behaviour towards them. We asked a male nurse how he felt about this, he said it can be difficult at times but he felt it was important to have male staff on a female ward as he had found that some of the women prefer to talk to a man.

¹¹ www.rethink.org/living-with-mental-illness/mental-health-laws/mental-health-act-1983/sections-2-3-4-5

We also asked what the procedure would be if a female patient expressed that they would find it distressing to be around men. We were told that staff would ensure that only female staff dealt with that patient but that they have rarely encountered this issue.

Staff we spoke to felt that the ward needed a full time manager and told us that staff morale was low.

5.3 Caludon Centre - Quinton Ward

5.3.1 About the ward

This is the organic assessment ward which assesses patients who may have early signs of dementia. The ward used to care for patients with mental ill health due to a brain injury but has not had anyone on the ward in the last year with a brain injury.

The ward is a mixed sex ward with separate corridors for male and female rooms. On the day of our visit there were 10 male and 6 female patients. Some staff felt that having mixed wards was better as long as this is well managed. Others felt that the ward would be easier to manage if it was single sex as communal areas are mixed and they have to keep the female patients from wandering down the male corridor.

A staff member told us that people are often admitted to this ward if care arrangements have broken down or have changed e.g. if a person began to develop symptoms of dementia and was in a care home that was not able to cater for residents with dementia. They would be admitted to the ward for assessment and remain there until a suitable care home place could be arranged.

We were told by staff that 2 doctors do ward rounds every week. We observed a doctor carrying out a ward round and assessing patients during our visit

5.3.2 Observations

The ward had a relaxed and friendly atmosphere and staff told us that they enjoy working on the ward. Some staff had worked on other wards and expressed a preference to working on Quinton Ward. We observed patients wandering around the ward and chatting to other patients and staff. The staff were happy to talk to us but were frequently called away to attend to patients.

5.3.4 Activities

During our visit we heard a music activity taking place, after the session the activity co-ordinator spoke to us and explained that they visit the ward twice per week to do activities and have meetings with patients every week to talk to them about what activities they would like and to draw up a table of what they will be doing. She said that often patients will say they want to do a particular activity but on the day they decide not to join in. If they are there and no one takes part,

they will talk to patients again and try to put on an activity that they will take part in e.g. a music activity could be organised and patients decide they would prefer to do some painting.

There were puzzles and games attached to the walls in the corridor, such as noughts and crosses, games with numbers and beads. We did not observe anyone using them but thought this was a good idea as a way to provide patients with stimulating activities.

Most of the patients were sitting in a communal television lounge but the television was not switched on. A doctor was doing a ward round and checking patients who had swellings or injuries. We observed the doctor talking calmly and clearly to patients and asking their permission before assessing them.

5.3.5 Staff told us

A major concern for staff was that due to the time taken to discharge, some people with less progressed dementia have to spend longer among patients with more progressed dementia and this has a detrimental effect on them. Staff have noticed that patients can get frustrated being on the ward for longer, this can cause patients' condition to deteriorate and staff have also then had to deal with challenging behaviour. This also has a knock on effect on bed availability for new patients needing to be on this ward.

The average age of patients on this ward tends to be older and at the time of our visit the youngest patient was 61 years. We were told by staff that they are able to have patients with early onset dementia and they would be younger than the average patient on the ward, however, this is a rare occurrence and patients are usually over 60.

5.3.6 Patients told us

We spoke to three patients and it was difficult to hold conversations with them due to their confusion. However, they were able to express that they were happy and felt safe on the ward and that the staff look after them well.

We observed patients chatting to each other and looking happy and relaxed while talking to staff.

5.4 Caludon Centre - Hearsall Ward

5.4.1 About the ward

This was an all male acute ward. We did not see many patients around, but were told there were 20 on the ward.

We were told by a staff member that there was a shortage of qualified nurses, which was having a negative impacting on the other staff on the ward.

5.4.2 Activities

The Deputy Manager told us that main issues he is experiencing are staff shortages, especially of activity workers. He was hopeful that more activity workers will soon be recruited.

Staff felt that until patients have the opportunity to work with the same activity worker and build up a relationship, finding out each patient's needs etc, it is hard to judge what activities are most popular. Three of the patients told us that they chose not to do activities; they also told us that the only activity they were aware of was arts and crafts.

Staff and patients alike expressed that arts/crafts activities didn't suit everyone. Patients said they would like to have access to the Internet, but understood that this could be difficult for staff to monitor.

Patients told us that they would like to do walking activities but that there are not staff available to support this. They also said that the activities take place with the activity co-ordinator on Tuesdays and Thursdays. Patients have seen activities such as clay modelling, painting and *"mostly arts and crafts which I am not interested in"*.

The outdoor gym equipment is located in the courtyard on Hearsall Ward. We were told by staff and patients *"it does not get used"*. Sometimes people said that they have been out there but not used the equipment because they are not sure how. One patient who had been on the ward for 2 weeks told us that they like sport and keeping fit but had not been made aware that there was an outdoor gym available for him to use.

We did not see any timetables on any of the wards for using the outdoor gym equipment and the patients and staff were not aware of any timetable or feel that they were competent in the supervision of patients using the equipment.

We saw a display board in a corridor; it highlighted activities including the use of a sensory Garden. Then we looked out in the garden, which looked to us like it had not been tended for some considerable time. It had a greenhouse, bedding areas and a shed. We were told by staff that volunteers, patients, family and companies helped to set it up. This could be a great resource - opportunities for patients to sow seeds, generally garden or just enjoy sitting outside. It did not appear to be anyone's responsibility to look after the garden.

Staff said that the activity timetable is "strange" and that because different activity workers come onto the ward there is no "bonding" between patients and workers. Staff said *"activity workers are not on the ward as often as is desirable"*. Patients did not feel there was enough available to keep them occupied.

There was one patient in the activity room during our visit.

5.4.3 Care planning

The ward manager said that the 20 patients on the ward are split into 3 groups and their care reviews are split over 3 days, Monday, Tuesday and Thursday.

A staff member told us that care planning consists of an initial 72 hour assessment and then a formal care plan being written and regular reviews working with the patient, a doctor, psychologist and nurse. They did not answer our question about how they encourage patients' involvement in their care planning.

5.4.4 Patients told us

The patients we spoke to who were non-smokers, told us that patients smoke in their rooms and said that incidents are regularly "*Kicking off*". They particularly expressed sympathy for the staff who were having to enforce the ban.

Patients expressed that they get frustrated with being on the ward. One patient said "*I'm treated like a prisoner*" and told us that they are only allowed outdoors for one hour at any time, they describe the ward as being too regimented.

Patients told us that the food on the ward was "ok" and that drinks are always available.

Some of the patients we spoke to told us that they were not aware of having a care plan. One patient told us that they have a conversation with a named nurse every week, a meeting with a doctor and also a weekly session with a psychiatrist and are "*happy with the arrangements at the moment*".

There was communal room with a television, one patient said he likes to watch "*Match of the Day*" but that there was an argument about what channel to watch.

All patients questioned said that they felt safe on the ward and that they felt able to ask staff for help.

5.4.5 Staff told us

Staff expressed that shortages of staff was having an impact on staff morale.

Staff were finding it difficult to implement the smoking ban. During our visit we observed staff trying to calmly reason with a patient who was pacing the ward and repeatedly calling out "*I want a smoke*".

We were told that staff have noticed there have been more conflicts between patients on the male wards since they were changed to single sex wards and also since the smoking ban was implemented.

5.5 Fennel Day Hospital

5.5.1 About the unit

We held a meeting with the ward manager, so that she could explain the structure of the service and what happened on the ward on a usual day.

Service users can attend the day centre up to 5 days per week. The Ward Manager told us that this is flexible and patients are under no obligation to attend. Days can be arranged around their other commitments e.g. one person attends a therapy group elsewhere on Tuesdays so attends the day centre for the rest of the week. Attendance is reduced gradually over the 6 week period and this can be extended if the staff assess that someone needs the support of the day centre for longer.

