healthwatch Knowsley
healthwatch Warrington
healthwatch Wigan
healthwatch St Helens
healthwatch Halton

Enter and View Report

5 Boroughs Partnership NHS Foundation Trust

Halton Hospital

Weaver/Bridge In-Patient Wards

Visit: 10th February 2016

Report published: 12th April 2016

List of Contents

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 in showing the team round and answering questions. In particular we would like to thank Linda Martin and Helen Whittick.

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

Weaver and Bridge Wards, Brooker Unit, Halton Hospital

Date/Time

The visit took place on Wednesday 10th February 2016 from 10.30 am to 12pm.

Panel Members

Irene Bramwell - Healthwatch Halton, Outreach and Intelligence Officer

Martin Broom - Healthwatch Wigan, Enter and View Panel Member

Jayne Parkinson - Healthwatch St Helens, Engagement Officer

Judi Lunt - Healthwatch Warrington, Enter and View Panel Member

Esstta Hayes - Healthwatch Warrington, Community Engagement Officer

Jillian Marl - Healthwatch Halton, Enter and View Panel Member

Sue Parkinson - Healthwatch Halton, Enter and View Panel Member

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

Ruth Walkden - Healthwatch Warrington, Enter and View Consultant

Provider Service Staff

Linda Martin - Ward Manager, Weaver Ward

Helen Wittick- Ward Manager, Bridge Ward

Details of the Service

Weaver and Bridge wards are female and male acute inpatient wards.

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

Parking at the front of the hospital where the Booker Unit is located is at a premium and signage is confusing in relation to pay and display, for example, a large sign explains rules of parking and cost but no clear information about where to buy a ticket, clearly confusing for everyone.

The most helpful information in relation to this was graffiti type scrawl saying this way in red felt tip pen on official signage. It would be difficult and time consuming for anyone who had a sight issue or no experience of using this system. (It took more than ten minutes from entering the car park, to entering the hospital having

paid for a ticket). After getting ticket the visiting team member was stopped by two members of staff who advised on keeping the ticket as proof of purchase for at least 6 weeks as people were being fined, despite having paid to park.

One of the visiting team travelled to the site by Shuttle Bus from Warrington Hospital. The timetable was clearly displayed at the stop, along with notices about reasonable use for staff, patients and visitors. The vehicle was a small coach with comfortable seating, but there was no specialised provision for wheelchairs/those with mobility needs, and steep steps into the vehicle. One patient with a walking aid was helped up/down steps by the driver. He stored the equipment in the cargo area. They were dropped off at Halton Hospital's main entrance which was clean, tidy and clear. There was an adjacent seating area, small shop, café and seating.

Access from the main entrance to the Brooker centre was via signposted path. Signposting was clear and easy to read. Some red paving/surfacing near to the main entrance was uneven and difficult to navigate. This could benefit from resurfacing. During the walk to the unit a visitor was noticed with impaired sight trying to use the path and walkways/road markings which seemed to be proving difficult. On arrival at the building signage directed to another entrance.

The official signage to unit from hospital and car park was very clear, there was an access ramp to the unit for wheelchair users.

The Brooker Unit is within walking distance of local bus routes.

Access

The waiting room /entrance to the unit is clean and calm. There is a seating area. The reception desk was staffed by a person who provided clear directions when asked. Although a hospital setting the area was not intimidating, with pleasant wall art and not cluttered.

The ward was clearly signposted with no negative notices. The staff were expecting the visiting team and welcoming upon arrival although they were not asked to sign in. They seemed unaware of Healthwatch or its functions. There was no

complaints/compliments procedure to be seen and the “who's who” notice board was hidden behind the entrance door on wall on Weaver Ward. On Bridge Ward the board was more prominent in one of the lounges, but was out of date.

Access to the wards is by buzzer as the doors have magnetic locks. This was answered promptly when the visiting team pushed the button. They were warmly welcomed by the staff present – Kris Dunnico and Stef Dean. The team were taken to a meeting room which was clean and well lit.

A lift was available for the upper floor, this is mostly used as office space for staff teams such as the Mental Health Recovery Team.

