

Enter and View Follow-Up Report Jupiter Ward

Carried out in January 2017



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INTRODUCTION

Healthwatch is the consumer champion for health and social care in England. Here to give children, young people and adults a powerful voice - making sure their views and experiences are heard by those who run, plan and regulate health and social care services.

By making sure the views and experiences of all people who use services are taken into account, we can help make services better now and in the future. Healthwatch actively seeks views from all sections of the community, especially from those who sometimes struggle to be heard and not just from those who shout the loudest. We also encourage health and social care providers, regulators and planners to hear directly from people themselves.

Within the Healthwatch regulations, the Government has imposed a duty on certain commissioners and providers of health and social care services to allow 'Authorised Healthwatch Representatives' to enter premises that providers own or control (with some exceptions) to observe the nature and quality of services.

Enter and View is an opportunity for Healthwatch to go into health and social care premises to see and hear for themselves how services are provided.

BACKGROUND

In 2015 Healthwatch Merton decided that due to the changes taking place around Mental Health in our borough and neighbouring boroughs, and some anecdotal evidence, they would carry out an Enter and View visit to Jupiter Ward at Springfield University Hospital.

Healthwatch Merton spent time on Jupiter Ward in December 2015 speaking with patients there to find out about their experience as a service user. That report was then published in January 2016, and South West London and Saint George's Mental Health Trust who run Springfield Hospital, responded accordingly with an action plan based on the recommendations made. Both of these documents are available online on the Healthwatch Merton website.

As part of that project it was agreed that Healthwatch Merton would conduct a follow-up visit to Jupiter Ward, one year on, and so in January 2017 Enter and View representatives made three further visits to the ward and have produced this report.

Jupiter Ward is a mixed gender ward with 23 beds, and provides mental health care to clients between the ages of 18 and 75 years of age. The ward is divided into male and female wings, with communal areas in between, and two 'swing' rooms which can accommodate someone of any gender, depending on the demand for beds (at the time of our follow-up they were occupied by female patients because of the lack of

beds with en suite facilities in the female end of the ward, and the specific needs of these patients due to the effects of their medication). There is also a separate female-only common room and garden.

The services on this ward at the time of the first Enter and View in 2015 were for clients who fell under the catchment area of Merton. As of the 1st of April 2017 this has officially changed, as the new 'Service Line Management' operational model means that the ward now accepts patients from anywhere in the five boroughs served by the Trust; though in practice this has been how admissions have been working for some time.

At the time this follow-up series of visits began, all of the beds in Jupiter Ward were full. Healthwatch Merton were informed that 100% occupancy is generally the case (though at the time of our third visit in this series, there were two beds available). Of the 23 patients on the ward at the start of this Enter and View, there were 19 patients on section, and 4 informal patients - 3 of those had formerly been on section but had now been taken off. There were 17 Merton patients, 3 Kingston patients, 2 Sutton patients, and one Wandsworth patient; and staff explained that it was still Merton-heavy because they would try to get Merton patients whenever possible, in order to give them more continuity in their journey through the system.

Jupiter is an inpatient ward; conditions treated include depression, schizophrenia, first-presentation psychosis, schizo-affected disorder, manic depressive psychosis and postnatal depression.

During the day there are five care staff working on the ward, with either two Nurses and three Health Care Assistants, or two Health Care Assistants and three Nurses; at night there are two Nurses and two Health Care Assistants. On the final visit of this series, we enquired about bank and agency numbers and were informed that on that shift, one of the Registered Mental Nurses was employed through an agency, and the three Healthcare Assistants were bank members of staff.

At the time of our original visit in 2015 the ward was experimenting with a new shift pattern so that daily there are two shifts of 12 hours each and Nurses work 3 days on and then have 4 days off. The Ward Manager reports that staff can now choose to work this pattern if they wish to, or can work a more traditional pattern if they prefer, and that this works well both for the staff and for the service.

This follow-up report was submitted to South West London and St Georges NHS Foundation Trust in May 2017 requesting a response within the 20 working day statutory timeframe which ends in last week of May 2017. After 20 working days, this report and the Trust's response will be published and circulated to key stakeholders including the Care Quality Commission and Healthwatch England.