Fennel operates as a day hospital providing alternatives to admission to acute mental health services.

We carried out two visits to Fennel to make observations. On the first full day visit we spoke to 7 of the 15 patients and 3 staff members. On our second half day visit we spoke to 6 of the 8 patients.

Following our first visit to Fennel, Coventry AIMHS (a mental Health Service User group, which has a place on the Healthwatch Steering Group) have now started to deliver a group on Thursday afternoons called "confident me" which staff told us has been working well.

We noticed that there is a hair salon available on Fennel which is now being used as a storage space. We were told that there are no current plans to make use of this facility and that is used to be run by an outside provider for patients who had dementia.

5.5.2 Day programme

We arrived at 09.45am and stayed until 3.00pm so that we could observe what happened throughout the day. Service users began arriving shortly after us. Some came in on hospital transport and others made their own way in via public transport.

The day began with a 'community meeting' at 10.00am. This consisted of service users and staff sitting together at the start of the day. The lead nurse introduced what was planned for the day and introduced us to the group.

At 10.30am there was a group session about managing anxiety.

At 12.15pm the group stopped for lunch of sandwiches, fruit and yoghurt, which was provided for them.

At 1.30pm there was a healthy lifestyles group session. A pharmacist who specialises in mental health medication came as a speaker.

AT 3.00pm the group ended and some service users were taken home on hospital transport.

5.5.3 Our observations: first visit - full day

We observed that there were not enough staff to ensure that the differing needs of those accessing the day service are catered for. The centre is currently only able to deliver the service to up to 17 service users due to staffing levels and would be able to take up to 33 people if they had full staffing.

The Ward Manager told us that there are currently one manager (band 7), two deputies (band 6), five qualified nurses (band 5) and three support workers (band 3). Recruitment has been taking place and new staff are due to start; Three qualified nurses are due to start on 23/11/15 and two psychology specialists. The manager said that some staff were off on sick leave and had been off for a long time.

Group sessions were being delivered to all 15 service users who had differing needs. One service user had anger issues and was finding it difficult to sit in the group sessions and concentrate on what was being said. This service user frequently got up and left the room or called out inappropriate comments. This was disruptive to the others in the group and to the staff conducting the session. Staff explained to us that if they had enough staff to deliver two separate groups this would mean that some members would be in a separate room in a session better suited to their needs.

Service users appeared bored. They were not engaging fully with the group sessions. Some service users expressed that they were feeling frustrated. Staff put on a CD which played a man talking about how to cope with anxiety. We felt that this was pitched at a level which was too difficult for most of the group to understand. There were lots of disturbances in the room during the session, the door was frequently left open onto the corridor and there was a lot of noise from the corridor and rooms outside. People were going in and out and being beckoned through the windows by staff. This disruption was making it impossible for the group to concentrate.

We suggested to the staff that something visual should be delivered as part of the session rather than expecting the group to sit still and listen to a CD which required a lot of concentration and a high level of intellect. This would not work for someone in the group whose first language was not English or who had a hearing impairment or learning disability. We did not feel that the session was inclusive.

In the second group session in the afternoon some service users left the room and wandered around in the corridor or went outside. Around half of the service users stayed to listen and asked questions. Most of the group appeared to be restless and were finding it difficult to concentrate and engage with the session.

5.5.4 Our observations: second visit - half day

Our second visit was from 10am - 1pm - We made observations and spoke to five of the eight service users.

Our visit began with a meeting with the Ward Manager who was pleased to inform us that she has been given authority to recruit and four new qualified (band 5) nurses have are due to start work during November and December. The Ward Manager was very pleased and said she is excited about the difference this will make to the services they deliver.

The theme for the group session was recovery. Eight patients attended and three staff were present. The session was led by the Ward Manager who encouraged the group to share their opinions, thoughts, ideas and feelings about their personal recovery experiences.

The group engaged well and all but one person participated. The person who was not participating told us that he was not feeling well and was tired. The session was energetic and lively. However two people left the group for a short while and commented that they were bored, they then returned after few minutes later.

The session ended with a communal lunch. Sandwiches were provided every day and on Friday's the patients had a choice of a hot meal or sandwiches, fruit, cakes and biscuits and hot drinks and everyone eats together, service users, nursing staff, office staff and everyone involved with the ward. During our visit, which was on a Friday, they had pizza and chips, along with different types of salads. We observed that the atmosphere was very friendly.

Two of the three people interviewed had recently been an in-patient at the Caludon Centre. All spoke highly of the support they have received from staff in the day centre.

Prior to lunchtime there was a quiz where everyone put their name on a blank piece of paper and then passed it to the next person. They then had to write something positive about that person and then pass on again and again until the paper returned to them. They were then asked to read out about what others had written about themselves. Their reaction was very pleasing to know that others had thought favourably about them.

5.5.5 Service users told us:

- Service users told us that they feel safe at the day centre.
- Service users described the groups as boring and repetitive.
- They like the staff and see that they are trying hard to provide a service.
- They feel that the service needs to be less generic and catering more for people's different needs and interests.
- Those using the day centre told us that they like attending the Centre because it gets them out of the house and mixing with other people. However, when they get to the centre the services available to them are not meeting their needs.

- They feel that staff are very supportive and are doing the best job they can with the few staff they have available.
- More choices/ variety of support need to be available in order to cater more for people's differing needs.
- They told us that they feel let down by local mental health services and not supported enough to enable them to recover.
- One person expressed that they were frustrated as they had already done the anxiety management session before.
- Another service user said they go there because there isn't anywhere else for them to go for support with their recovery.
- We were told by one service user that they can see a doctor, professor and a psychiatrist as well as attending groups but that they felt there needed to be more one-to-one talking sessions
- They expressed that they do not feel confident that the support they need will be received from community mental health services when they are discharged from the day unit.
- They felt that going to the day centre gave them something to get up for in the morning and structure to their day.

Quotes from service users:

- *"6 weeks is not long enough, I am being discharged next week and I do not feel any better for having been here".*
- *"There are not any other options other than sitting by myself at home and feeling suicidal".*
- One service user who lives alone said *"It is better to be here around other people than to be by myself."*
- *"It is good that we have the day services and they give us lots of information, but it could work better in a different way. I don't feel that the group stuff is working. I sometimes feel that it is too intimidating to talk in front of the group. Groups need to be smaller and I need more one-to-one help"*
- *"I used to come here 5 days but this was reduced to 4 days from last week. I will be discharged in a couple of weeks and don't know what I will do then."*
- *"Sometimes there are too many people so I just go along with things and don't speak out. Everyone's needs are different and not being met".*
- We spoke to one person who had been a service user but has since been discharged and now volunteers at Fennel. They told us *"I received lots of support when I attended day services for 13 weeks at Willow View before services were restructured and moved to Fennel Day Centre."*
- *"before joining the group I considered suicide and felt that I was a burden to others. Staff supported me with my concerns."*

- *"It is good for meeting new people in a similar situation to myself that I can talk with. It is different and more helpful here than other services I have been to before".*
- *"I was grateful to come to the day centre as an alternative to being admitted to hospital. I feel that I have benefited from being in the group"*
- *"I have been told I can go to the day centre until after Christmas as this is a particularly bad time of year for me."*

5.5.6 Staff told us

"There needs to be more activities for the service users because they really need it to keep them well and out of hospital"- This was expressed by staff and service users.

There was a view that there needs to be more day centres as some patients travel for over an hour to get to Fennel. Fennel Day Centre takes patients from Evesham, Worcester, Nuneaton and Rugby as well as Coventry. The service relies on ambulance taxis and volunteer drivers to take patients to and from the centre.

The ward manager would like to be able to deliver smaller and more focussed group activity, more creative and stimulating activities involving music and art. At present due to lack of staff there are two groups each day, one in the morning and one in the afternoon. There needs to be more than one group session going on so that service users can choose which group they would like to attend.

The Ward Manager told us that the service has been succeeding in preventing people from being admitted to hospital wards and taking up beds. She also said that there is a need for more investment in day facilities to enable this work to continue.

