



## Enter and View report - Oxleas House

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## 1. Background

Healthwatch is made up of 152 local Healthwatch organisations that were established throughout England in April 2013, under the provisions of the Health and Social Care Act 2012. One of the main functions of Healthwatch is to support children, young people and adults in their health and social care needs, holding the system to account for how well it engages with the public.

The remit of local Healthwatch is to be an independent health and social care champion, to be the voice of local people and to ensure that health and social care services are safe, effective and designed to meet the needs of patients, service users and carers.

Local Healthwatch core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Work with the Health and Wellbeing Board on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (which will influence the commissioning process).

In addition to our core functions, under the Healthwatch regulations, local Healthwatch have the power to carry out Enter and View visits to providers so that our authorised representatives can observe matters relating to health and social care services. There should always be a clear purpose for the visit and 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.

## 2. Introduction

The mental health of local residents is a key area of work for local Healthwatch, Healthwatch Greenwich, Bexley and Bromley so it was decided to conduct Enter and View visits to inpatient working age adults' (18-65) wards across the three

boroughs. Oxleas NHS Foundation Trust provides mental health services for patients across the three boroughs of Bexley, Bromley and Greenwich. This report presents the findings of the Enter and View visit to Oxleas House, Queen Elizabeth Hospital, Stadium Road, Woolwich, London, SE18 4QH where there are three acute mental health inpatient wards (Maryon, Shrewsbury and Avery) for working age adults living in Greenwich and the trust's only psychiatric intensive care unit (PICU), The Tarn, which provides care for people from the boroughs of Bexley, Bromley and Greenwich.

### **3. Aim and objective**

The purpose of this Enter and View visit was to engage with patients and staff about their experience of Oxleas House and to gather their views. This included how involved people feel in planning their care, the ward environment, relationships between staff and patients and whether people feel safe.

### **4. Methodology**

The Enter and View visit took place at Oxleas House on Thursday 25<sup>th</sup> February 2016 between 9:30am-3:30pm and was carried out by three Authorised Enter and View Representatives (ARs), one from each local Healthwatch and was led by Healthwatch Greenwich.

Oxleas House had been notified of the visit and were sent flyers and posters which were put up on the wards the day before the visit to inform service users of the visit. Copies of the observation form and staff and patient questionnaire had also been sent to the Modern Matron before the visit. Patients and staff were also reminded of the visit during the morning community ward meetings. Upon arrival at Oxleas House the ARs spent some time with Joanne George, the Modern Matron, who explained the purposes of the different wards and advised on the wards that would be best to visit that day. She also informed the ARs that the unit was in the process of a refurbishment so there was some disruption to be expected as furniture was being moved.

The ARs were shown the section 136 suite, where the police bring patients who have mental health needs. There is a planned renovation of the suite in order to bring it up to new national standards which includes having two points of exit for the safety of staff.

The ARs visited Avery Ward and the Tarn to observe the environment, speak to patients and speak to staff. Patients were approached by the ward managers and asked whether they wanted to be interviewed by Healthwatch. The ARs interviewed six patients and three members of staff on Avery ward, and two patients at the Tarn. It was advised not to visit Maryon and Shrewsbury wards on the day as they were more unsettled than Avery ward and the Tarn.

## 5. Findings

### 5.1 Observations

The communal spaces in both Avery and the Tarn were bright, clean and welcoming with plenty of chairs for patients to use. The communal areas were clean and although the ARs did not see any food, the menus were displayed on the wall and there seemed to be a number of options available.

The ward manager on Avery Ward took the ARs on a tour of the ward to see the facilities in greater detail. This included the room available for family members to visit which was welcoming and comfortable, the communal drinks station where patients can make themselves drinks including tea and coffee and the bathrooms, which were all very clean. The ward is for female and male patients, but there are two separate corridors which are male or female only. The ARs were also shown an empty bedroom which was spacious and clean. There is a smoking area which patients can currently access at certain times of the day, although the Trust will become 'smoke-free' in the near future.

There was lots of information on display in both wards. This included the 'safe wards' project which displayed staff photos and information about their hobbies, interests etc. to break down barriers between patients and staff. There was information detailing the activities available to patients and also information which promoted both physical and mental health. On Avery Ward there was a leaflet rack which explained what different medications were for, how they work and potential side effects.

There was a notice board on the Tarn which included information about ward incidents which the ARs felt promoted 'inclusion and transparency' and there was also a large 'Tree of Hope' display with inspirational quotes from patients. On both wards there are boards detailing the structure of the day - the staff who are on the shift, which member of staff has been allocated to which patient, which staff will be dispensing medications etc. This ensures all patients and staff have enough information to plan their day.

The ARs witnessed lots of interaction between staff and patients in the communal areas and felt staff demonstrated 'enthusiastic and professional attitudes'. Staff seemed approachable, they were sitting in communal areas chatting to patients and the door to the nursing station on Avery Ward was left open, welcoming patients to talk if they needed to. There is also space for patients to talk to staff if they want to talk privately or discuss confidential matters.

