



# Enter and view report Rowan ward - Yeovil 25 February 2016

## Authorised representatives

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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	Rowan ward Summerlands Preston Road Yeovil BA20 2BX
Service Provider	The Somerset Partnership NHS Foundation Trust
Date and Time	25 February 2016 10.30 – 14.00
Authorised Representatives	Cliff Puddy, Fiona Pierce, Elaine Hodgson, Jonathon Yelland
Contact details	<a href="mailto:info@healthwatchesomerset.co.uk">info@healthwatchesomerset.co.uk</a> 01278 751403

## 1.2 Acknowledgements

Healthwatch Somerset would like to thank the staff and patients at Rowan ward for helping to ensure the enter and view team were welcomed, for accommodating its needs and for ensuring that patients were advised of the visit and given the opportunity and support to talk to us. It should also be acknowledged that authorized enter and view representative Elaine Hodgson is a governor of Somerset Partnership NHS Foundation Trust.

## 1.3 Purpose of the visit

- To seek the views of patients, visitors and staff about the services they receive or work in
- To seek the views of patients and visitors about other NHS or social care services they receive

To identify good practice examples and share these with commissioners, Somerset Partnership and other inpatient wards.

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## 2 Methodology

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This visit forms part of a wider project running from November 2015 to July 2016. Healthwatch Somerset enter and view representatives will visit each of the nine wards in Somerset that provide treatment for people with acute mental health issues.

The enter and view team first spoke to the ward manager. The team was keen to ensure that their presence did not hinder the provision of care being given and that any safety concerns were discussed.

The enter and view team then received a tour of the ward. The team was accompanied by a staff member throughout the visit to help ensure safety and each pair was given a panic/nurse call button.

The ward staff had informed patients of our visit at the daily planning meeting that morning and given them an opportunity to speak privately with the enter and view team. On this occasion none of the patients chose to take this opportunity although we were able to speak to three patients during lunch.

Following the visit, this report will be shared with the provider and a response to the report and the recommendations sought within 20 working days. The report will then be published on the Healthwatch Somerset website and shared with the provider, Care Quality Commission and commissioners of the service.

**A final report summarising the findings of all nine visits will then be written and sent to the provider for comment before being published as previously stated above.**

### About the service

The Somerset Partnership describe the ward as follows

Rowan Ward has 18 beds, providing assessment and treatment primarily for adults of working age experiencing an acute mental health problem. There is a team of specialist mental health doctors, nurses and therapists who work closely with the Crisis Resolution and Home Treatment team. Rowan Ward predominantly provides services for people who live in the South Somerset area.

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## **3** Rowan Ward provides a dedicated healthcare-based place of safety for detained patients. **Findings**

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### **3.1 The environment**

The ward has 18 en-suite single occupancy rooms. There are a variety of other rooms including a dining area, activities room, interview rooms and a reflection room. The ward has a section 136 facility. This is a place of safety that the police can use as a more suitable alternative to police cells. The manager informed us that this facility is one of two in Somerset and expressed the view that there is a need for more facilities like this.

Outside there is a garden area which can be accessed by patients. It was noted that there were many cigarette ends littering the garden area and the enter and view team thought that this could be off-putting to non-smokers. It is therefore recommended that regular cleaning of this area be carried out to ensure the garden is appealing and accessible to all patients. (See recommendation 1).

Throughout the ward it was noted that a variety of information was displayed on noticeboards showing information about who the staff are, activities and how to give feedback or make a complaint. It is recommended that information leaflets about Healthwatch Somerset are also made available. (See recommendation 2).

The enter and view team were also shown a well-equipped gym that patients are supported to access.

Overall, the team believe that the provision of a suitable care environment on Rowan ward has resulted from a high level of consideration and planning. With the exception of the garden the ward was observed to be clean and well maintained. The art work and aesthetic designs were considered by the enter and view team to contribute to a relaxed atmosphere.

### **3.2 Opportunities for patients to be involved and have their say.**

The enter and view team thought that the ward provided good opportunities for patients to be involved and give feedback on the service they receive. These have been listed in this report in the section entitled 'Good practice to commend'.