During this visit we were told that several staff had left and some more were soon retiring and not being replaced. The Ward Manager had not been given permission to advertise the posts as the service was still under review and had been for 12 months. However, by the time of our second visit there had been developments in this area. **(See above in section 5.5.4)**

Morale is very low in the team. They feel under pressure due to staffing levels and expressed their loyalty to the day centre and dedication to helping the service users.

Staff usually work more hours than they are contracted to work every week because they are so dedicated to the service.

Service users attend the centre 5 days per week at first and then it reduces as they progress through their 'recovery journey'.

5.6 Rehabilitation service - Hawkesbury Lodge

5.6.1 Role of Hawkesbury Lodge

Hawkesbury Lodge is a mental health rehabilitation facility. It has twenty beds including four “step down” beds for those who are more independent and preparing to re-enter mainstream living. Staff refer to those receiving support and residence at Hawkesbury Lodge as “residents”.

Residents have their own rooms. There are 12 male bedrooms on the upper floor and 4 female bedrooms on the ground floor. Plus 4 “step down” rooms in a suite on the ground floor, which are used for men or women.

We were told by staff that they are still waiting to find out how the restructuring of CWPT services will affect Hawkesbury Lodge. The manager said that there could be changes ahead as the Trust wants to have three twenty bedded units.

Patients who are not ready to re-join the community after an episode of mental illness enter Hawkesbury Lodge for sustained rehabilitation. The Ward Manager told us that the average length of stay is 9-15 months but there is one person who has been there for two years and is about to move on. (The ward manager was unsure of the average length of stay as he has only been working there since September this year). We were told by staff that the majority of referrals come from the Caludon Centre but some are “forensic”, referred from the criminal justice system.

We were told by the Manager that patients who come under section 117 of the Mental Health Act receive free aftercare as part of the duty of care the NHS owes to them. Hawkesbury Lodge accommodates patients who experience “severe and enduring mental illness”, namely psychosis and mood disorders and those with a dual diagnosis. It teaches them life skills such as cooking, financial capability and personal development before they move on to sheltered housing with outside providers such as MIND, Orbit and providers of private sheltered housing.¹²

5.6.2 Staffing

Staff told us that they enjoy working in mental health but are worried that changes will be made that will affect their working hours and could result in them being made to move to another site within CWPT. They are aware that changes have been introduced at the Caludon Centre and feel unsettled as they do not know what the future holds for them.

Most staff currently work a three shift pattern. We were told that some staff work a long shift because they choose to and this is what they are used to. Concerns

¹² www.legislation.gov.uk/ukpga/1983/20/section/117 <https://www.mind.org.uk/information-support/legal-rights/aftercare-under-section-117-of-the-mental-health-act.aspx>

were expressed around changes and lack of choices being available to them around working hours and where they are based.

A grade six Occupational Therapist works at Hawkesbury Lodge and has developed courses that all staff can deliver, including CBT (Cognitive Behavioural Therapy), hair and nail treatments etc. She was on leave when we visited.

5.6.3 Environment

There were separate male and female lounges. We entered the former briefly where there were about six men who were not interacting with each other.

The Ward Manager explained that some residents are under sections so the security in the building is quite tight. The majority of residents are not on a section and can go out as long as they ask staff to unlock the door and sign themselves out. He said that *"the security is more about keeping people out than keeping residents in"* and that *"Hawkesbury Lodge tries to keep a low profile within the local community"*.

Staff told us the most frustrating part of their job is that they have to check on residents every hour, even when they are sleeping. Staff described having to enter bedrooms and disturb residents so that they can check that they are breathing. *"If we look through a door and a resident has not changed position since they were last checked, we have to enter their room to check on them. If a resident is sleeping with their head under the covers, we have to take the covers off in order to check on them"*.

Staff do not feel that this level of monitoring is required for all residents. They also commented that a good night's sleep is important to well-being; therefore, it is not conducive to recovery if residents are being disturbed every hour. This process of monitoring is made more difficult as only three of the four bedrooms which are designated for "step-down" have doors with windows and shutters so that staff can see into the rooms with minimal disruption to the resident. The other bedrooms have solid doors, meaning staff have to open the doors to check on residents.

5.6.4 Discharge

Staff told us that community teams are struggling due to cutbacks on non-acute services. This impacts on acute services like Hawkesbury Lodge and the Caludon Centre and means that people are kept as in-patients for longer as the care offered outside is under resourced and there is not enough support available when people leave services.

5.6.5 Care plans

The Ward Manager told us that he feels that *"getting well is easy but staying well is harder"*. He told us that the staff at Hawkesbury Lodge work with the families of patients as they find that many families will do everything for their mentally ill

children, which results in them not learning to do anything for themselves. This can lead to them being unable to perform basic skills and tasks. Moreover, people who have spent their lives in institutions often have no aspirations or goals, so much of the work of Hawkesbury Lodge is to focus on the future asking patients what they want for themselves and breaking it down into small manageable tasks.

Staff told us that two of the residents are on DoLs (Deprivation of Liberties) and regular best interest meetings are held to safeguard their legal rights. This means that it has been decided that they need to be deprived of certain liberties for their own safety. The extent of this would depend on the individual. More information regarding DoLs is available online¹³

Staff told us that they do not feel that Hawkesbury Lodge has been providing rehabilitation for those who are there and that more focus needs to be placed on encouraging people to move forward with their recovery faster. Staff told us that residents have been there for much longer than they should be and it was difficult for people to move on after they have become settled there.

Residents told us they have care plans, although none of them seemed to be clear about what was included in them.

The Ward Manager told us that staff use the "Recovery Star" to set goals and chart progress. Recovery Star is detailed in the Good Practice Approaches to Recovery.¹⁴ He also told us that patients who are on a section would not usually be admitted to Hawkesbury Lodge as they need to be further on in their recovery in order to be rehabilitated. However, other conversations with staff revealed that there are some residents there who are on a section.

A resident told us that they had been promised a CPN (Community Psychiatric Nurse) and a Care Co-ordinator but had not been allocated either. They believe this is because their condition and diagnosis kept changing.

Residents talked to us about discipline within Hawkesbury lodge. One resident who had a history of self harm described feeling emotional when they were reprimanded by staff and said that they felt nervous speaking to staff. They would have liked one-to-one sessions with a staff member so that they could feel more comfortable asking questions but this had not been made available to them. A resident told us how they were due to move to new accommodation but this was cancelled because they had returned to Hawkesbury Lodge "**stoned**" after being out on leave. Another told us that they had had their leave suspended because they went out and did not come back. Staff had to contact police to locate them and return them.

¹³www.gov.uk/government/uploads/system/uploads/attachment_data/file/213886/dh_116357.pdf; www.hscic.gov.uk/media/16724/Deprivation-of-Liberty-Safeguards-Return-2015-16-Guidance/pdf/Deprivation_of_Liberty_Safeguards_Return_2015-16_Guidance_v1.1.pdf

¹⁴ www.mentalhealth.org.uk/content/assets/PDF/publications/checklist-good-practice-approaches-recovery.pdf; www.mhpf.org.uk/resources/publications/the-mental-health-recovery-star-its-development-and-use-in-practice

5.6.6 Activities

There is a large garden and also an outside gym, which staff told us residents are encouraged to use. Residents can use the gym once they have completed an induction on how to safely use the equipment. Some residents are also encouraged to attend sessions at Coventry Sport Centre.

We were told that doors to the gardens were left open and residents could go outside whenever they want to. There is a smoking ban in the premises so residents are not able to smoke in the building or in the garden. The Ward Manager said that some residents are finding this harder than others and staff have caught people smoking in the garden and are having to deal with this. The manager hopes that this will improve over time as people get used to it. The gardens still contain a number of smoking shelters/stations, which are no obsolete.

There is a conservatory with a pool table and dart board, arts and crafts room as well as kitchens and a laundry room where residents do their own cooking, washing and ironing with support from staff if required.

Staff told us that activities provided by Hawkesbury Lodge are customised to the individual and are based on their care plans.

