

healthwatch
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Enter and View Report

5 Boroughs Partnership
NHS Foundation Trust
Peasley Cross Hospital
Iris/Taylor Wards

Visit: 6th January 2016

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List of Contents

Background	Page 3
• What is Local Healthwatch?	Page 3
• What is Enter and View?	Page 3
• Disclaimer	Page 3
• Acknowledgements	Page 4
• Background and Purpose of the visits	Page 4
Details of the Visit	Page 4
• Location	Page 4
• Date/Time	Page 4
• Panel Members	Page 4
• Provider Service Staff	Page 5
• Details of the Service	Page 5
Results of the Visit	Page 5
Recommendations	Page 12
• Distribution List	Page 13
• Appendices	Page 14

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 is 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 in showing the team round and answering questions. In particular we would like to thank Angela Sheffield and Michelle Downey, Deputy Ward Managers, Taylor Ward. Marie Redcliffe, Iris Ward

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

Iris and Taylor Wards at Peasley Cross Hospital, St Helens

Date/Time

The visit took place on 6th January 2016. The visit started at 2:00 pm and finished at 3:15pm.

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

Angela Sheffield and Michelle Downey, Deputy Ward Managers, Taylor Ward.

Marie Redcliffe, Ward Manager, Iris 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

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

On entering the site there is a free car park which had plenty of spaces at the time of arrival. The pavements were well maintained and clear. Directions to the wards were clearly signed. There was no staffed reception on entering the building

Access

Outside the main entrance to Taylor Ward was a large sign warning that drug sniffer dogs were used. The visiting team were asked for identification by a member of staff but he did not identify himself. The team were not asked to sign in.

Staffing & Leadership

On Taylor Ward the visiting team were met by Angela Sheffield and Michelle Downey the Deputy Ward Managers. Although the staff knew that the visiting team were coming, during admission onto the ward the team did not feel their presence was welcomed, rather that they were tolerated. It would seem that staff on Iris Ward were not expecting the team but were friendly towards them. That ward had music playing in the background and felt relaxed and well organised.

Angela and Michelle explained that the male unit had 17 en-suite rooms, the female 15. Average stay on the female ward was about 28 days although some patients had been in longer - one for 10/11 months. The shortest stay is about 72 hours.

On the corridor in Taylor was a long line of quite forbidding notices including one warning of random searches and the outcome of non-compliance (police called). There was also information about the Mental Health Act and support groups. The corridor in Iris was similarly used but with less forbidding posters.

Staffing consisted of five staff during the two day shifts with four on at night. Staff ratio could be altered depending on the need of the patient.

Weekly ward meetings were held on Iris Ward for staff where issues were raised and discussed. Staff were aware of the complaints procedure and felt comfortable using it if required.

Activities & Leisure

An activities co-ordinator was present during the visit. Patients were allowed their own mobile phones but not the chargers. Items were charged up centrally. Wi-Fi is available to patients. Male patients had access to a gym, an IT suite as well as

television lounges, books and games. There was a Well Man group for those who wished to join in. Patients' artwork was displayed on the corridor of Iris Ward. The Chrysalis Centre in St Helens came in to offer art and pet therapy sessions which were very popular.

One of the visiting team talked with a patient. He was happy to share his experiences of the ward. He said that the dining room is easy to access and is often used as a communal space. The activity co-ordinator had been on leave over Christmas so there had been little to do during that time. Another patient said that being in the lounge area can be annoying if someone is talking too much at them.

Activities normally available include drum sessions, health promotion and cookery classes. Patients would like more activities, trips out and gardening groups.

Outside activities are promoted in warmer weather.

Administration

Taylor Ward had a small, crowded office which ran the ward. On the wall was a very large folding whiteboard which had information on about all the patients. As well as written info such as date of birth, date of admission and so on small fridge type magnets identified for example smokers, those a risk to themselves and those at risk to others.

The visiting team were surprised to see that two of the longer term patients on the male ward were there because of acquired brain injury.

Cleanliness

The ward areas were clean. Corridors were narrow, exacerbated by the number of notices on the walls. Communal areas such as the dining room were clean and tidy. Hand gels were available on the corridors, staff carried their own.

Management of Medicines

An assessment of each patient had to be undertaken within 72 hours of admission. Ward rounds took place once a week. An independent advocate visited regularly to assist in reviews, these reviews took place in a small room off the main corridor in Taylor Ward (there was another notice asking people not to stand outside when reviews took place). Patients were able to attend most of their review meeting provided it was considered that they would not become too anxious.

The visiting team were advised that every patient has a copy of their care plan.

Patients go to the clinic in the ward for medication and feel able to talk about their medication and care.

Food and Refreshments

Among the many notices and instructions on the walls of the unit was one about take away meals. These could only be consumed before 8pm and could only be ordered with the consent of staff on duty. It appeared from a patient that this didn't happen very often, he would have liked an opportunity to have a take away more often.

Patients we spoke to said that the food is reasonable but the quality is not great "*It could be better*". Menu options were posted on a board for patients to choose from. Food was normally prepared in the main kitchen, delivered to the ward and served in the dining room. Individual dietary needs were catered for.

Drinks, snacks and fruit were available.

A catering forum was held on a monthly basis. Patients could feed into this via a questionnaire or feed into the forum through the activities co-ordinator. The menu is on a three week rota.

Smoking

Smoking was allowed in the outside garden area where an electronic lighter was provided. On Iris Ward they were accompanied by a member of staff. Staff were not allowed to smoke on the wards. Alcohol is forbidden on the wards.