METHODOLOGY

Three Healthwatch Merton Enter and View Authorised Representatives carried out the visit to the Jupiter Ward at Springfield University Hospital.

These were:

Erin Cowhig Croft - Healthwatch Merton Information and Outreach Officer

Laura Johnson - Healthwatch Merton Volunteer

Chelliah Lohendran - Healthwatch Merton Operational Committee Member

The visits took place on the following dates and times:

- Wednesday 11th January 2017 from 10.30am - 1.30pm
- Tuesday 17th January 2017 from 10.30am - 12.30pm
- Tuesday 23rd January 2017 from 11.00am - 2.00pm

Four methods were used to carry out the Enter and View visits:

- Observation
- Interviews
- Informal conversations with staff members.
- Tour of the ward facilities and introduction to available services

Using the Healthwatch Merton observation tool, the Enter and View Authorised Representatives (ARs) rated the Jupiter ward in terms of; entrance and reception, information displayed, décor, tidiness, lighting, odour, cleanliness, bathroom facilities, noise level, safety and temperature.

The ARs carried out interviews with 15 patients over the three days they visited, using an interview tool designed by Healthwatch Merton, and based on the one used in the last Enter and View for consistency's sake. Throughout the visits ARs had the opportunity to speak with staff.

Please note that this report relates to findings observed on 11th, 17th and 24th January 2017. Our 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.

FINDINGS

Observations

Once more the friendliness of the staff on the ward was commended by Healthwatch Merton Enter and View Authorised Representatives (ARs). The ARs interacted with the ward manager, administrator, peer support worker, occupational therapist, student nurses, and healthcare assistants; all were very open and welcoming.

ARs again felt that safety on the ward was good, and the staffing level was adequate; though they did note the reliance on bank staff and the turn-over of senior and

qualified staff since the last visit, and hoped that this would stabilise soon to provide better continuity for staff and patients.

The openness and airiness created by having glass at the front and back of the building was felt to be a big asset; creating a view right through from the approach up to the building, into the expanse of the garden; which contributes to a feeling of not being closed in. ARs thought this would have a positive impact on how patients felt about being on the ward and were saddened to learn later that the glass at the front will need to be frosted to protect patients from being overlooked by the flats which are being erected opposite the ward.

The murals were still in good shape, and the recovery tree appeared to be in use with positive messages hanging from it from people who had been discharged; though some of the framed paintings around the ward were felt to be a little old and faded, and could perhaps be better filled with more patient artwork or poetry. One very nice touch noted by ARs was the whiteboard in the day room, which had the day's activities, the local weather forecast, and a positive quotation written on it.

The ward was noted to be very clean and tidy, particularly the bathrooms and the laundry room.

On this visit the noise from the television never presented a problem, and when asked about noise disturbances on the ward, only two patients had any complaints and these related to noise created by other patients.

Information displays contained all the same useful information on staff, medication, ward performance and sources of help which was praised by ARs during the last Enter and View, and the ARs were pleased to see that the notes from the ward's community meetings had also been added, as recommended by Healthwatch Merton in our last report. ARs did note however that in a table of 'place scores' for wards across the Trust, the scores for Jupiter Ward in 2016 were not present, although their previous scores were high. The statistics on the 'Learning and Improving' board were also slightly old, the latest being for October 2016.

Interactions between the staff and patients observed by the ARs were thought to be very patient and kind.

The communal telephone was still not working when ARs examined it and staff confirmed that it has not been fixed since last year. This leaves patients reliant on asking to use the staff cordless phone to make phone calls and is not an ideal arrangement.

The internet on the computer in the Recovery Room was in working order and had good connectivity this time, and loaded quite quickly.

On the first and last visit of this Enter and View, the Activity Room was observed to be locked due to a faulty cupboard, so people resident on the ward could not access it without asking staff.