All of the residents we spoke to told us that they are happy with the activities provided by Hawkesbury Lodge and described going out to the cinema, Coventry sports centre, tai chi classes, bowling, football games.

Staff told us that the facility has its own van which can take up to 9 people on trips out. Staff and residents told us that the van is often breaking down and this interferes with trips out and sometime people's ability to attend medical appointments.

Staff said that residents are encouraged to go out by themselves and use buses. Residents commented that they valued the support they had received to be more independent. Many had not had the confidence to go out alone before, one resident told us that an occupational therapist took them shopping until they were able to go out by themselves and use public transport, this resident felt that they had learned a lot of "*life skills*" during their time at Hawkesbury Lodge.

Residents told us that there are cookery sessions twice a week and residents are taught about personal hygiene. Residents described having televisions in their rooms as well as some having Ipods and games consoles. One resident told us that they are studying for Maths and English GCSE's at college.

5.6.7 Food and drink

Only one meal a day is provided by Hawkesbury Lodge, patients make their own breakfast and lunch and have a cooked dinner. Staff told us that residents are given an allowance to get their own shopping and staff accompany them and support them with this until they are able to manage by themselves. If they are

unable to do their own laundry or cook for themselves they are encouraged to learn these skills under supervision.

Staff told us that there was a hot meal served at 5.30pm every day with options such as beef casserole, pizza, hot-pot, fish and chips or macaroni cheese. There is a cook on the premises and other staff assist with serving meals.

Most of the residents described the food provided as "**OK**". We were told by residents that apples, oranges and bananas are available daily but the apples are unpopular with residents who have missing teeth, dental crowns or bridges.

We spoke to one person who was residing in the "step-down" suite. They do not eat the food provided at Hawkesbury Lodge in the evening. They are given a higher allowance when living more independently and they are expected to do their own shopping and cooking.

5.6.8. Harry Salt House - Coventry and Warwickshire MIND

During our visit to Hawkesbury Lodge we were made aware of a facility called Harry Salt House, situated near the City Centre. Some staff told us that Harry Salt House was owned by CWPT and used to deliver rehabilitation and community mental health services but had closed down. This had had an impact on Hawkesbury Lodge as there were no other rehabilitation services available. Others told us that Harry Salt House was still delivering an adult mental health service but was now owned by Coventry and Warwickshire MIND.

To clarify whether services are still being delivered at Harry Salt House we contacted Coventry and Warwickshire MIND. We were told by the Service Manager that Harry Salt House is now 12 self-contained flats for adults requiring intensive floating support, also described as tentative recovery support. 95% of their referrals come from CWPT and are usually patients being discharged from the Caludon Centre and Hawkesbury Lodge.

Residents receive floating support from Coventry and Warwickshire MIND and this can consist of up to five home visits per day. Coventry and Warwickshire MIND has other accommodation and provides a community based service.

6. Conclusions

6.1 Staff

We found all staff to be friendly, welcoming and professional. They all spoke to us about low morale, lack of opportunity to take their designated breaks and concerns that there were not enough staff to deliver activities as part of day to day care.

Concerns about staffing levels, uncertainty about the future due to ongoing reviews of services and perceived reorganisations and a sense of low staff morale were picked up through our visits.

6.2 Activities

Since the reports of 2011 and 2012 Healthwatch has spoken to CWPT about their plans to improve access to and the variety of activities for in-patients in the Caludon Centre. We have been advised of action plans to address this. This included a plan to incorporate activities into patients' day-to-day care, care planning as 'business as usual' and part of the recovery approach. Therefore, it is disappointing to revisit services and find that issues regarding the activity programme remain and that the reasons were given for this are about the need to recruit specific activity worker posts. Our findings showed that ward staff do not feel that they have the capacity to provide this as part of daily care due to staff shortages and other commitments such as care planning.

It is Healthwatch's view that activities are an important part of a patient's treatment. We established from speaking to staff and patients that there is not enough variety of activities being offered and that conversations need to be had with patients one-to-one as part of their care plan to establish what activities would be most of interest and benefit to them.

Staff and patients expressed a need for a variety of activities to be available on wards at different times including weekends and some evenings and access to materials needs to be improved so that ward staff can deliver activities if patients request them between sessions with the activity co-ordinators.

We noted some examples of good practice taking place relating to activities on Spencer Ward, Quinton Wards and at Hawkesbury Lodge and this should be explored in order to improve activities on other wards. Spencer Ward have introduced a film night which had proven successful and popular, they also developed an activity where patients can write positive slogans and pictures on the walls around the ward. The patients have enjoyed being a part of this and like reading the motivational phrases.

On Quinton Ward we noticed games on the walls such as noughts and crosses, we were not able to establish whether these are well utilised but thought that similar things may be welcomed if they were installed on other wards.

Hawkesbury Lodge has a different ethos regarding activities as these are clearly built into the care plan and rehabilitation model and staff said they are customised to the individual and are based on their care plans.

Staff on all wards told us that they value the time that activity co-ordinators spend on the wards but that this has only been for 2-3 hours twice per week and that this needs to increase. Most staff told us that they would like to have to at least two activity workers full time on every ward to allow for staff holidays, sickness cover etc.

The outdoor gym is not being utilised by any of the wards. Staff are not trained how to supervise patients to use this equipment and due to staff shortages they are not encouraging patients to use it either.

The Caludon Centre gardens need to be better utilised and maintained. The garden at Fennel Day Centre is cared for by a volunteer and should be setting the standard of good practice for the gardens accessed via in-patient wards. Our volunteers felt that these areas could be used to encourage patients to do some gardening activity and that if the outdoor areas were being used for some activities, patients would be less inclined to sneak outside for a cigarette. This would avoid the need to lock the doors to gardens.

In order to encourage their sense of well-being, female patients felt the need to have access to treatments for facial hair removal. We feel that improving access to these on female wards would help to improve patient's self-esteem. We saw that there was a hair salon on Fennel which is not being used, this could be a valuable facility for all service users on the Caludon Centre site to access for hair and beauty or pampering sessions following a risk assessment.

6.3 Care planning

The experience of in-patient care varied depending on which ward patients were on. There needs to be improvements to communication between staff and service users so that residents feel better informed and involved in their choices.

Staff gave an improved indication of the care planning process, but this was not consistent and we did not sometimes get answers to questions about how patients were involved in their care plans.

Importantly we picked up comments from staff within the Caludon Centre that indicated that they see activities as separate from care plans rather than as part of them, for example staff indication they did not have time to focus on activities because they were doing care plans. Here learning needs to be taken from rehabilitation services on how this can be integrated within the whole recovery approach.

At Hawkesbury Lodge we were told that they use the "recovery star" to set goals and chart progress. No such tools were mentioned by staff on the Caludon Centre wards or at Fennel Day Centre.

Caludon Centre patients do not feel they are consulted with sufficiently about their own care plans and therefore do not feel listened to. They also expressed that they do not feel they are being informed about their options or that staff respect their choices and wishes. Hawkesbury Lodge residents were not clear about what was in their care plans. Patients should be more involved in their own care plans and feel better informed of their choices and care.

Patients need to know that their belongings are safe and that the environment is secure.

Service users at Fennel Day Centre felt that they were well informed and commented that staff spent time talking to them and taking notice of their concerns. Patients and residents at the Caludon Centre and Hawkesbury Lodge said that they would like staff to spend more one-to-one time talking to them.

6.4 Rehabilitation

Staff said that there is a limited number of options for rehabilitation once patients leave the Caludon Centre and therefore, more rehabilitation work needs to be done with patients whilst they are in the Caludon Centre when they reach a point in their recovery where they need to be preparing for discharge and life outside.

There needs to be more focus on moving people on from Hawkesbury Lodge and away from institutionalisation. For this to happen the processes for discharge also need to be improved as well as access to services outside for those leaving the Caludon Centre and Hawkesbury Lodge.