It is recommended that the ward look at appendix 6.3 to this report entitled 'Good Practice examples - Have your say meetings' and consider if any of the practices listed might be adopted. (See recommendation 3)



### 3.3 Staff

Throughout the visit staff were observed to support patients in a respectful and dignified way.

The manager explained that in addition to supervision, staff have reflective practice meetings weekly and this is facilitated by a qualified professional with an expertise in personality disorder.

There are national difficulties regarding the recruitment of qualified staff and the enter and view team asked the manager how recruitment at the ward has been affected. The manager informed us that recruiting qualified staff has been difficult due to the fact that there are fewer qualified nurses since the change in nursing qualification from diploma to degree level. The higher cost of university courses makes studying nursing qualifications a less financially viable option for many. In addition there is no university in Somerset to feed newly qualified nurses into the marketplace. Agency staff are sometimes used and we were told that every effort is made to maintain consistency for patients by using the same agency staff when possible.

### 3.4 Activities

An occupational therapist and two dedicated health support workers work on the ward provide a range of group and individual activities to meet patient's needs. An activities notice board was displayed listing activities planned for the week. The manager also informed us that volunteering opportunities are encouraged and patients have volunteered with a local food bank.

Volunteers also assist with activities such as 'painting with flowers' and Chinese meditative exercise sessions. Patients can be supported to attend an AA group which meets twice a week and we were told that a multi-faith chaplain visits the ward. There are also visits from the SUCH project which provides holistic therapies such as Indian head massage and aromatherapy.

The ward is also equipped with television, gym, pool table and other leisure equipment and games.

The enter and view team would like to share a list of activities gained from visiting other services and recommend that these are discussed with staff and at 'have your say meetings'. (See appendix 6.4 and appendix 6.4.1 and recommendation 4).

### 3.5 Other issues affecting health and social care service.

None of the patients who we spoke with raised any issues about other health or social care services. One patient told us that since their GP had referred them to the Somerset Partnership they had no further need to contact their GP for issues relating to their mental health as they had a good relationship with the Somerset Partnership care coordinator.

The manager explained that one issue that can affect a timely and supported discharge of patients, is the lack of supported housing provision in the area. The nearest high level supported housing services are situated in Taunton or Wells. This can mean that patients may live further away from their support network and may have to experience a change of care coordination.

### 3.6 Things to commend

- Displayed art work and aesthetic designs contributes to relaxed atmosphere;
- Access to a gym;
- The Patient Liaison Service (PALS) team visit the ward monthly;
- Daily planning meetings with patients every morning;
- Family liaison meetings;
- The ward signposts to carers' support services;
- Regular have your say meetings are held at the ward;
- The ward have built up and maintain good relationships with the police;
- Group supervision for staff is offered in addition to one to one supervision;
- Patients who hear voices are supported to attend a 'hearing voices' support group in the community;
- Information about SWAN advocacy service and PALS displayed;
- Well-chosen art work and aesthetic design helps contribute to relaxed atmosphere;
- The ward is a member of the National Trust so trips to local National Trust sites for patients are arranged;
- Discharge planning is started at the point of admission;
- Visits from the SUCH project who provide alternative therapies;
- Volunteer visits to the ward to provide additional activity options;
- Links with local projects such as 'Lords Larder' food bank provide volunteering opportunities for patients;
- Reflective practice opportunities for staff. This is facilitated by an outside professional who has extensive experience and knowledge of personality disorders;
- Patients can lock rooms for privacy. Staff maintain access in an emergency;

- There is a phone for patient's use;
- The SUCH project visits the ward to provide alternative holistic therapies to patients;
- Volunteering opportunities are encouraged through local projects such as the Lords Larder food bank;
- The ward purchased a National Trust card to enable patients to visit local heritage sites.

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## 4 Conclusion

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Rowan ward was seen to provide a suitable care environment for patients. Staff were observed to be caring and respectful. Good practice was noted relating to opportunities for patients to get involved and have their say. Patients we spoke with said they were, on the whole, happy with the care and support they received.

The ward has experienced difficulties recruiting qualified staff but have managed to use regular agency staff to maintain their full complement of staff.

