ENTER & VIEW FINAL REPORT

Date & Time of Visit – 25th September 2017

Premises Visited

Ward 6,
Harplands Hospital,
Hilton Road,
Stoke-on-Trent,
Staffordshire,
ST4 6RR

Managers Name - Michelle Lewis

Authorised Representatives - Phil Leese, Paul Harper and Rachel Dean

Reasons & Purpose of visit

Healthwatch Stoke-on-Trent, in partnership with the City Council, has introduced a Dignity and Respect Charter which applies to every resident receiving care. The visit was to assess how this is perceived by both residents and staff.

However, the visit was also prompted by evidence reported to us by a family member of a patient on Ward 6 regarding care. The Ward had reassured Healthwatch that the concerns had been addressed and our visit was to evaluate what improvements had been implemented.

Methodology

The Healthwatch representatives met and spoke with the manager Michelle Lewis and Acting Modern Matron Laura Jones prior to the main visit. Their main comments and observations involved:

- Nursing care is mainly needed for people being discharged from Ward 6 but there is an insufficient number of care homes that provide that level of need
- Delayed discharge is an issue and is often due to lack of suitable placements and securing funding in the community (The social worker is mainly involved in this)
- We were informed that the reduction in community beds has increased pressure on the Ward
- In terms of training, staff on the ward are Tier 2 Dementia Awareness Trained. Staff have also apparently signed up to be Dementia Friends (but we did not see anyone wearing a badge).
- Patients tend to be near the end stages of dementia

- The ward occupancy rate is high and 90% of the service users are more dependent
- There has been an Increase in patients who have a combination of physical health needs and dementia, but the ward will not accept someone if the primary need is not dementia
- The general age of patients 65 plus, but they do have younger patients with early onset dementia and the service is flexible about age and is needs based.
- We were informed that the transition arrangements for people transferring from Adult care to Neuro and Old Age Psychiatry (NOPAP) has improved
- The ward has a close working relationship with the Older Persons Community Outreach Team which is also based at Harplands
- Most discharges are to nursing care homes due to the complex nature of the service user needs
- The ward does use Care Programme Approach (CPA) with the deputy ward manager mainly doing the care coordination role. There are plans for other staff to undertake care coordination roles too
- The Directorate has representation on the Dementia Steering Group and the Modern Matron is a member of the Dementia Action Alliance.
- They have found that some relatives have anxiety around the ward being part of a mental health hospital. have had relatives comment, 'why are they here? They're not mental'
- The ward manager provides a "carers drop in" arrangement but there is presently no carers support group, but she says this might be something to offer.

Overview of Ward

- **External – observations outside the Ward**

One of our visiting team mentioned that the hospital is not clearly signposted from the road which may present problems for someone not familiar with the area.
The main car park is not big enough, resulting in cars having to park on double yellow lines and blocking emergency exits.
Staff on the main reception did not speak to us and our team only knew they needed to enter car registration numbers into machine because one of the visiting team used to work there. He also told the team that failure to register your car can lead to parking tickets and fines.

- **Internal – ward 6**

Upon reaching Ward 6, we noticed the presence of an anti-bacterial hand sanitiser at the entrance to the ward but no obvious signs to indicate that visitors should use this.
The team were also surprised that they were not asked to sign in after the call bell was rung.

Evidence received

Original evidence had reported that state of the art sensor taps had been installed but they were unsuitable for people living with dementia. When we raised this with the ward managers, they said that the taps had been fitted for infection control purposes but agreed they were unsuitable for patient need and are trying to get them changed.

On the day of the visit we were informed that 14 more taps needed replacing. Patients are assessed and allocated rooms accordingly. For those patients needing assistance with washing, the new taps are fit for purpose (they wouldn't be able to use them unaided), but

since room occupancy will change over time, the whole area of 'tap suitability' needs to be addressed.
There were no plugs in the sinks with new taps, so patients have to use a disposable bowl to fill up to have a wash. However, we recognise that plugs can lead to the risk of sinks over flowing hence the use of the bowls.

Environment and activities

General areas

Please note that we have been informed by NSCHT that certain parts of the ward are designated as being 'low stimulus' and therefore some of our comments regarding lack of activities may not be totally relevant.