There was also a strong opinion amongst staff that patients who are on a section should not be admitted to Hawkesbury Lodge. We agreed with staff who felt that Hawkesbury Lodge needed to tighten up on the criteria for accepting new residents so that they get more from the rehabilitation process and are more ready to move on and more susceptible to the support being offered there.

We felt that there needed to be a re-evaluation of the monitoring of Hawkesbury Lodge residents, which we were told was being done every hour. Hawkesbury Lodge staff feel that this is unnecessary and that those who are residents at Hawkesbury should be at a point in their recovery where they do not require this level of monitoring day and night.

6.5 Day services

Group sessions need to be interactive and stimulating, using a combination of audio and visual tools so that they are both informative and engaging to ensure that day services are a positive experience for the service users.

We established that Fennel Day Service is succeeding in keeping patients out of hospital and that this service is valuable to those service users who need to maintain some daily structure in order to get well. However, it was clear that there needs to be an investment into day services to ensure appropriate staffing levels to run an effective service.

We observed on two different days and felt the quality of the session was better on one day than the other because the staff member leading the group engaged with the participants and encouraged them to actively contribute. Participants were able to identify with the subject and this provoked their interest. The group leader used activities which were suitable for everyone in the group. The group was also smaller than the other group we had observed (8 participants), enabling it to be more person centred.

Healthwatch is pleased to have been able to help broker for Coventry AIMHS to deliver a group at the Fennel Day Centre called "confident me" which staff told us has been working well. This illustrates the potential opportunities for making external links to support the delivery of services.

Patients attending day services can have travelled for some considerable time/distance and therefore this needs to be taken into account by putting in place something to help people settle in so that they can better participate in group activities.

6.6 Discharge

Discharge processes need to be better planned so that this is more effective and less stressful for the patient. This could be developed by strengthening relationships and processes with outside housing associations and care facilities in order to improve the discharge process and prevent patients needing to remain an in-patient for longer than is necessary. Improved Internet access in the Caludon Centre may increase the ability to communicate with outside support and housing agencies and decrease the frustration experienced by staff and patients.

6.7 Food and drink

The majority of patients, especially on Westwood Ward, said how happy they were with the food and drink. However, we found that this was not consistent especially with patients who had spent longer periods in hospital. All wards should be working towards the same standard.

6.8 Smoking

Staff, patients and residents across all services expressed that the smoking ban is ineffective. They feel frustrated that at a time when people are most unwell they are being expected to give up smoking.

Although patients are offered some encouragement with smoking cessation by way of patches or other devices, they are not being offered activities or stimulation to

keep their minds and bodies occupied in order to successfully feel able to smoke less or stop smoking.

7. Recommendations

Healthwatch Coventry makes the following recommendations to Coventry and Warwickshire Partnership Trust.

1. Activities for inpatients

- a) Ensure that activities are part of patient care planning for Caludon Centre inpatient services. This should include activities forming part of care planning reviews as not all patients will feel well enough to discuss this when they are first entering mental health services.
- b) Ensure that ongoing issues regarding the availability of activities are addressed: provide a greater variety of activities available for longer periods on wards to keep patients occupied and stimulated. Reducing boredom should also make it easier to encourage patients not to smoke.
- c) Ensure sufficient staffing levels to deliver activities during the day and also during evenings and weekends.

2. Access to gardens, courtyards and outdoor equipment

- d) Ensure that Caludon Centre gardens are maintained and better utilised. It would be beneficial to find ways to offer patients the option of being involved in this as part of supervised activities.
- e) Ensure gardens at Hawkesbury Lodge are maintained and better utilised and obsolete smoking shelters are removed.
- f) Ensure that the Caludon Centre gym is fully utilised through a clear programme of use and overcome current barriers to its use. Staff need to be trained how to support patients to use the outdoor gym equipment. Other solutions such as a patient induction programme for the gym and usage diagrams and instructions for patient should be considered. A rota needs to be set up so that patients who wish to access this from any ward can do so.

3. Discharge

- g) Ensure all patient discharge is well planned. Ensure better links with external agencies and processes to support staff with discharge and ensure that this is not a stressful time for the patient/resident. NHS

organisations, housing agencies, Councils need to work together to ensure that procedures are more reliable.

- h) Discharge processes at Hawkesbury Lodge also need to be reviewed to address the concerns identified to us about delays and lack of ongoing support post discharge.

4. Care planning

- i) Ensure that staff are trained and supported to make use of care plans as integral to care on in patient wards. Care planning is also integral to the monitoring of progress as a tool to alert staff to patterns in behaviour and deterioration of their condition. Better care planning will aid their work and enable patients to take more control over their recovery. Crucially activities need to be seen as included in care plans.

Services need to be accessing the same tools so that care planning can follow the individual throughout their journey in mental health services e.g. The Manager at Hawkesbury Lodge told us that staff there use the "Recovery Star".

5. Day services

During our visits Fennel Day Centre was understaffed and unable to deliver the service that the Ward Manager wanted to deliver. However, we were advised that more staff were to be recruited over the coming months.

- j) Ensure a more consistent quality of day session activities and that there is sufficient staff capacity to have smaller patient groups so that the service can better cater for the service user's different needs and have a more person centre approach. E.g. Art related activities running alongside a separate talking therapy group to offer choice and variety.

6. Rehabilitation services

- k) Review the current patient mix at Hawkesbury Lodge to ensure this facility meets its purpose as a rehabilitation facility for example by reducing very long patient stays and by not having patients on a section in the facility.
- l) Review the current policy on hourly monitoring checks of Hawkesbury Lodge residents. Hawkesbury Lodge staff feel that this is unnecessary and that those who are residents at Hawkesbury should be at a point in their recovery where they do not require this level of monitoring day and night.

8. Acknowledgements

Healthwatch Coventry would like to extend gratitude to all of the volunteers who gave their time to this piece of work. Thank you to Coventry and Warwickshire Partnership Trust staff, patients and service users who willingly gave up their time to talk to us during our enter and view visits and to Coventry and Warwickshire MIND for the information they have provided and for helping to gain opinion from their service users on our behalf.

9. Response from CWPT

This report was sent to Coventry and Warwickshire Partnership Trust (CWPT) on 11 December 2015 with a response date of 25 January 2015. A draft action plan was received from the Trust on this date. Healthwatch then discussed this plan with the Chief Executive of CWPT and it was agreed that the Trust would add to this plan a new deadline of 19 February was set. There has been a delay to the CWPT response and therefore Healthwatch decided to go ahead with publication of this report. This is the updated version containing the response from the Trust below

Healthwatch Report Implementation and Review Plan

KEY (Change Status)

1. Recommendation agreed but not yet actioned
2. Action in progress
3. Recommendation fully implemented
4. Recommendation never actioned (please state reasons)
5. Other (please provide supporting information)

Recommendation	Actions required (specify 'None', if none required e.g implementation complete) MAST - Measurable, Achievable, Specific, Timely	Implemented and Review Date	Person Responsible (Name and Grade)	Comments (Provide examples of action in progress, changes in practices, problems, encountered in facilitating change, reasons why recommendation has not been actioned etc)	Change stage (see key)
Ensure that activities are part of patient care planning for Caludon Centre inpatient services. This should include activities forming part of care planning reviews as not all patients will feel well enough to discuss this when they are first entering mental health services	Roll out of activity care plans is to take place across all sites Learning and development team will audit patient's notes to ensure all areas are activity care plans Report and monitoring to be reviewed in the Safety and Quality forum	MAY 2016	Learning and Development team	Person centred activity care plans have been implemented on some of the sites by the Occupational Therapists working on the wards Individual records for all patients who attend activity sessions are filed within the respective care plan section within their notes.	2