Staffing & Leadership

Weaver Ward was originally a rehab unit and is now a female acute ward with the majority of the patients being detained. It was designed to accommodate 14 patients although there are at times 15 patients with one using another room which has been converted to a bedroom. There is a high ratio of detained patients. The visiting team were told the ward has a good record with staff retention, people move on for promotion not dissatisfaction. Bridge Ward has 15 male patients.

The team were informed that the ward has a low readmission rate (averaging 1/2 per month) matched with longer than average stays (67 days). Staff feel the longer stays support a more effective and lasting recovery.

When walking around the ward there appeared to be positive interactions between staff and patients. A white board in the corridor on Weaver Ward highlighted the day’s shifts and the staff names. There were four staff on the two day shifts and three at night.

There is a good ration of staff to patients. The two day shifts have two trained and two assistant staff on duty. An activities co-ordinator is shared between the wards. Bank staff are used to cover sickness and annual leave periods.
There is a bed management team to ensure patients stay within their own borough if at all possible.

The continuity of care was emphasised by staff during the visit as they explained that there is a turnover of consultants and health professionals which they felt impacted on care.

Activities & Leisure

The art room in Weaver was impressive, not because it was better equipped than other wards but because there were clear signs of regular use with a variety of art and crafts undertaken.

Joint activities with both wards help to maintain a sense of normality. Once a week there is a visit from "Home Safari" who bring animals on to the wards. Information boards in the reception area highlighted available activities including gardening, fishing, music and reading groups. Activities are influenced by the atmosphere on the ward for example if the ward is particularly chaotic, relaxation activities will be organised.

Community meetings are held regularly with the Activity Co-ordinator to discuss what is going on and what patients would like to do. A whiteboard in the dining room on Weaver had a "You said, we did" notice.

There was evidence of patients art work around the ward.

A patient spoken to by the visiting team had to rely on others to take her out because of her disability, she stated she didn't get out as much as she wished because staff weren't available that much to take her.

There was a large family room where children could visit. There were a number of activity rooms with snooker, table tennis and music. There was also a gym.

A family carers group is available and facilitated monthly by the Halton Carers Centre and provides additional support. A Carers' Café is very popular. Patients are able to access advocacy services and BME support through SHAP, a voluntary sector organisation.

Lounges provided television and game consoles, there was also a quiet area for reading with books and DVDs available.

Staff, if available, escort patients to the nearby retail park.

Administration

Whilst there is a controlled entrance to the wards there was no evidence of a signing in book. It appeared that visitors came and went at the discretion of staff on duty.

Ward rounds are conducted daily, Weaver presently has two consultants. The team is in the process of change as a long term locum consultant has recently left, another leaves in May 2016. A part time consultant is moving to Warrington. The Ward manager emphasised that patient care is not affected. Locums are used because of recruitment issues.

Cleanliness

The wards were clean, tidy and bright. Cleaners were seen during the visit with trolleys. Communal areas were well decorated with pictures and posters. Corridors were clear enabling wheelchair access. The visiting team looked at an empty room which was functional without being clinical.

There were hand hygiene signs with gel dispensers at the entrance.

Patients are able to do their own laundry with the help of staff if needed.

Management of Medicines

There was an appropriate sized medical room. The approach to administering medicines described to us was patient led not procedure led with patients given some flexibility on how and where administration took place.

A Pharmacist attends the ward daily and a Pharmacy Technician deals with patient prescriptions and medication history. The Pharmacist can also research patients' records to evaluate and identify medication that works best for the patient. The team provide information to GPs - in some instances it is to identify medical or

physical health records. The Ward Manager fed back that they have invited GPs to meetings about patients with complex needs, but (due to time constraints/capacity) rarely find that GPs attend.

Medications are dispensed by staff and there is also a process for patients to self-administer. Stef explained that there is a weekly top up done by the pharmacy where the team order medications in the morning and they are often provided by the afternoon.