In ARs initial interview of the Ward Manager they were given a lot of information about services available on the ward, in particular about translators and other support for patients who don't speak English. All patients have a physical check-up within 48 hours of being admitted. A chiropodist visits the ward and patients can visit a dentist who has a surgery at Springfield. One of the Health Care assistants will cut the hair of patients who need it.

Interviews

Some of the patients ARs spoke to were very unwell, and not all of them were able to provide a comment on all of the areas Healthwatch was interested in asking about at the time we managed to speak to them; where they did have something to say these comments have been included in this report.

Staff

Out of the 15 patients that wanted to speak to us, 14 said that they felt the staff were helpful, caring, supportive and friendly. Many patients had positive comments to add at this point in the conversation: ***"They are very good, they give me my painkillers at all hours, they dress my [injury] every day...All the staff here are good, they work as a team"***, ***"Yes, yes, very nice. Manager is very, very nice. Nurses nice. Everyone is very, very friendly"***, ***"very kind and very qualified"***. Many patients wanted to name particular members of staff and point out that they were ***"marvellous"***, ***"should be promoted"*** or that ***"he's very good, he does a lot"***.

One patient gave very specific examples of the type of care they appreciated: ***"One day when I hadn't slept so I couldn't wake up to get my medication, they brought it to me in my room. They do my blood pressure checks in my room and I like it, they make it easy"***.

Some comments were more lukewarm; ***"They're doing their best"***, ***"They're friendly enough"*** or slightly critical ***"There's not a lot of interaction with residents, which I find very difficult. How can they assess you if there's no interaction?"***, one patient felt that some patients were being left to eat unaided when they could do with some help ***"People don't help [certain individuals] so I do it"***, another said that ***"they all care about us but some of them ignore us"***, yet another patient felt that ***"staff do not talk to me"***.

It was agreed by 2 patients that there was still a difference between day and night staff; however one of the most enthusiastic comments about staff generally, included a mention of staff at night: ***"They're the best nurses I've ever come across. They put up with people swearing at them and being horrible to them, and they're still smiling at the end of a night shift even though they're so tired. I think they should get a pay rise"***.

There was one patient who felt very strongly that staff were not helpful, caring, or supportive and that only **“one or two”** are friendly. They expressed concern about how quickly staff tidy up after patients who have made a mess, saying **“coffee and even urine are left on the floor, it’s left to domestic staff”**.

Treatment and medication

This time not all patients wanted to speak to ARs about their treatment and medication, but for those that did, it was a very emotive issue. One person said their medication had been explained to them **“well enough”** and that was it; but four patients had lots of objections to their dosages and side effects, as well as the methods used to diagnose them.

One patient wanted more antibiotics to treat an infection, and felt they were being lied to by a doctor who said they couldn’t have them. Another patient wanted blood tests and physical examinations to be done again, because they disagreed with what they had been told about the previous results; although they did say that the doctor who had examined them on admission had been **“good and kind and examined [me] fully”**. They also said that they had requested physiotherapy and not been given any, and they knew that other patients had been visited by the physiotherapist. One patient was struggling with the level of dosage and wished for it to be reduced: **“My medication is too strong, it makes me urinate myself. I can’t believe I’ll be on [dosage] for the rest of my life, I think one day it will kill me!”**.

AR’s asked two of these patients if they had raised their concerns with the Independent Mental Health Advocate when she visits the ward, and they didn’t seem to understand that this was part of what the IMHA was there for. A third patient said they were already taking the Trust to a tribunal over the tests that person wanted done which they told us the hospital had refused to do, although they said they had achieved this by contacting their own lawyer, rather than by using the internal complaints mechanisms at the Trust. This patient commented that they felt like **“you can’t challenge them”**, indicating the staff and said **“I feel like there’s no independent second opinion”**.

Care Plans

Six patients spoke about their care plan. The levels of involvement ranged from very involved: **“I wrote my own care plan and gave it to the manager”**, to less involved: **“I feel like I’m kept in the know, but I don’t feel like I have a say when it comes to the course it takes”**, to not consulted **“They showed me my care plan already. I didn’t help to write it. They didn’t read it to me”** and finally: **“No, I was not involved and it was badly written”**.