Recommendation	Actions required (specify 'None', if none required e.g implementation complete) MAST - Measurable, Achievable, Specific, Timely	Implemented and Review Date	Person Responsible (Name and Grade)	Comments (Provide examples of action in progress, changes in practices, problems, encountered in facilitating change, reasons why recommendation has not been actioned etc)	Change stage (see key)
Ensure that ongoing issues regarding the availability of activities are addressed: provide a greater variety of activities available for longer periods on wards to keep patients occupied and stimulated. Reducing boredom should also make it easier to encourage patients not to smoke	To ensure that Community meetings are being held robustly to discuss patient experience on the ward (including activity offering) and display outcomes from items raised	MAY 2016	Learning and Development team	The Activity Coordinators (AC) provide weekly timetables and copies of their activity meeting minutes to the wards for display. All unforeseen changes are shared by the AC's on the day. To strengthen the information process an additional measure of visually displaying this information will be introduced.	2
	To create an activity chart that is displayed on the ward information board which lists the Core Activities for each ward	MAY 2016	AHP Coordinator	<p>Much has been done to ensure all patients in all CWPT services receive a core standard of "therapeutic activity input" which equates to 2.5 hours per day. In addition to this core offering none diversional activities also takes place on a daily basis by a range of professional staff centred around psychological wellbeing and assessment such as 1-1's using the CBT frame work or solution focused therapy to name but two such interventions</p> <p>Patients are not encouraged "not to smoke" but are supported to make a personal choice on reducing smoking as a harm reduction health intervention or to quit if they choose with the help of appropriately trained smoking cessation advisors that are available.</p>	1

Recommendation	Actions required (specify 'None', if none required e.g implementation complete) MAST - Measurable, Achievable, Specific, Timely	Implemented and Review Date	Person Responsible (Name and Grade)	Comments (Provide examples of action in progress, changes in practices, problems, encountered in facilitating change, reasons why recommendation has not been actioned etc)	Change stage (see key)
Ensure sufficient staffing levels to deliver activities during the day and also during evenings and weekends.	To continue with on- going recruitment to deliver the six day services that the financial envelope covers	May 2016	AHP Coordinator	Activities are currently offered Monday to Friday due to the current staffing compliment. A Continual rolling recruit programme has resulted in additional staff being appointed to increase the range and offering of activities.	2
Access to gardens, courtyards and outdoor equipment					
Ensure that Caludon Centre gardens are maintained and better utilised. It would be beneficial to find ways to offer patients the option of being involved in this as part of supervised activities.	The garden maintenance have been raised issue with the Estates Business and Compliance Manger who is in liaison with Vinci who are responsible for the PFI site To ensure that gardening activities remain on the therapeutic activity programme	February 2016 April 2016	Matrons/ Estates/Vinci AHP Coordinator	Garden maintenance for the PFI is managed under a strict contractual arrangement During the spring/ summer months garden activities are incorporated into the diversional therapeutic activity programme	2 1
Ensure gardens at Hawkesbury Lodge are maintained and better utilised and obsolete smoking shelters are removed.	The garden maintenance issues have been raised with the Estates Manager	Feb 2016	Matrons/ Estates	The smoking shelters were deliberately left in situ to allow patient who chose to use vaporisation units an appropriate outside space	2

Recommendation	Actions required (specify 'None', if none required e.g implementation complete) MAST - Measurable, Achievable, Specific, Timely	Implemented and Review Date	Person Responsible (Name and Grade)	Comments (Provide examples of action in progress, changes in practices, problems, encountered in facilitating change, reasons why recommendation has not been actioned etc)	Change stage (see key)
Ensure that the Caludon Centre gym is fully utilised through a clear programme of use and overcome current barriers to its use. Staff need to be trained how to support patients to use the outdoor gym equipment. Other solutions such as a patient induction programme for the gym and usage diagrams and instructions for patient should be considered. A rota needs to be set up so that patients who wish to access this from any ward can do so	To cascade gym training to designated staff to enable local sites to use equipment safely.	May 2016	AHP Coordinator	The outside gym is only accessible to two wards but inside gym areas are also being developed to enable gym access for more patients.	2
Discharge					
Ensure all patient discharge is well planned. Ensure better links with external agencies and processes to support staff with discharge and ensure that this is not a stressful time for the patient/resident. NHS organisations, housing	No action required			CWPT welcome the review and support from Healthwatch in raising the issues with commissioners	4

Recommendation	Actions required (specify 'None', if none required e.g implementation complete) MAST - Measurable, Achievable, Specific, Timely	Implemented and Review Date	Person Responsible (Name and Grade)	Comments (Provide examples of action in progress, changes in practices, problems, encountered in facilitating change, reasons why recommendation has not been actioned etc)	Change stage (see key)
agencies, Councils need to work together to ensure that procedures are more reliable.					
Discharge processes at Hawkesbury Lodge also need to be reviewed to address the concerns identified to us about delays and lack of ongoing support post discharge.	No action required			CWPT welcome the review and support from Healthwatch in raising the issues with commissioners	4
Care planning					
Ensure that staff are trained and supported to make use of care plans as integral to care on in patient wards. Care planning is also integral to the monitoring of progress as a tool to alert staff to patterns in behaviour and deterioration of their condition. Better care planning will aid their work and enable patients to take more control over their recovery. Crucially	To continue to roll out and monitor Care plan training as part of the standardisation process audited by LDT	On going	Learning and Development Team	Nurses undertake 3 years of training that cover care planning as this is an integral part of care delivery. Additional in house training has been provided within Mental health services via the Learning and Development team Within any inpatient setting care plans are evaluated daily to monitor patients progress which currently includes activity	3

Recommendation	Actions required (specify 'None', if none required e.g implementation complete) MAST - Measurable, Achievable, Specific, Timely	Implemented and Review Date	Person Responsible (Name and Grade)	Comments (Provide examples of action in progress, changes in practices, problems, encountered in facilitating change, reasons why recommendation has not been actioned etc)	Change stage (see key)
activities need to be seen as included in care plans.					
Services need to be accessing the same tools so that care planning can follow the individual throughout their journey in mental health services e.g. The Manager at Hawkesbury Lodge told us that staff there use the "Recovery Star".	No further action required			<p>All rehabilitation services within CWPT use the same recovery star model and appropriate elements are used within the acute setting</p> <p>All patients have a "Care Plan" that is the overarching plan that follows the patient throughout their mental health journey.</p> <p>This care plan is the same tool for all patients as is monitored within the community setting</p>	4
Day services					
During our visits Fennel Day Centre was understaffed and unable to deliver the service that the Ward Manager wanted to deliver. However, we were advised that more staff were to be recruited over the coming months.	To continue to recruit to the required staffing levels	May 2016	Ward Manager	On-going recruitment is taking place within this service and the Manager has been able to successfully backfill posts that were vacant during the visit.	2
Ensure a more consistent quality of day session	To continue to recruit to the	May 2016	Ward	The manager continually reviews the menu offering of activities within the	2

Recommendation	Actions required (specify 'None', if none required e.g implementation complete) MAST - Measurable, Achievable, Specific, Timely	Implemented and Review Date	Person Responsible (Name and Grade)	Comments (Provide examples of action in progress, changes in practices, problems, encountered in facilitating change, reasons why recommendation has not been actioned etc)	Change stage (see key)
activities and that there is sufficient staff capacity to have smaller patient groups so that the service can better cater for the service user's different needs and have a more person centre approach. E.g. Art related activities running alongside a separate talking therapy group to offer choice and variety.	required staffing levels to support the therapeutic activity programme		Manager	service to ensure that there is sufficient staff to deliver a varied range of activities. This piece of work had been hampered by the staffing numbers but was now being reviewed in light of patients' needs and staff expertise. The service is monitored for quality assurance within a research framework.	
Rehabilitation services					
Review the current patient mix at Hawkesbury Lodge to ensure this facility meets its purpose as a rehabilitation facility for example by reducing very long patient stays and by not having patients on a section in the facility.	No action identified			A full review of rehabilitation services has been conducted and plans to align services in a different configuration are proposed via a consultation process. Rehabilitation services will always have a high proportion of patients detained under the Mental Health Act	4
Review the current policy on hourly monitoring checks of Hawkesbury	No Action			Trust Policies are reviewed on a regular basis and the requirement for the safety checks are based on	4

Recommendation	Actions required (specify 'None', if none required e.g implementation complete) MAST - Measurable, Achievable, Specific, Timely	Implemented and Review Date	Person Responsible (Name and Grade)	Comments (Provide examples of action in progress, changes in practices, problems, encountered in facilitating change, reasons why recommendation has not been actioned etc)	Change stage (see key)
Lodge residents. Hawkesbury Lodge staff feel that this is unnecessary and that those who are residents at Hawkesbury should be at a point in their recovery where they do not require this level of monitoring day and night				<p>monitoring an individual's physical as well as mental health.</p> <p>The Trust appreciates that the patient group is in a rehabilitation pathway but staff still have a duty of care on behalf of the organisation to ensure patients safety is maintained at all times</p>	

9. Appendices

Appendix 1: Patient questionnaire (for guided interview)

Ward:	Date:
Name of Authorised Rep conducting interview:	

How long have you been a patient?