- We saw the provision of 'Looky Bags' for relatives. These contain information on local support services for people affected by dementia
- Fire doors- these had pictures on them of books (to look like a bookcase). It is known that dementia alters a person's perception, so these may look like real bookcases and books. *Please see response from NSCHT regarding this.*
- We saw that walls, handrails and skirting boards were painted in different colours to distinguish them which we believe to be a good feature
- With the exception of the toilet and bath room, the signs on all rooms are words only (not a combination of words and pictures). As people in the later stages of dementia might not recognise the wording, we believe it would be helpful to have a picture
- The team observed the motif of a tree with leaves in the sitting room and further motifs on the window which *may be* considered too distracting for a person with dementia as it can affect their perception

Communal areas

- Main **lounge**- we saw no books or reminiscence activities for relatives to do with patients. A nurse sat helping to feed a patient, but she was also working on her laptop at the time
- There are other smaller lounge rooms where people can sit.
- Also, there seemed to be a lack of activities in this room (maybe books and reminiscence activities could be introduced so that patients and relatives/carers can interact more).
- We asked why the **dining room** was predominantly yellow in colour. It was explained that yellow is meant to stimulate appetite

- Also in the dining room – there did not seem to be many chairs and did not look very inviting or comfortable. *Our visitors did not observe a menu being displayed but we have subsequently been informed that one is displayed and changed daily*. However, it was a bright room with good space between tables for people to get around
- There are no Dignity and Respect Charter posters on display **(Healthwatch is actioning this as we know they will be displayed once received)**
- There is a **breakout space** (a quiet area used for reflection). However, one sofa and a table and chairs did not look like a relaxing and inviting environment and again there were no activities in there, or obvious signs of things that would help the patient to relax
- Ward 6 has a Female only lounge but again we observed a complete lack of activities or stimulation
- In the **Sensory room** none of the sensory 'things' were switched on and there were no tactile activities
- The **Activity room** has a board with names, what people like to be known as, their hobbies and interests and where they worked. A cutting and sticking activity was taking place.
- We also observed crash boxes for individual patients as well as Twiddle muffs.
- There is a **Patients kitchen**- where those able can make their own food and drink
- **Bathrooms/toilets** - we saw a sign on bathroom door which said, 'bath hoist broken'
- The team was pleased to see that toilet seats are a different colour, so the toilet can be identified. The walls and floor however are all the same colour. Since dementia affects a person's perception, we feel the colours should always provide a contrast to help avoid confusion

Corridors

- The team saw exercise points along the corridors which had laminated information in both words and pictures. We observed a nurse helping a patient here, but wondered if it has been designed for the person with dementia to use on their own?
- We saw a Wet floor sign in middle of a doorway which was then removed by the cleaning team
- Angled mirrors are installed enabling staff to see round corridors which *may* possibly be a breach of patient dignity but is debatable as it also improves patient safety
- We saw small, printed activity timetables placed around corridors, but, again, they only had words, no pictures
- One of the corridors does have art work of various areas around Stoke to familiarise patients with the setting
- The corridors are wide, spacious and bright but there are areas where observation is reduced
- The layout of the corridors does allow people to walk around and to exercise as they do

Bedrooms

- Bedrooms- again, should there be a picture of a bed as well as the wording? There was no information on the patient outside of their room. A "personal book" is kept in a drawer in their room that has information about what they like to be called, hobbies, where they worked etc. As staff time is limited, would this be better outside the door, as is used in care homes, so the staff member can familiarise themselves with this information before entering so they can strike up a conversation?
- Patients or relatives can choose a picture to go with their name on door sign that shows something they like or a hobby.
- We felt that many of the rooms seemed bare, with no evidence of personalisation although we were assured by staff that residents are encouraged to have family photos on walls
- Some bedrooms have ensuite facilities but not all
- We saw two residents walking around in slipper socks but understand that sometimes it is very difficult for staff to prevent the removal of these
- We did observe staff interacting with service users and they were pleasant, kind and appeared to treat them with dignity and respect
- Green triangles are placed on the bedroom doors to identify those at risk of falls. Note that a risk assessment is done with relatives
- They have beds which can be raised or lowered according to the patients' needs and mats that can be placed on floor to prevent patients from injuring themselves if they fall out of bed
- Valuables can be locked away in the bedroom – we heard a passing comment that one lady has a mobile phone with which she tries to text her relatives

Patients/staff

- Residents are appointed an advocate if they don't have a relative
- All residents are allocated a social worker
- There is 24 hours visiting
- A Physiotherapist visits the ward at least once a week which is welcomed
- The majority of the service users are detained under the Mental Health Act 1983 and have access to an Independent Mental Health Advocate (IMHA)
- The Activity workers work seven days a week and don't just work 9.00 a.m.- 5.00 p.m.
- Carers/relatives are encouraged to visit outside of protected meal times and some visit and stay late into the evening
- The majority of the service users are detained under the Mental Health Act 1983 and have access to an Independent Mental Health Advocate (IMHA)

Conclusions

The Team wishes to thank the staff they met during the visit for their time and consideration. We felt the environment to be friendly, safe and caring.

