healthwatch Knowsley
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# Enter and View Report

## 5 Boroughs Partnership NHS Foundation Trust

## Hollins Park Hospital

## Sheridan/Austen Wards

Visit: 6th January 2016

Report published: 25th February 2016

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# Background

## What is Local Healthwatch?

Local Healthwatch organisations help the residents and communities of their area to get the best out of local health and social care services. They gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services. This report was jointly undertaken by the Healthwatch organisations covering Halton, Knowsley, St Helens, Warrington and Wigan Borough, co-ordinated by Healthwatch Warrington.

## What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Warrington has safeguarding policies in place which identify the correct procedure to be taken.

## Disclaimer

Please note that this report relates to the findings observed on the specific dates set out below. This report in not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## Acknowledgements

We would like to thank all the staff for their time with the team answering questions. In particular, the visiting team would like to thank Diane Warburton (Sheridan Ward) and Paul Reid (Austen Ward) for showing us round.

## Background and Purpose of the visits

The five Local Healthwatch that cover the 5 Borough Partnership footprint have met and agreed to do a series of Enter and View visits to inpatient services provided by 5 Boroughs Partnership Foundation Trust. For clarification purposes, this is services provided in:

- Halton
- Knowsley
- St Helens
- Warrington
- Wigan

The purpose of the visits is defined as:

- To identify what services are offered in each borough
- The standard and ease of access to those services
- To obtain service users feedback on the quality of services
- Analysing commonality/difference in services provided across different boroughs

# Details of the Visit

## Location

Sheridan Ward and Austen Ward, Acute Inpatient units - Female and Male respectively

## Date/Time

The visit took place on 6th January from 11:15 am until 12:15 pm.

## Panel Members

Janet Roberts – Healthwatch St Helens, Enter and View Panel Member

Joanne Heron – Healthwatch St Helens, Enter and View Panel Member

Jillian Marl– Healthwatch Halton, Enter and View Panel Member

Esstta Hayes – Healthwatch Warrington, Community Engagement Officer

Ruth Walkden – Healthwatch Warrington, Enter and View Consultant

### Provider Service Staff

Diane Warburton – Ward Manager, Sheridan Ward

Paul Reid - Ward Manager, Austen Ward

### Details of the Service

The two wards visited are for male and female acute patients, providing care and support for people aged 18 and over, who are experiencing serious functional mental health difficulties. Functional illnesses are those that alter the way people behave in everyday life and activities, but are not connected to worsening of brain function like, for example, dementia.

Patients have their own en-suite room and are able to access a variety of services on site.

# Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the team's reports have not been altered.

### Observations from the Visit

#### First Impressions

Car parking though not particularly easy, was available. On the day of the visit the main car parking areas were full. The visiting team used the overflow car park at the back of the hospital. Access to the buildings required walking along a single lane road with no footpath. There was traffic along this road which made it difficult to use. There is no charge for patients or visitors parking.

On entering the main entrance there is a staffed reception area behind a glass screen with wards clearly marked. There were notices, including signage to a café. A small seating area was provided in the main reception area. The entrance was clean, tidy and odour free. Whilst the visiting team looked for directions they were not approached by any members of staff to offer assistance.

### Access

The wards the team were visiting were on the first floor and access was available by lift or stairs. Visiting times were clearly marked on a poster on the door to the ward. On pushing the button for attention the door was opened immediately. The team were warmly greeted and asked to sign in in Sheridan but not in Austen.

### Staffing & Leadership

The Ward Manager for Sheridan explained about the ward and her role. Sheridan has 16 rooms with an occupancy of 17 on the day of the visit. 7 patients were detained under the Mental Health Act, the 10 remainder were informal who could leave at any time. New patients were assessed within 72 hours of admission. Whilst the length of stay varied, an average was 33/34 days.

There were 17 beds on Austen Ward with an occupancy of 18 on the day of the visit. The ward had been designed with 22 bedrooms but four or five had been decommissioned as part of national policy.

A noticeboard on the main corridor identified the staff team by name with photographs and role information.

Staffing is on a three shift rota in both wards. There are four staff on during the early (2 qualified nurses) 5 on late shifts (2 qualified nurses) with three at night (1 qualified nurse). It was felt on Austen that the ward tended to attract newly qualified staff who gained considerable experience during their time on the ward - the average length of service for nurses was four years. Austen also had weekly meetings for staff where issues were raised and discussed. Staff were aware of the complaints procedure and felt comfortable using it if required.

There are two consultants across both inpatient wards within the Multidisciplinary team (MDT), a part time Clinical Psychologist (for 1-1s and assessments), a Pharmacist and an Occupational Therapist (for activities and assessments). Both wards had an Activity Co-ordinator.

Every morning the MDT have a 20-25 minute meeting in the office on Sheridan using an electronic whiteboard to view and track the patients' progress. This reduces delays and increases the effectiveness of the staff on the ward.

There is a staff room available for time out, to prepare food and eat.