Is this the first time you have been here?

What do you do during the day?

Do you get up at a particular time?

Do you chat/socialise to other patients and staff

What activities are available to you?

Do you go outside?

Do you take part in any activities?

Who is responsible for

activities on the ward?

How do you find out about what activities there are?

What activities would you like to see available?

Have you been granted home leave?

If yes... How was this arranged?

What time do you have your meals?

What is the food like?

If you miss a meal what happens?

Do you have access to a drink when you want one?

What has been put in place to aid your recovery? i.e. Therapies? Medication? Group activity?

Have staff talked to you and involved you in your own care plan?

--

Is your privacy and dignity respected?

Where do you go if you want to spend time on your own?

Have you ever felt uncomfortable or embarrassed?

Please say whether you agree or disagree with the following statements:

	Disagree strongly	disagree	agree	agree strongly
The staff put plans in place to aid my recovery				
There are activities available to keep me occupied on the ward				
There is plenty of opportunity to use outdoor facilities (e.g. garden)				
I feel safe on the ward				
I feel able to ask for help from staff if I need it				

Anything else you would like to tell us:

--

Completing this section will help us to check that we are including a wide range of people from across Coventry.

Disability

Do you consider yourself to be disabled? Yes No

Gender Male Female Transgender

Please indicate your age

Under 16 25-34 45-54 65-74
16-24 35-44 55-64 74+

Are you?

White

British
Irish
Traveller/Romany
Eastern European
Other White (please say)

White and Black Caribbean
White and Black African
White and Asian
Other Mixed (please say)

Asian or Asian British

Indian
Pakistani
Bangladeshi
Other Asian (please say)

Black or Black British

Caribbean
African
Other Black (please say)

Chinese or other ethnic group

Chinese
Other ethnic group (please say)

Appendix 2: Staff questionnaire (for guided interview)

Ward:	Date:
Name of Authorised Rep conducting interview:	

What happens on an average day on the ward?

<ul style="list-style-type: none">• How many patients and staff are usually on the ward?• What time do you have breaks?	
--	--

What do you like and dislike about working here?

<ul style="list-style-type: none">• How long have you worked here?• Are you permanent or temporary?• Do you always work on the same ward?• What would you change about working here?	
---	--

How are you supported?

<ul style="list-style-type: none">• How often do you have 1-to-1 supervision and staff meetings?• Do you feel you receive enough support?	
--	--

What is available to ensure that patients are stimulated?

<ul style="list-style-type: none">• How are activities incorporated into day-to-day care?• What access do patients have to outside space?• Is there an activity co-ordinator on the ward?	
---	--

How do you involve patients in their care planning?

<ul style="list-style-type: none">• What do you do to encourage recovery?	
---	--

<ul style="list-style-type: none">• How do you facilitate visits from family and friends?• Are there specific visiting times?• How is home leave organised for patients?	
--	--

How do you ensure that patient's dignity and privacy is maintained?

<ul style="list-style-type: none">• Is there a quiet room?• Who do patients talk to if they have a concern?	
--	--

Have you ever had to report a harmful incident or something which causes you concern?

<ul style="list-style-type: none">• What is the procedure if you witness a potentially harmful incident?• What is in place on the ward to safeguard patients who are at risk of harming themselves?	
--	--

Do you have young people on the ward? (16-17 year olds)

<ul style="list-style-type: none">• What procedures do you follow when a young person is admitted?• How does this differ from adult admissions?• How do you ensure the safety of young patients?	
--	--

Appendix 3: Hawkesbury Lodge Patient Questionnaire

Name of Authorised Rep conducting interview:	
Date:	Time:

1. Were you an inpatient at the Caludon Centre before coming to Hawkesbury Lodge?

If yes.... Which ward(s) were you on? How long were you in hospital? How long have you been at Hawkesbury lodge?	
---	--

1a. If no.....

How were you admitted to Hawkesbury Lodge?	
--	--

2. How have staff supported you?

What have staff done to provide you with the support you need to get well?	
--	--

<p>How have staff involved you in your recovery plan?</p> <p>Do you feel able to raise any concerns you have about your recovery?</p>	
---	--

3. What activities take place on the wards and at Hawkesbury lodge?

<p>How do you feel you have benefited from the activities and classes available?</p> <p>What classes/activities would you like to do? Why?</p>	
--	--

4. Has your privacy and dignity been respected?

<p>Have you been given opportunities to speak to staff in private?</p>	
--	--

5. What needs to happen or be put in place in order for you to go home?

<p>i.e. links with outside services for support such as housing, debt advice, therapy, support from GP, crisis team, social worker, life skills.</p>	
--	--

6. What happened when you were discharged from the Caludon Centre? (if applicable)

(please circle the answer)

Did staff discuss your care plan with you?

Yes

No

- a) Did staff talk to you about what would happen when you left hospital? How was this explained to you?
- b) What support was put in place for you after leaving hospital?
- c) What choices were available to you?
- d) What has been put in place to aid your recovery? i.e. Therapies, Medication, Group activity

--

7. How do you feel about the treatment and services you have received?

a) What do you think was good about it?

b) What do you think would make it better?

--	--

8. What do you think of the food?

<p>Are you offered things that you like to eat?</p> <p>Are you offered things which you would chose to eat at home?</p> <p>What would you choose to eat if you could?</p> <p>Do you have any special dietary requirements which need to be catered for?</p>	
---	--

9. Please say whether you agree or disagree with the following statements:

	Agree	Disagree	Does not apply
The staff involve me in plans which they put in place to aid my recovery			
I have opportunities to ask questions			
Staff listen to my concerns			
I felt safe when I was on the ward			
I feel able to ask staff for help if I need it			
I have received the support that was promised to me after leaving hospital			

10. Anything else you would like to tell us:

--

Completing this section will help us to check that we are including a wide range of people from across Coventry.

Disability

Do you consider yourself to be disabled? Yes No

Gender Male Female Transgender

Please indicate your age

Under 16 25-34 45-54 65-74
16-24 35-44 55-64 74+

Are you?

White

British
Irish
Traveller/Romany
Eastern European
Other White (please say)

White and Black Caribbean
White and Black African
White and Asian
Other Mixed (please say)

Asian or Asian British

Indian
Pakistani
Bangladeshi
Other Asian (please say)

Black or Black British

Caribbean
African
Other Black (please say)

Chinese or other ethnic group

Chinese
Other ethnic group (please say)

Appendix 4: Sample observation form

Observer's name:	Time of day: Morning / Afternoon / Evening	Date:
------------------	--	-------

The following sections contains some questions to prompt you while you are making your observations and ideas of things to be looking out for:

<p>Take some time to sit quietly and watch and note what is going on around you...e.g.</p> <p>What are staff doing and how long for?</p> <ul style="list-style-type: none"> • How long do patients wait for assistance? • How do staff respond to patients when they approach them? • What is happening? Activities taking place, chatting, ward rounds etc. • Do patients seem to be occupied and stimulated? • Do you see any visitors to the ward? • Are there any details of visiting times? 	<p><u>Notes</u></p>
---	---------------------

1. Interactions

<p>How are the staff responding to patients? E.g. is their manner calm and reassuring, patronising, rushed.</p> <ul style="list-style-type: none"> • Are the staff communicating effectively? Are they shouting? Listening to patient's requests? • Is there somewhere patients can go if they want to sit quietly away from other patients? 	
--	--

2. Comfort and cleanliness

<p>Do all communal areas look and smell clean? (please note down details and examples)</p> <p>What is the condition of the furnishing and decor... fit for purpose?</p>	
---	--

3. Bathrooms

Are there shared bathrooms/toilets? Do rooms have en-suite facilities? What measures are in place to keep people safe from harm/self harm	
---	--

5. Food and drink (if observed)

Do patients have access to drinks when they want them? Is there a protected meal time?	
---	--

6. Access to facilities

What facilities are available? Is there an activities room? What communal facilities are there? Is there a quiet room? Is there a garden, can patients go out?	
--	--

Any other notes:

Appendix 5a: Fennel Day Centre - version 1 patient questionnaire

Ward:	Date:
Name of Authorised Rep conducting interview:	

Have you been an inpatient at the Caludon Centre?