This said, there *are* areas needing attention, none of which are cost prohibitive and so we would recommend the following:

Recommendations

1 more emphasis on the provision of activities and stimulation for the patients

2 improve signage generally – promote use of hand sanitiser before entering and make activity signs larger/easier to spot

3 introduce the use of a visitor's book

4 consider combining words with pictures to aid comprehension on all signage

5 Liaise closer with Healthwatch Stoke so we may provide relevant information regarding, for example, the Dementia Alliance

6 Display our Dignity and Respect posters (which will be sent with the final report)

A comprehensive response from Jane Munton-Davies, Head of Directorate, follows this report:

healthwatch Stoke-on-Trent

North Staffordshire Combined Healthcare NHS
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7th November 2017

Dear Dave,

I am writing in response to the "Enter and View" final report received from you following your recent visit to Ward 6 on the 25th September 2017.

I would like to thank your team for taking the time to visit the ward and for preparing detailed feedback for our consideration.

Following your observations and recommendations I would like to summarise our response to the points raised as below:

Meeting with Ward Manager, Michelle Lewis and acting Matron, Laura Jones

- Delayed discharges – the ward has implemented "Red to green" methodology which involves a daily review of each patient to ensure that proactive steps are being taken towards supporting their discharge. This is supported by twice weekly bed meetings and a "Rapid Escalation Protocol" which ensures that any blockages are escalated quickly within the relevant organisation. The ward now has a full time qualified assistant practitioner as part of the team who leads on delayed discharges and has made a significant impact on the process of securing both the funding and an appropriate care home placement

- Approximately 85% of ward staff have signed up to the Blue Iris initiative by Stoke City Council and a number of staff are dementia friends.

  The NOAP inpatient Matron, Josey Povey is a member of the Dementia Alliance Action Group and receives/disseminates regular updates. Further information would always be welcomed.

  The Directorate participates in the Dementia Steering Group but not at an individual ward level. There are also strong links with Approach through the Dementia Navigator Service, which is an integral part of our memory Clinics.

A Carers group was in place until recently, however this was very poorly attended due to being at a fixed time. Therefore, a drop in service is now offered to carers to enable engagement and flexibility around carers needs. The ward manager also offers 1:1 meetings for carers and this includes options in the evening or at weekends.

Overview of the ward

External

- External issues relating to car parking and signage are acknowledged and will be escalated for further consideration.
- I would like to apologise that reception staff did not speak to your team and your comments will be passed on to the manager responsible for the reception team.

Internal

- All visitors are escorted on and off the ward so there would be no purpose to having a signing in/out book.
- Signage around hand sanitiser is being reviewed by the Infection, Prevention and Control nurses with a view to improvements being made in this area.

Environment and Activities

- Bookcase pictures covering exits are specifically designed to provide distraction from exits and are found to be very effective for this purpose. Very positive comments are received from carers about the use of these pictures as it can reduce the escalation of frustration for patients with dementia.
- Signage on doors will be reviewed and pictorial signs will be added where appropriate.
- Motifs on the ward have not been found to cause distraction or perceptual problems for patients and help to create a relaxing environment.

Communal Areas

- The ward requires a mixture of environments to meet individual patient needs. Some areas provide stimulation such as the activity room but some low stimulus areas are also required depending on individual patient need such as the breakout area. Low stimulus environments are important to support distressed and agitated patients and this is a recognised management technique.
- We are looking into the observation by one of your team that a member of staff was support a patient to eat whilst using a laptop.
- It is an action for the team going forward to ensure that this fully explained to visitors.
- Crash boxes would be utilised in the low stimulus environment as felt appropriate and as a supportive measure.
- Comments about activity resources will be reviewed by the team, including the two activity workers.
- Flexible seating is available in the dining room as not all patients have their meals in the dining room. This is individualised for each person, to meet their needs and to ensure the best possible nutritional intake is obtained.
- The menu is on display outside the dining room rather than inside. This is both in words and pictorial and is updated daily.
- The breakout space is not designed for activities and is for used for low stimulus time. Portable relaxation equipment and activities would be used on an individual basis depending on needs.