One patient repeatedly expressed a strong wish for treatment other than medication to be available to them alongside their prescription **“I would like to be able to request talking therapy, and for that request to be taken seriously”**.

On Healthwatch Merton's 2015 Enter and View visit to Jupiter Ward, 7 out of 11 patients at that time said that they had been involved in their care plan, and were able to give examples of their involvement.

Named Nurse

On the present set of visits, when AR's asked if patients had a named nurse, only five people were willing or able to comment. One knew the name and said the name was definitely on the whiteboard in their room too, they said ***"I see her nearly every day. I think it's very useful, she's a good nurse. I don't wanna lose her"***. Another three people knew their nurse's name and one said their named nurse was ***"very nice"***, while another said theirs was ***"very good, and nice"***. One person who had been quite critical about other things said that they definitely had a named nurse, and that their named nurse was ***"the most qualified"***. The final patient who spoke to us on this topic said that they didn't know if they had a named nurse and they weren't even sure if there was a whiteboard in their room. This patient also said that they did not get a ward information pack when they were admitted.

Activities

Two patients said that they take part in the scheduled activities, with one saying they enjoyed going to the poetry club, and the other saying that they liked going to the exercise sessions. This person commented that the exercise sessions were ***"very good"*** with ***"good music - it makes me feel happy"***. This patient felt like there was a lot to do on the ward and said ***"there's a lot on the programme here"*** and pointed to the Occupational Therapist who runs many of the activities saying ***"she's a nice lady"***.

One person felt that they couldn't take advantage of many of the activities because of an injury they have, but they did say ***"I sit in the arts and crafts room and read magazines and listen to music. There's enough time and space to be peaceful. Sometimes when we're in there, everybody's laughing together"***. They also said that they really valued spending time outside ***"I go out as often as I can; to the shops and to walk around the hospital grounds. The grounds are nice. I like seeing all the trees and the animals, like the squirrels. When it's dry out there it's lovely. You can walk as long as you want. You can get a lot of exercise"***.

Another person who was not interested in the group sessions said that their preferred activity was just to ***"use the gym whenever possible and listen to music"*** and yet another person said that they don't plan on doing any activities other than using the computer. Our last Enter and View report recommended increasing the number of books and magazines available and ARs this time heard from one person who particularly likes reading that: ***"There's enough stuff here to read - books and magazines"***.

One patient made the suggestion that: ***"I'd love more music and singing together"***, whilst one person made the criticism ***"the cooking activities are too simple, it's***

not enough to make you independent and successful, it's child's play". One person did not realise there was a programme of activities, when ARs asked if they had taken part in anything they said *"There haven't been any that I've known about since I have been here"* (they were admitted over a weekend when there are less things in the schedule), when shown the activity schedule they exclaimed *"that's really good!"* but were disappointed not to have known about it up until this point.

Overall it seems like there is scope for different individuals to take part in a range of things both group-based and solo, to a degree which suits them individually.

Environment

Only one person spoke to ARs about their room this time, and commented that *"when I first went to my room, it was very cold"*. There were no other significant remarks, except to say that the bedrooms are fine and that they can all lock from the inside. ARs thought that the bedrooms were well lit and a good size.

Five patients praised the garden; for views, for access to outside space, and for the mood-lifting sunlight it allowed into the main communal areas.

Food

ARs asked about the timings, portion sizes and variety of food; 13 of the people they spoke to had only positive things to say about the food, with more than one even saying that they were *"completely satisfied"* or *"happy"* with the meals. Others said that it was *"fine"*, *"good"* or *"alright"*, adding that *"The portions are ample"*, while someone else said *"It's nice and hot; they don't give you cold food to eat. It's cooked well"*. One person had a mixed response; saying that *"whoever is planning the meals is very clever in nutrition"*, but also went on to say that *"sometimes when you are hungry it's not enough, some people want seconds. Men get women's portions. When we have medication we need to eat more. It's frustrating that you can't just have a sandwich when you want to"*. There was also one person with a negative view of the food, who said that *"I don't like this meal, there's no salt, no taste"*. One person complimented the soft food option, which they need to eat because of their teeth, but said they would like there to be more bananas available in the fruit basket, because it is always only apples that are available, and they are too hard.