The lack of supported housing providers was discussed and it has been noted that this can affect the timely and supported discharge of patients.

Many practices have been commended and some recommendations made that it is hoped will help the service to make further improvements.

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## 5 Recommendations

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- 5.1 It is recommended that regular cleaning of the outside area be carried out to ensure the garden is appealing and accessible to all patients.
- 5.2 It is recommended that information leaflets about Healthwatch Somerset are made available.
- 5.3 It is recommended that the ward look at appendix 6.3 to this report entitled 'Good Practice examples - Have your say meetings' and consider if any of the practices listed might be adopted.
- 5.4 It is recommended that the ward look at the activities list and good practice examples detailed on appendix 6.4 and 6.4.1 and share these with activities staff and at have your say meetings.

### Disclaimer

- This report relates only to a specific visit (a point in time)
- This report is not representative of all service users (only those who contributed within the restricted time available.)



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## 6 Appendices

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### 6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include<sup>1</sup>:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- providing advice and information about access to local care services so choices can be made about local care services
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

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<sup>1</sup> Section 221(2) of The Local Government and Public Involvement in Health Act 2007

**Each Local Healthwatch has an additional power to enter and view providers<sup>2</sup> so matters relating to health and social care services can be observed.** These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.<sup>4 5</sup> Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services. Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report is aimed at outlining

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<sup>2</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>3</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

<sup>4</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>5</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

what they saw and making any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts, NHS Foundation Trusts
- Primary Care providers
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

## 6.2 Comments from participants

- 'I haven't had to see my GP about my mental health since he referred me to the Somerset Partnership.'
- 'The staff are all supportive'.
- 'I don't like having to take the medication it's poisoning me'.
- 'The food is OK there is always a choice'.
- 'I'm happy with my room it's a good size'.



## 6.3 Have your say meetings - Good practice examples

- Hold regular weekly meetings.
- Make the meeting part of larger events/ activities.
- Ensure that residents have the opportunity to add to the agenda and receive the agenda well in advance of meetings.
- Give residents who do not wish to attend the opportunity to contribute to the meeting in other ways. E.g. via a key worker or suggestion box or someone raising items on the person's behalf.
- Invite guest speakers to talk about a topic of interest. Ask for suggestions about this from patients. Speakers may include a comedian or complimentary therapist, hobbies and crafts. This would help to ensure that residents who may not otherwise attend might be motivated to give their input for different reasons.
- Ensure that patients receive minutes of meetings, noting in particularly 'You said we did' type comments.

## 6.4 Good practice examples -Activities

Quizzes

Visits from local falconry/ bird sanctuary

Musical Entertainers

Visitors and staff bringing in pets

Monthly in-house church service

Visits from the owl sanctuary

Visits from the Donkey Sanctuary

Art class

One to one manicure

Visiting beauty therapist

Drumming workshops

Gardening

'Old Fashioned Sweet Shop' visit

Clothes Direct visit to the home

Flower arranging

Dough modelling

Library visiting service

Pets at home service

News & current affairs discussion group.

Garden Games

Bingo

Comedian visits

Arts and crafts

Carol service

Hand bell ringing

Nintendo Exercise

Garden walks

Film club

Indian head massage

Singing

Songs of praise.

Chiropody

Cooking

Model making

Barbeques

Music and movement

Dancing

Ukulele lessons

X-box bowling.



## 6.4.1 Activities promotion - Good practice examples

- Display an activities timetable on the notice-board and provide a copy to each resident
- Offer regular individual activities on a one to one basis. This can include assistance with a hobby, or just time to chat or reminisce
- Encourage and support patients to organise their own activities
- Discuss activities at patient meetings
- Offer a mixture of individual and group activities
- Give gentle encouragement to participate in activities while ensuring no-one feels guilty for choosing to opt out
- Seek feedback on activities when people are discharged.
- Employ an activities co-ordinator or give staff a specific role and time to plan activities with residents
- Arrange fund-raising for activities
- Allocate time for staff to arrange individual activities for patients or spend one to one time with a patient
- Seek volunteers to help run activities.