Patients attend the clinic to obtain medications – it operates on flexible hours and is locked when not in use. There is not a rigid set of times for dispensing but there are 3 daily medication rounds (morning, afternoon and evening). This changes according to medications and the needs of the patients. Any medication difficulties are re-examined.

Food and Refreshments

Meal times are protected at 12pm and 5pm. Patients order food from daily menus, it is delivered by hotbox from the kitchen. Dietary requirements are catered for. Both staff and patients reported food served to patients is varied in quality, ranging from very good to poor. Caterers are provided with feedback and where possible improvements are made.

Patients are also able to order take away food to be delivered to ward or go out to eat depending on their care plan. If staff order for patients, the patients must sign a waiver form as the food is not provided by the Trust.

Staff are able to monitor quality first hand as they eat with patients on a rota basis. There is always a staff member present whilst patients are eating.

Patient refreshments in the form of hot and cold drinks, sandwiches, biscuits and fruit are available throughout the day. The patient I spoke to said she didn't like the foo-d and ordered chips from the chip shop as much as she could, stating staff readily assisted in phoning to place an order as she struggled to do this herself.

Smoking

The smoking area is open access throughout the day and closed during the night (12 midnight – 6am. Staff are currently preparing for the full on site smoking ban from 1st April and appear to be positive about its implementation and benefits to patients. How patients feel about this remains to be seen.

Privacy & Dignity

Patients all have their own rooms with en suite (toilet and sink) and a safe to secure personal items. Bedroom doors do not automatically lock, patients can request that staff lock them. A board in each room notes the named nurse and consultant. A patient told a member of the visiting team she required help with some personal care and described this as being provided in an appropriate and respectful manner. She stated she always felt safe when being assisted and got on well with all the staff.

The visiting team saw that staff knocked on all patients' doors and bathrooms before entering, requesting permission before entering.

Patients, family and carers are fully involved in all aspects of care planning. The Ward Manager explained that feedback indicated patients were not as involved in their care plans as they would like. An advocacy service is used for patients when needed.

Patients with swallowing problems are assessed on admission.

Staff confirmed that a BSL interpreter was available if needed, but could not recollect when this service was last used.

There is an increasing number of patients with physical health problems presenting on the ward.

Safety & Security

Weaver Ward have been piloting a new 'restrain project' which the manager and deputy described as having positive benefits to both staff and patients with the

main focus being on lowering the incidents of aggression and use of seclusion and restraint. Having a clear process that everyone understood that was audited and reported on was clearly welcomed.

A patient reported that overall she felt safe and cared for on the ward although it was scary when "people kicked off" it didn't last long.

Safeguarding is an area of development. The ward provides a "No Stimulation" room and a Seclusion Room for patients who require them. The No Stimulation room comprises of padded seating, bean bags and a floor mat – its walls are in the process of being painted with murals by patients. The room is used for 2 to 1 interventions with patients and it has recently also been used as a relaxation room.

The Seclusion Room lies just outside the end of the unit, meaning that any patients in distress can retain their privacy and dignity away from the main ward. The Ward Manager explained that the room is used very little, and only in extreme circumstances. Patients using the room use it for short amounts of time e.g. 20 minutes. The room comprises of a plastic covered foam bed and plain, sealed walls. During use a member of staff remains outside of the room at all times. The Ward Manager has requested a concave mirror to use in the door window to eliminate blind spots in the room. A bathroom is available adjacent to the seclusion room and was furnished with recessed taps and safety mirrors.

Visiting times are 2:30 – 4:30pm and 6:30 -8pm. They are not rigidly adhered to as the ward actively encourages family and friends to visit and will accommodate where possible any requests. Visits normally take place in the dining room where there is a drinks machine available. Children's visits are risk assessed and take place just off the ward in what appeared to be a comfortable and child friendly room.

Discharge

The discharge process starts on admission but as the average stay on Bridge Ward is 46 days this can be problematical. A Multi-Disciplinary Team meets in the early part of the week to organise discharges.