Safety

All but two patients said that they felt safe on the ward; one said that they felt *"exposed and vulnerable"* and that they had felt *"threatened and frightened"* when they were first admitted, because they felt they had been tricked by staff at A&E. The other patient could not say why they were frightened, the AR could not make sense of their responses and thought that they seemed to be very ill at this point in time.

One person with a more positive view said that they felt particularly safe because staff come to check on everyone regularly. They also said ***“I am happy here because my house is not safe to me”***, and commented of the ward generally that ***“It’s a nice place”***.

Support

Two people commented that the level of support given to you on the ward is high, but talked mostly about the support given by staff for their needs in the moment, saying ***“they support you in every way: medication way, looking after us way, many ways”*** and ***“you get support from the staff; anything you need you just tell them. Sometimes they’re busy but when they get a chance they come back to you and see what you needed, they do listen”***.

One person felt that ***“the range of support could have been more fully revealed to me”*** after ARs told them about services available on the ward that they had not either known about or had discussed with them in detail. Two people were preoccupied with worries about their housing situation on discharge, with one person saying that they hadn’t been spoken to at all about the fact that they were homeless, and that it was their main concern.

The last comment about support was from a patient who felt that ***“there’s no support”*** and their view was that ***“there’s no guidance on how to go out to work, or on home economics like accounts and shopping etc”***; they were very insistent that patients should be given a lot more of this preparation.

One area that came up in several discussions this time was access to spiritual support. Three separate patients mentioned it, one of them said ***“I’d like to go to a chapel, why is there no chapel?”*** Another patient spoke about the spiritual dimensions of the symptoms they were experiencing and wished for someone who shared their religion to speak to them about how to interpret their experiences; ARs suggested that they speak to the Chaplain and the person said that they didn’t feel confident enough to contact the chaplaincy service because they thought the Chaplain might not want to talk to them or be interested in their thoughts. A third patient also mentioned that they wanted to pray.

Other comments

Two patients spoke about their experiences of admission, both had been admitted less than a week before they met with ARs. One said that during their assessment ***“I think they used a very blunt method to rehydrate me, I was ordered to drink water without any regard to the reason why I was dehydrated”***, they felt strongly that since they were unable to drink water due to the symptoms they were experiencing, it would have been better to have someone talk them into it gently.

One of the patients gave ARs a lot of information about what the new Lotus Assessment Suite at Springfield Hospital (which opened in November 2016) was like

for them. They said that the chair-beds were ***“comfortable enough”*** but that ***“it’s not the easiest place to be - thank God you’re only there for 48 hours!”*** The reasons given for this latter comment were that ***“the lights were always on, and male and female are lumped into the same place”***. However they did also say ***“The staff are great, so friendly it’s off the wall, they’re always cheerful and you can always go and speak to them”***. On a later visit speaking to another AR this same patient said they hated it in the Lotus Suite, again mentioning that the electric light was on all the time & this time added that they hated being questioned continuously by the psychiatrist.

A patient who had been on Jupiter Ward before said that they felt the service was ***“about the same”*** as it had been before. One person commented that the only fault they could find in the service is that the cigarette bin outside is not emptied frequently enough. The Trust is moving towards a fully implemented smoke free policy by 1st October 2017 and so the sole issue which this person had will in effect resolve itself, however ARs note that this significant change is likely to have a strong impact on the day-to-day experience of staff and patients.

Patients still have the ability to attend the Recovery College courses if they are allowed leave from the ward. These included at the time of visiting: briefings on understanding different mental health conditions, courses teaching tools and skills to help with recovery, resilience and managing day-to-day life, and tuition on ways to approach specific problems. ARs were very impressed with both the courses available at the site based within the Springfield Hospital grounds (where Jupiter Ward also sits), and out in the community from the Vestry Hall in Mitcham.