If yes.... Which ward(s) were you on? How long were you in hospital\ /	
---	--

Are hospital staff supportive?

How have staff supported you with any concerns you had?	
How have staff involved you in your recovery plan?	
Do you feel able to raise any concerns you have about your recovery?	

What activities have you taken part in at the day centre?

How do you feel you have benefited from the activities and classes? What classes/activities would you like to do? Why?	
---	--

Is your privacy and dignity respected when you are at the Caludon Centre?

What do staff do to maintain confidentiality?

What happened when you were discharged from hospital?

(please circle the answer)

Did staff discuss your care plan with you?

Yes

No

Did staff talk to you about what would happen when you left hospital? How was this explained to you?

What support was put in place for you after leaving hospital?

What choices were available to you?

What has been put in place to aid your recovery? i.e. Therapies, Medication, Group activity

Please say whether you agree or disagree with the following statements:

	Agree	Disagree	Does not apply
--	-------	----------	----------------

The staff involve me in plans which they put in place to aid my recovery			
I have opportunities to ask questions			
I feel that staff listen to my concerns			
I feel safe when I am in the day centre			
I feel able to ask staff for help if I need it			
I have received the support that was promised to me after leaving hospital			

How do you feel about the treatment and services you have received?

What do you think was good about it?	What do you think would make it better?
---	--

Anything else you would like to tell us:

5b Day Unit - Fennell Day Centre - patient questionnaire version 2

Ward:	Date:
Name of Authorised Rep conducting interview:	

1. Have you been an inpatient at the Caludon Centre? (if no go to question 3)

If yes.... Which ward(s) were you on? How long were you in hospital?	
---	--

2. What plans were put in place for you when you were discharged from hospital?

Did staff talk to you about what would happen when you left hospital? How was this explained to you?

What support and choices were offered to you?

What has been put in place to aid your recovery? i.e. Therapies, Medication, Group activity

--

3. Are Day Unit staff supportive?

How have staff supported you with any concerns you had?	
Do you feel able to raise any concerns you have about your recovery?	

4. What activities have you taken part in at the day centre?

<p>How do you feel you have benefited from the activities and classes? What classes/activities would you like to do? Why? What groups/activities would you like to see in the day centre?</p>	
---	--

5. Have staff talked to you about your care plan?

How much involvement have you had in your care plan?
 e.g.
 What kind of things have been put in place to aid your recovery?
 (counselling, home support)

--

6. Please say whether you agree or disagree with the following statements:

	Agree	Disagree
The staff involve me in plans which they put in place to aid my recovery		
I have opportunities to ask questions		
I feel that staff listen to my concerns		
I feel safe when I am in the day centre		

7. How do you feel about the treatment and services you have been receiving in the day centre?

What do you think has been good about it	What do you think would make it better?
--	---

8. Anything else you would like to tell us:

--

Appendix 5c Self Completion Questionnaire

Healthwatch is the independent champion for health and social care in Coventry. Our job is to argue for the interests of all who use health and social care services - making sure that views and experiences are heard by those who run and plan services.

We have recently carried out a visit to the Caludon Centre and we are interested in hearing about your experiences and opinions of the care there and at Fennell Day Centre.

Healthwatch is not part of Coventry and Warwickshire Partnership Trust or the NHS and we decide our own programme of work. We have legal powers including the right to get a response to our reports and recommendations.

The information we are gathering from this survey will be used by Healthwatch Coventry anonymously.

Please can you tell us:

1. Have you been an inpatient on a ward in the Caludon Centre? (please tick your answer)

Yes

No

About inpatient wards

2. (If you answered yes to Q1) Can you tell us approximately when you were last discharged from the Caludon Centre?

	Tick 1
1 week ago or less	<input type="checkbox"/>
2-4 weeks ago	<input type="checkbox"/>
1-2 months ago	<input type="checkbox"/>
3-4 months ago	<input type="checkbox"/>
5-6 months ago	<input type="checkbox"/>
Over 6 months ago	<input type="checkbox"/>

3. On which ward or wards were you a patient (please tick all that apply):

Swanswell

Hearsall

Spencer

Beechwood

Don't know/other

Quinton

Sherborne

Westwood

None

4. Please tell us whether you agree or disagree with the following statements:

	Disagree	Agree
The ward staff talked to me about what they could provide to help my recovery		
There were opportunities to use outdoor space		
I felt safe on the ward		
I felt able to ask for help from ward staff if I needed it		

5a. Did you have a care plan?

Yes

No

Don't know

5b. Tell us how staff involved you in your recovery and care planning?

6. Was there anything you would have liked to see done differently on the ward(s), please say what?

7a) Were there activities on the ward or nearby to keep you occupied during your time on the ward?

Yes

No

Don't know

b) If YES how would you rate the activities you took part in (tick one):

Very Good Good Poor Very Poor

--	--	--	--

c) Were there activities you would have liked to be available? Please say what...

8a) How was your experience of being discharged from hospital (tick one)?

Very Good Good Poor Very Poor

--	--	--	--

8b) Please tell us more about your discharge from hospital and why you have rated it this way

--

9. Were you given an opportunity to go on home leave during your hospital stay?

Yes

No

If YES how was this arranged and how did it impact on your recovery?

--

10. Please rate the following where 1 is excellent and 5 is very poor

a) What rating do you give the standard of care you received on the ward(s)?

Very good	Good	Ok	Poor	Very poor

b) How would you rate the quality of the meals?

Very good	Good	Ok	Poor	Very poor

c) What rating do you give the overall quality of the ward environment?

Very good	Good	Ok	Poor	Very poor

Part 3: Any further comments you would like to make please give them below...

--

Thank you for your time.

Please return your completed form By **Tuesday 3rd November 2015** to:

Freepost RSZB-RKRJ-KSKK
Healthwatch Coventry
Voluntary Action Coventry
29 Warwick Road
Coventry
CV1 2EZ

Optional: your contact details

We do not need to know your name and address unless you choose to share this with us. If you choose to share your personal contact details these will be detached from the information you have shared in the questionnaire.

Personal contact details will be treated as confidential and will not be passed on to third parties without your consent.

Would you like to receive more information about Healthwatch Coventry and feedback on our findings from this survey? Yes No

If yes, please give us the following details:

Your name: Title:

Address:
Postcode

Email address:	<input type="text"/>
----------------	----------------------

Telephone no.	<input type="text"/>
---------------	----------------------

Please return your completed form By **Tuesday 3rd November 2015** to:

Freepost RSZB-RKRJ-KSKK
Healthwatch Coventry
Voluntary Action Coventry
29 Warwick Road
Coventry
CV1 2EZ

Find out more about Healthwatch

Website: www.healthwatchcoventry.co.uk
Telephone: 024 7622 0381 (option 5)
Email: healthwatch@vac Coventry.org.uk

healthwatch Coventry

29 Warwick Road

Coventry

CV1 2ES

024 76220381

Email: healthwatch@vacoventry.org.uk

www.healthwatchcoventry.co.uk



*Healthwatch Coventry is provided by Here2Help the
Coventry voluntary sector consortium*