Staff appeared patient and understanding of the different needs of patients. The team spoke to a patient due to be discharged that day who couldn't speak highly enough of the staff. He felt supported and well cared for – his mental health journey was a positive one.

### Activities & Leisure

The activities co-ordinator had been on leave in Sheridan since September 2015 but was now back in post four days a week. Display boards throughout the ward show activities, information and advice for both patients and visitors. There are several lounges where patients can relax. Some have a television available, others are quiet rooms. There is also a fenced garden area for use when the weather is suitable.

Notices made patients aware of the various activities going on both within the ward and outside. These included arts, crafts and exercise (chair based and walks). Some patients were permitted leave to go out for a coffee or do some shopping.

In Austen the decommissioned rooms were used for activities. One was a well-stocked music room which patients were encourage to use as it was found to be therapeutic. Another room was used to upcycle furniture to be sold on. Patient art was on display. Wi-Fi was provided for patients' use.

Outside visits were arranged where the risks could be managed. There were group walks, shopping and visits to car boot sales as and when staff were available.

Patients of different faiths were catered for, there was also a chaplain based at the hospital.

There were set visiting times of 1-3pm and 6-8pm but staff said they would be flexible outside protected mealtimes.

Patients could bring in their own mobile phones and laptops.

### Administration

A patient review is done on a daily basis at a meeting. Staff attending also include a Clinical Psychologist, Occupational Therapist and a Pharmacist.

Ward rounds take place on a Tuesday and Thursday in a private room.

Patient reviews are held regularly, patients are able to attend if they wish and it is not considered detrimental to their treatment. A new patient must have a review within 72 hours of admittance.

The main office is usually open enabling patients to talk to staff.

### Cleanliness

All the areas the team saw were clean and tidy. The corridors were wide and uncluttered. The ward felt spacious and there were personal touches such as decorations in the activity room which added to a positive atmosphere.

Hand gels were available on the corridors, staff also carried their own.

During the visit the cleaning staff were seen cleaning floors and patient areas.

The activity room was stocked with materials, games and books. It was clean and tidy.

In Sheridan the communal areas such as the dining room were tidy and well ordered. The quiet spaces had comfortable seating and were in use. Some patients preferred to stay in their rooms.

The lounge area in Austen was not particularly warm or welcoming but was not in use at the time of the visit.

### Management of Medicines

Sheridan Ward had a small locked room where medicines were given out. This made it difficult to ensure confidentiality. The room had recently had shelving/storage taken out and given a makeover to improve it. Patients could come in, shut the door and have private conversations but it was cramped. The ward also had a physical health room, it was emphasised to the team the importance of good physical health for patients.

Ward rounds take place once or twice a week but can be flexible. Each patient has a general care review lasting 30-60 minutes to discuss their care with a consultant and pharmacist with other staff attending as needed. Patients anxious about ward rounds can be given support, e.g. have ward rounds in specific rooms including their own room if necessary. Pharmacy support is given on discharge with prescription and medication information shared with the patient's GP to ensure appropriate treatment. Patients and family were involved in care plans.

Good physical health is seen as a priority with a specific designated consulting room.

Medications are kept in a locked room, only accessible with a staff key.

### Food and Refreshments

Three meals a day were provided in an accessible bright clean dining room. Meal times are protected 12:00 – 12:30pm and 5:00 – 6:00pm. Meals were prepared in the main kitchen and delivered to the ward. There was a choice and individual needs were catered for. Drinks and snacks were available as and when required. Patients reported that the food was good, plentiful and varied.

A catering forum was held monthly, patients could feed in through a questionnaire or give comments to the activity co-ordinator to pass on.

Patients with leave could go out for coffee or fast food and bring food back on to the ward.

### Smoking

Patients who wished to smoke were able to go into the garden area or out to the front of the hospital. There were no set routines or times. Staff would accompany patients where it is deemed a risk.

The Trust operates a no smoking policy, this is to be fully implemented by the end of 2016.

### Privacy & Dignity

Patients could stay in their rooms or join in activities as they wished.

A laundry was available to patients to do their own washing and ironing. Those unable or unwilling were assisted by staff. Patients admitted without a change of clothes were provided with clothing either from the "shop" where clothes were 50p, or from outside.

Rooms were bright and spacious with en-suite facilities. These had recessed taps and safety mirrors. Each room had its own safe for patients' personal possessions. Bathroom facilities were also provided on the ward – these were kept locked and opened on request. One of the rooms on Sheridan was larger, so as to be able to accommodate a patient with mobility issues. Bedroom doors were kept locked on Austen but patients could go in and leave the door open.

The visiting team saw staff knocking on doors before entering rooms, introducing the team as they went around the ward.
One patient popped her head around the door to say she thought the ward was "*fantastic*".

## Safety & Security

Diane Warburton, Ward Manager on Sheridan, explained to the visiting team that the staff work to "balance risk assessment with privacy and dignity needs". The staff are keen to support individual choice and rights whilst maintaining safety and minimising risk. Any personal items belong to patients that are deemed to be a risk are safely stored away.