Carers Welcome Packs are still available in the Family Room (though they only contained details relevant to Merton Carers), and staff reported that they had been making an effort to try to provide the same link with community services which they had done in the past. They admitted that it was proving more difficult for them to have the necessary breadth of knowledge, links and contacts to hand now that the ward takes patients from all five boroughs (especially when the services available and the level of support they offer differ in each borough).

Ongoing changes in the voluntary sector were also presenting a barrier, as changes to the funding that voluntary sector groups have been successful in getting has a knock-on effect on the services they are able to offer - at the time of visit, the Mental Health Support Worker from Carers Support Merton who visits Jupiter Ward on Thursday evenings and Friday mornings did not have funding to continue their work past March 2017.

Staff also told ARs that they had been told by patients that the feedback machine is too difficult to use when you are disorientated because there are too many questions and they are too involved or complicated.

One member of staff also reported that they had been embarrassed not to know about admissions which returning patients had had to other wards. They were also

worried that if someone in their care had a period where their illness worsened and was taken to the intensive care ward, then they might not be returned to Jupiter afterwards; meaning patients would have to start building relationships from scratch on another ward, and this could delay their recovery.

One of the aims of opening the Lotus Assessment Unit was that admissions to the wards could be scheduled more appropriately, and that in particular people would no longer be admitted directly to the wards by the police; so the issue of an increase in night-time admissions (when there are less staff) which was noted in our last report, should have been effectively dealt with by this new model of handling the admissions process. We look forward to seeing data which shows how effective the Lotus Assessment Unit is over time in reducing this disruption to night-times on the ward.

CONCLUSION

ARs felt that Jupiter Ward provides a welcoming and comfortable environment to recover in, and that the staff provide a high standard of care and see to patients' needs with conscientiousness and commitment.

It is clear that the Trust is going through a period of large-scale changes and the effect on patient experience needs careful monitoring to make sure that adjustments are contributing positively to providing the best possible service to patients and carers.

UPDATE ON SUGGESTIONS FROM 2015 REPORT

1. Several of the areas we suggested to monitor have had effective plans put in place:

- Activities continue to be regularly reviewed, and Activities Coordinator to find out from patients what they would like to see more of and take part in.

The Occupational Therapist and the Activities Co-ordinator aim for one of them to talk to people about activities within two days of arriving on the ward, including asking about their interests. The person we spoke to who had not heard about activities could have been there for less than two days from what they told ARs, which would explain why they weren't yet aware of the schedule. The schedule was available in the dining room for patients to look at and this is how ARs were able to show it to them.

- Ward consider asking Voluntary and Community Sector Groups to come and run a monthly activity, or attend ward community meetings to promote their service (e.g. Focus 4 1, Rethink Mental Illness or Avanti Club).

A volunteer from the local library comes to the ward every week to run an activity. Additionally the Service User Representative from Rethink Merton and Sutton comes in and brings information about activities which Merton residents can access. Linking with voluntary sector organisations and bringing them into the ward to build relationships with service users before they reach discharge would still likely be very beneficial, but implementing this faces an increased number of logistical problems now that Merton residents can be distributed across different wards.

- Consider magazines, newspapers and books in quiet area.

A selection of books which amounts to several shelves worth is now available through the book loaning service set up and managed by the Occupational Therapist. The main collection is kept in the staff office to be available on request, and a rotating selection are put out for open access. The full list of books available to borrow is posted on the activities notice board in the main corridor.

- Ensure patients are well informed about their treatment and medication, and that patients have access to clear information on this.

The medication information board in the main corridor contains a lot of helpful summaries, and the last page accessed when ARs viewed the computer room was the Trust's 'Choice and Medication' website homepage (<http://www.choiceandmedication.org/swlstg-tr/>). The Ward Manager commented that patients very often use this site and the rest of the internet to research their medication. People we spoke to felt they understood what medication they had been given and what the effects were, even when they had an opinion about why it should be changed.

2. One suggestion possibly no longer applies in the way it is currently phrased.

- Strengthen links with Voluntary Sector Mental Health Forum and with Merton Voluntary Services Council (MVSC) who work with a number of groups with a focus on mental health, and health and wellbeing.