One of the visiting team discussed their care plan with patient who said she understood her diagnosis treatment plan and discharge plan. Although she didn't agree with discharge plan as she wanted a different outcome, she understood the reasons why. Her discharge had been considerably delayed as no appropriate placement and funding had been secured to date, which she found frustrating and distressing.

Staff acknowledged specific placements, either permanent or for rehab were difficult to secure at times, due to the complexity of need or just straightforward funding difficulties. This clearly had an impact on the wellbeing of individuals. The team work closely with Social Care and Community Psychiatric Nurses but complex health issues can hinder the discharge process.

Some patients are from out of borough areas, this is due to pressures and demand on inpatient mental health services.

Staff Training

Staff undergo mandatory training regardless of band, this includes safeguarding. All staff are trained to Level 2 in Safeguarding with some at Level 3. Staff are also able to continue their professional development. Some training is e-learning. Staff are made aware of 5BP's policies and procedures

Weaver Ward has recently engaged in a trauma-informed care training project with UCLAN on reduction of seclusion and restraint. Every member of staff on Weaver has attended and Grasmere are aiming to do the same training. Intervention using this model includes a de-brief afterwards, for staff and patients, which has been found to be useful.

During the visit a member of the team spoke to a trainee nurse who had been on the ward for 8 weeks - her experience of the ward has been very encouraging, supportive and eye-opening. Prior to the ward she felt apprehensive about working on an in-patient unit. Since then her fears had been allayed - her preconceptions were unfounded and her experience has been positive. She felt the ethos of the ward was very patient-centred and about recovery and flexibility around the needs

of the patient. She felt staff were very motivated by recovery and genuinely sought to do their best for patients.

The Ward Manager stated that the ward have a good retention rate for staff, though they often struggle to employ Band 5 staff into posts. It's believed that community nursing is more attractive when compared to a ward role. The Ward Manager explained that there is sometimes difficulty in recruitment and that male wards often have more applicants.

Training is positive and up to date - Stef explained that she maintains training records for all members of staff, which are reviewed regularly. Some training is via E-learning and is mandatory. The team ensure they are on top of staff training – staff don't get increments if they do not undertake training.

Summary

Overall the team found Bridge Ward comfortable and calm. On the day of the visit there were no obvious incidents. Staff and patients appeared relaxed with most patients having a purpose.

The impression of Weaver Ward overall was that it is an effective and comforting space. Staff are clearly committed to their roles and are compassionate in their duties. The Ward Manager is genuinely considerate about the patients she supports and her role within the team. She seems very supportive of her staff and their needs, and during our time the team felt she was keen to maintain patients individual rights as much as possible. The Ward Manager had a passion for sincere care and was keen to encourage this ethos with staff, which they responded well to. Though the ward manager explained that she had little awareness or understanding of Healthwatch's role prior to the visit she seemed receptive to the visit and the comments, and keen to discuss both the opportunities and challenges that the ward presented. Overall a well-ordered unit, with engaged staff and committed, caring leadership.

Recommendations

1. Notices relating to "Who is who" need to be kept in a prominent place and up to date
2. Parking continues to be an issue on the site. There seem to be two issues needing resolving: Firstly the way of paying is complicated, not made any easier by the fact that visiting a hospital as either a patient or visitor is a stressful time. Information needs to be prominent that a car registration is needed to purchase a ticket both on the car parks and in information sent out to patients. The machines themselves are not easy to use with small buttons and unclear instructions. Secondly the issue of penalty notices being sent out to those who have purchased a ticket must be dealt with as a matter of urgency.
3. A strategy needs to be in place regarding the use of locum consultants. Whilst the visiting team realise that sometimes a locum has to be used there appears to be an over reliance on Weaver Ward. Whilst it was said that only using locums did not have a detrimental effect on patient care the team have some concerns as to the accuracy of this.

Distribution List

This report has been distributed to the following:

- *5 Borough Partnership NHS Foundation Trust*
- *Knowsley 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 Provider

The management at the Brooker Centre were sent the final draft of this report and invited to comment. They were also reminded of the opportunity to respond. To ensure this report is timely, Healthwatch Warrington have chosen to publish it without a provider's response as one has not been forthcoming.