- The female only lounge will be reviewed with regards to provision of activities. This room can be used for quiet time or private visits when not in use by female patients.
- Sensory room equipment needs reviewing and this will be undertaken, based on the latest research for individuals with dementia.
- Twiddle muffs are for individual use only due to infection control requirements.
- Crash boxes contain personal items, often with sentimental value, so these are only used with an individual rather than being put out in communal areas.
- Patient's individual activities are stored in their bedrooms and can be readily accessed by staff or family members.
- Bathrooms/toilet doors only are identified by the yellow painted door.

Corridors

- Exercise points are designed to be worked with the physiotherapist, ward staff or family to support patients. This is a pilot project as part of the falls reduction programme.
- In corridor areas a balance between seating areas and trip hazards is carefully considered. There also needs to be consideration of age appropriate activities for individuals with a diagnosis of dementia, and clear rationale for the use 'toys', as happens with doll therapy.
- CCTV is not used on the ward. Parabolic mirrors help staff to observe areas that are out of the line of sight.
- Activities are displayed pictorially on a daily basis and the weekly activity timetable will be updated to include this also.

Bedrooms

- Due to issues of confidentiality it is not appropriate to have the personal books outside the bedrooms, as this is a hospital environment and patient group changes on a very frequent basis. The ward have introduced a 'This is Me' poster on each bedroom door to include:

  What the person likes to be called, when they like to wake up/sleep, dentures/hearing aids glasses, preference of shower or bath, toileting needs, preference of staff gender for personal care needs. Shaver preferences, Routine on waking and routine on going to be, Food preferences, footwear choices, walking aids and support to get out of bed.

- Bedrooms are personalised with the support of carers. This can be delayed initially as the admission period is often very stressful for carers but is developed and updated on a regular basis as the admission progresses. Displays in bedrooms include personal photographs, art work and dry calendar. The room displays are structured and a significant emphasis is put on ensuring that they are personalised.

- We encourage patients to wear appropriate footwear. However, if this is declined, we provide non-slip, slipper socks as an alternative. Should a patient remove their shoes and walk around in socks staff would encourage them to replace shoes/slippers. Staff have an excellent awareness of slip hazards.

Patients/Staff

- There is a named Physiotherapist for the ward, who attends regularly. This is daily if required, depending on patient need.

With regard to the specific recommendations and areas needing attention we can confirm the following:

1) **Greater attention to the colour scheme to provide consistency for the patient to help reduce possible confusion.**

We acknowledge the importance of colour scheme for patients with dementia and as you note in your letter have ensured that toilet seats for example are clearly defined by colour. We would however support a review of the broader décor of the ward to ensure that our environment is as dementia friendly as possible and will take this recommendation forward.

2) **Clear explanations to be provided to visitors around the provision of activities and stimulation for the patients.**

Activities are planned in line with individual patient need and there needs to be a mix of low stimulation and more intense stimulation areas on the ward. We are mindful of meeting a range of needs and where people are experiencing distress, stimulation is not always helpful.
The team will review how activities are co-ordinated and ensure that a balance is offered that meets a range of needs.

3) **Improve signage generally – promote use of hand sanitiser before entering and make activity signs larger/easier to spot.**

The team will review signage across the ward area. Liaison has taken place with Infection, Prevention and Control nurses to support improved use of hand sanitiser. More pictorial signs will be added to the ward.

4) **Consider combining words with pictures to aid comprehension on all signage.**

As above, signage across the ward area will be reviewed.

5) **Embed the "This is me" profile inside the bedroom door to enable the nurse/ visitor to comprehend more about the patient before interacting with the patient.**

Staff would have detailed information about patients during handover and from the patient record. In order to maintain patient's dignity and confidentiality the more detailed, personal information is kept in the patient bedroom in their drawer. Visitors are supported to access this if required and the "this is me" profile supports information/conversation.

6) **Liaise closer with Healthwatch Stoke so we may provide relevant information regarding for example the Dementia Alliance.**

The Modern Matron for the ward, Josey Povey is a member of the Dementia Alliance and provides regular updates to staff. We would welcome closer links with Healthwatch Stoke and will arrange a meeting to explore opportunities.

7) **Display dignity and respect posters (which will be sent with the final report).**

We look forward to receiving the Dignity and Respect posters and will ensure that these are displayed prominently on ward areas.

I would like to take the opportunity to thank you again for visiting Ward 6 and for the feedback that you have provided. I hope that you find the responses above useful and if you have any further queries, please do not hesitate to contact me.

Yours Sincerely,

Jane Munton-Davies
Head of Directorate (Neuropsychology & Old Age Psychiatry Directorate)