Visiting times are flexible according to the needs of patients. Visitors can be present at ward rounds if the patient gives consent. All visitors must sign in before entering the ward area. No-one under the age of 18 was allowed on the ward, there are family rooms available in other parts of the hospital if needed.

Visits mainly took place in the dining room area on Austen Ward where visitors were not allowed in patients' rooms. A quiet room was available if required.

Patients can access a fenced, secure garden area from the ward. Visits can be made outside which are escorted if necessary.

There is a seclusion unit on the ward, the visiting team were told this is rarely used, staff preferring de-escalation over restraint. Patients would only be taken here for a short time usually two hours of less. The room is low stimuli furnished with a foam, plastic covered bed. The room was clean.

The visiting team felt that the ward was ordered and calm. Patients chatted to staff, some sat in communal areas, and others stayed in their rooms. Patients able to leave the ward came and went for food, coffee, clothes shopping.

During the visit one of the older patients had a dizzy spell. Staff were on the scene immediately offering support. Referring to the patient by name in a calm manner a wheelchair was brought. The patient was asked about what they had had to eat that morning and consent obtained to do a blood pressure check. The patient was encouraged to eat something. The care provided was personal and sincere.

The visiting team saw a staff member giving support to a patient with a chat and a cup of tea. Another staff member was assisting a challenging patient by giving him space and gentle encouragement at the same time.

Austen had a notice board providing information regarding rights under the Mental Health Act. There was also a "Speak Up, Stand Up" notice.

### Discharge

The visiting team were advised that patients were involved in discharge planning.

Discharge arrangements were not discussed from the time a patient was admitted rather at a time they started to improve. The timing of this would depend on each patient.

Other agencies including the Community and Recovery teams would be involved in the process which included a home visit 72 hours after discharge. The patient's GP would also be contacted post discharge but it was felt there could be better engagement with GPs after discharge. Diane Warburton felt that other agencies offered reasonable and practical support when arranging discharge.

### Staff Training

The visiting team were advised that staff often move on to the Recovery team. It was felt that there was limited career progression for staff on Band 5. Staff were encouraged to try other roles as bank staff if they wanted to change roles so as to enable them to make informed decisions.

There was mandatory training usually done as e-learning, staff were trained in de-escalation methods. Training is encouraged and made available to staff who were happy to undertake further training.

### Summary

**Sheridan**

The ward felt very 'attuned' to the idea of recovery and the creation of a pleasant atmosphere. The ward felt supportive and caring. Patients seemed at ease, and

able to do as they preferred e.g. sit in the dining room, read in the quiet room, stay in their own rooms etc., while staff were constantly monitoring patients without being obtrusive.

The care that we observed seemed personalised and sincere. While we were there, some patients returned from an outside visit with food/drinks for staff, which seemed genuinely appreciated. The ward felt safe but not oppressive, and staff went about their daily duties without seeming harried/stressed, which added to the calm atmosphere. Overall, a very positive environment.

**Austen**

The ward was very busy and a little chaotic however this was due to the nature of patients' conditions. All incidents were handled well and in a caring and professional manner.

The ward itself was tight for space and the main corridor seemed to be used as the main communal area. Whilst there were other areas such as lounges and activity rooms these were not in use. The TV lounge area did not feel particularly welcoming, it was cold and the walls were bare.

The relaxation room and the music room were impressive. Staff had done their best to make most of the space available to encourage activities.

During our visit the ward was very warm and a little stifling.

Staff were helpful and appeared to be enjoying their roles –it was obvious staff cared about the patients as there was good rapport between staff and patients, and patients' needs appeared to be met.

Delays sometimes occurred at discharge due to the lack of suitable accommodation to move onto, so homelessness was an issue. This could sometimes cause bed blocking. Staff assisted patients with various appointments regarding housing etc. before discharge.

# Recommendations

1. **Car parking whilst available was very limited. The overflow car park which was used by the visiting team, lacked a footpath meaning that people needed to walk in the road. It is recommended that consideration is given into putting a footpath along the road as far as is possible.**
2. **In Austen ward the corridor appeared to be the main communal area whilst other more suitable rooms were cold, bare and unused. It is recommended that a review is undertaken of the use of the lounge/ activity rooms and repairs/ decoration done to bring them back into use.**

## Distribution List

*This report has been distributed to the following:*

- *5 Borough Partnership NHS Foundation Trust*
- *Warrington CCG*
- *Care Quality Commission*
- *Healthwatch England*
- *Appropriate contacts within the Councils covered by the 5 Boroughs footprint, including Adult Social Services*
- *Relevant organisations as decided by the Local Healthwatch contributing to this report*

# Appendices

## Appendix A

**Response from Paul Reid**

There is a footpath leading to the overflow car park. I assume you must have left it from the main exit which doesn't have a path. There is one alongside the entrance though.

The same MDT is held each morning on both wards utilising the same electronic white board.

The lounges on Austen are well used most of the time, they just mustn't have been at the time you visited, but I'd agree they could do with a freshen up.