This is not likely to be a priority or have as much benefit now that Jupiter is not designated as a Merton ward. However the Trust as a whole would benefit from working out a strategy for partnering effectively with the diverse range of voluntary sector groups across all five boroughs, to see how they could support patients before and after discharge.

3. There are a few areas where we would say that the suggestion to monitor those areas needs to stand:

- Ensure that all patients have a welcome pack and that welcome pack is up-to-date.

Some of the people who spoke to ARs did not seem to know about the services on the ward which were available to them, this suggests that perhaps they have not come across a welcome pack, or that a pack is not the most suitable format for them to digest the information. Perhaps a series of short videos could be made containing the same information, which would be available on the desktop of the computer.

- Ensure every patient has access to and is involved in creating their own care plan, with support from carers when required.

The patients ARs spoke to for this report were not all confident that they had been involved in their care plan. The Trust's response to our previous report states that care plans are distributed once a week to all patients, and that in audits 100% of patients were evidenced to have had involvement in theirs. It's important that patients feel they are able to engage with their care plan in a meaningful way, and this is an area we would ask about in detail on any future Enter and View at the

Trust, to be able to paint a better and hopefully useful picture of how involvement works from a patient point of view.

- Ensure that every patient knows who their named nurse is, and that white boards in patients rooms are kept up-to-date with this information.

Most patients responded positively to this question, but one did not. ARs did not check all of the rooms, but this patient also said they had not seen a name on a whiteboard in their room.

- Consider ways in which technical issues can be rectified quicker, including internet problems, so that the most can be made of these resources.

The computer and feedback terminal were in good working order at the time of our visit, but the telephone in the main corridor was not.

NEW SUGGESTED AREAS TO MONITOR

- Consider acquiring the print magazines of mental health advocacy charities such as Mind and NSUN to put in the common rooms; these can provide positive and empowering narratives about living with a mental health condition and can create a sense of linking to a wider community.
- Consider working with voluntary sector providers from each of the boroughs (such as the Association for Pastoral Care in Mental Health in Merton and Sutton) to equip patients with a befriender upon discharge, if they wish to accept one.
- Consider putting on more activities at weekends; perhaps speak to MVSC or another volunteering support organisation to ask for help recruiting volunteers who could make this possible.
- See-through leaflet racks would make the leaflets available more visible. Currently many are mostly obscured, especially the smaller-sized ones.
- Have copies of Healthwatch Enter and View reports (including this one) about the Ward available in leaflet racks so patients and carers can pick them up and read about previous patients' opinions and experiences.
- Send a member of the Chaplaincy team to speak to patients who have expressed a sense of faith, in order to talk about any needs, wishes or requirements they have resulting from this. They might not be confident enough to make that approach themselves or even to request that staff do it on their behalf.
- Consider having a 'quick feedback' option added to home-screen of the feedback machine on the ward; for patients to leave short comments in a free text box about how they are feeling or an issue they have had - rather than making them go through the lengthy survey form currently set up.
- Introduce new patients to the IMHA when they visit. Encourage patients to speak to the IMHA and become familiar with them and their service, so that all patients are confident to access support to challenge decisions around their medication or other care, if they feel they want to.
- Try to work with local cafes to secure toilet access for patients whose medication makes them need the toilet frequently, to make it easier for them to visit the high street without anxiety. They could carry a recognisable card that businesses could be made aware of, similar to the IBS network's 'Can't Wait' card.

- Monitor the impact that the change away from borough-based wards has on the experience of being an inpatient at the Trust, look specifically for adverse effects and find strategies to mitigate them.
- Make sure that detailed information on community services in each of the five boroughs is available to patients and that they get provided with an information pack specific to their home borough at discharge (if not before).
- Make sure that adequate information about community services in all five boroughs is available to carers in their packs, and that key details on services from all five boroughs are displayed in the family room.

ACKNOWLEDGEMENTS

Healthwatch Merton would like to thank patients, carers and staff on the Jupiter Ward who welcomed, supported and engaged with us to improve services.



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