Privacy & Dignity

Visiting was to set times but there was some flexibility outside meal times. Taylor Ward visitors met patients in the dining room, there was a family room but this had to be booked and was used by both wards. Patients told the team they would have liked more flexibility. Visitors were not allowed in patients' rooms.

A laundry room was provided for patients to do their own washing and there was an assisted bathroom with a hoist if needed on the wards.

A patient said he had a care plan but did not think it was reviewed very often and could not remember what was in it. He explained he had named nurse sessions every two weeks to talk about his care and any issues he had. He felt the staff were approachable and he felt safe on the ward. There was reasonable privacy on the ward but he would have liked more. Two patients on Iris ward said they were treated with dignity and respect.

Patients' bedrooms are functional. Patients had an opportunity to personalise them but weren't always aware of this. Staff knock on bedroom doors before entering. They took the time to talk and listen to patients. Two patients the visiting team spoke to felt they could complain if they needed to.

Both wards had a mixture of male and female staff.

Safety & Security

A locked property store room is used to store at risk/prohibited items.

Mr X explained that sometimes other patients, when distressed or angry, can become unruly. Mr X told us that sometimes this makes him "*feel unsafe*". He said "*when I don't feel safe I go back to my room and keep out of the way*".

Since his last admission to the ward he said patients were generally less unruly and that nights especially are quieter, which he appreciates.

During the visit, a member of the visiting team saw an incident when a patient required intervention. He was generally being loud, and swearing in the dining room.

He had a member of staff close by in the room, as he seemed to be under close observation. He was asked several times by the staff member if he needed any support, and if he could stop swearing and lower his voice.

He was animated and getting louder - he stood up suddenly and was evidently very angry. The staff member tagged a point on the wall, and within seconds 3 male staff entered the room. The newly present staff asked the patient to calm down, and suggested he go to another room to discuss his issues. He left the room with a staff member, and the room quietened down immediately.

Mr X told me such incidents are unfortunate, but do happen. He said he always feels staff are on hand, but if he is uncomfortable/feels unsafe, he goes to his room.

Bedroom doors are kept locked, staff would open doors on request.

The male seclusion room was outside the ward area. Anyone taken to it would go directly past both the family room and the main entrance to the wards. There was also an issue of staff monitoring anyone in the room as it was a fair distance from the main ward.

Discharge

It was explained to the visiting team that discharges were sometimes delayed due to the complex needs of the patients. It was an issue finding placements - the two brain injured patients were an example of this. Staff also said that lifestyle choices (smoking, alcohol and drugs) sometimes resulted in re-admissions.

Before discharge patients have leave for several hours at a time enabling them to go home and acclimatise themselves. A patient explained that previously he had been discharged without this, he was readmitted shortly afterwards.

Staff Training

Training was encouraged and made available to staff. They were happy to undertake further training.

Summary

Taylor Ward

The ward felt very brisk and functional, and seemed smaller than some wards the team have visited.

The dining room seemed quite crowded, especially when several patients and staff were inside. There seemed to be quite a lot of furniture.

Though patients came and went, though there seemed little stimulation or activity in the room so they did not seem to stay very long.

The dining room was very hot. The visiting team member had to request to open a window because of how uncomfortable it was in the heat. The window had a perforated cover, and could only be opened slightly. Mr X said the ward and communal rooms were often very hot, which was not ideal for patients.

Staff seemed responsive and friendly during the visit. They were seen walking around and working throughout the visit. The atmosphere of the ward seemed a little hectic, but hardworking.

Iris Ward

The ward was busy but had a relaxing calm feel about it. All incidents were handled well and in a caring and professional manner.

The ward itself felt light and airy - there was more space than compared to other wards the team have visited. Lounge areas were welcoming and well used.

Good partnership working with Addaction as patients tend to have drug issues

There appeared to be a good focus on recovery and a person-centred approach.

Staff were helpful and appeared to be enjoying their roles. There was good rapport between staff and patients, needs appeared to be met.

There were delays which sometimes occurred at discharge due to the lack of suitable accommodation to move onto. Patients who were mentally stable sometimes remained on the ward longer than was necessary.

The visiting team spoke to 2 female patients individually who both had been to Cavendish at Leigh Hospital - both having had negative experiences in terms of lack of support, and appeared to be in very chaotic surroundings. By contrast they found the Iris ward very warm and supportive at all times in their recovery journey. They were both involved in the care planning and assisted with finding accommodation before discharge. One patient already has her own house and a CPN is in place for when she leaves. When asked to rate the impact the ward services and treatment has had on recovery the patient rated it as 9 out of 10.

An additional note is that one of the ladies had to go to Bradford for a bed when she was admitted before being transferred to Iris Ward with her being a resident of St Helens.

Recommendations

- 1.** Whilst the visiting team are aware that there is an issue with patients and visitors bringing illegal substances on to the ward, the number of notices and the tone could frighten already vulnerable people. A review of the notices should be undertaken with consideration to the production of less threatening materials. Information could also be provided in a patient/visitor pack rather than in poster form.
- 2.** A review should be undertaken of the “wallpaper” effect on the large number of notices/posters on the walls and some rationalisation undertaken.
- 3.** Consideration should be made to having a takeaway night on a regular basis. Patients enjoy having a different type of meal and if part of the regular activity structure will not be onerous on staff.
- 4.** The temperature in different areas of the ward varies enormously with some rooms too cold, some too hot. A review of how the heating is

controlled should be undertaken with hot/cold spots identified and appropriate action taken.

Distribution List

This report has been distributed to the following:

- *5 Borough Partnership NHS Foundation Trust*
- *St Helens 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

Response from Provider

Management at Peasley Cross were sent a copy of the final draft of this report and invited to respond. No response has been received.