### 5.2 Interviews with patients

#### 5.2.1 Avery Ward

Overall the patients the ARs spoke to had positive experiences of their time at Oxleas House. Everybody said their bedroom and the communal areas of the ward are clean and comfortable, the bathrooms are very clean and the communal area has plenty of space. Lots of the patients were smokers and used the smoking pod.

This can only be accessed at certain times of the day in preparation for the Trust becoming a smoke free site soon, which some of the patients find stressful and frustrating.

Patients told the ARs they felt safe on the ward at all times of the day and that staff were able to reassure patients who felt unsafe when they were first admitted. However, one person reported that staff were not always vigilant in making sure patients were not able to access objects which could be misused to self-harm.

The patients on Avery Ward told the ARs about the various activities and groups they are able to participate in such as the breakfast club and group therapy sessions. They also enjoy the community meeting which is held every morning on the ward and find it very helpful and informative so they are aware of what is happening throughout the day. Patients particularly enjoy activities which allow them to leave the ward such as the walking club.

Most patients were happy with the food on the ward and praised the choice and options catering to different diets (vegetarian, gluten free) available.

It was important to find out whether patients felt involved in any decisions about their care. Patients told ARs that all aspects of their physical and mental health were taken care of on the ward. They are encouraged to discuss and physical side effects of any medication with staff and there is a focus on overall wellbeing.

Patients felt supported by the staff on the ward. They felt listened to and that staff try to meet their requests e.g. if they want to talk to somebody in private. Some patients expressed that it would be better to have more staff, although they recognised that may be unrealistic due to costs. They said staff are often on the computer but recognise this is not how staff would prefer to spend their time.

Patients feel they have enough access to information about their treatment on the ward. Patients are given copies of their care plan, there are leaflets available about the different types of medications and the community meeting in the mornings is helpful to plan the day. There is also a welcome pack given to patients when they arrive at the ward which patients find very helpful.

Not all of the patients knew what an advocate was and the information was missing from the public noticeboard on Avery Ward. Staff told us this information was included in the welcome pack so all patients have been made aware of the advocacy service.

All of the patients the ARs spoke to had been visited by friends and family on the ward and the visiting times are convenient for family and friends. Some of the patients had previously been patients on the ward and one patient told us the ward were now much more aware of patient complaints and safeguarding issues.

Patients were generally happy with the ward but they did suggest some improvements:

“Staff should be able to spend more time with the patients rather than being office bound”.

“There should be somewhere to go if you want some quiet time away from the TV area”.

“There should be more activities which keep the mind occupied such as board games”.

### 5.2.2 The Tarn

The ARs spoke to two patients on the Tarn who were mostly positive about the staff and the ward environment. One of the patients had been a patient on the ward previously and he said that staff were now more likely to diffuse a situation by talking rather than by using restraining techniques, which he felt was a significant positive change. However, the patients said that using agency staff can cause issues and that there are language barriers with some staff.

One patient was a Bromley resident and felt the Tarn was too far away from his home which made it difficult for his friends and family to visit. As this is the only PICU in the Trust, there is no option for him to be in a ward in his home borough.

An issue for both patients was the lack of therapeutic interventions on the PICU, particularly as they begin to feel better. It was acknowledged by staff and patients that it was difficult to discharge patients from the PICU to the acute wards due to a lack of available beds so patients are spending longer in the PICU than necessary. Patients would like to be able to access more therapy sessions and have more education about recovery and relapse. Finally, they felt there is an over reliance on giving PRN medication.

## 5.3 Interviews with staff

We spoke to three members of staff on Avery ward, two healthcare assistants (HCAs) and one nurse. All of them were permanent members of staff and had been working on the ward for between two and five years. The staff enjoy working on the ward and interacting with the patients. Staff emphasised that patients and their carers and families are involved in patients' care through ward rounds and carers' meetings. The staff we spoke to felt safe on the ward and supported by their immediate colleagues including the ward manager and the modern matron and felt able to raise any issues or concerns to them. However, they were concerned that the weekly staff support session was being cut without any consultation, even though it is very helpful and an opportunity to air any views and resolve any conflict. The HCAs in particular felt they had little influence over decisions regarding their roles.

“We haven't got a voice”

Another key issue for staff was the resources available - there are four staff scheduled for each shift and there is a heavy reliance on agency staff. This poses a problem as only the permanent staff have access to other patients' notes so have

to spend more time recording patient information if there are more agency staff on the shift. As there is a lack of resources it means staff cannot spend as much time interacting with patients as they would like. It also means that if a patient is on escorted leave, there are less members of staff on the ward and other patients will not be able to go on leave.

“I’ve got to cut my time with patients short, I have to rush off”

## 6. Conclusions

Overall, patients and staff have positive experiences of Oxleas House. Patients told us that they had a positive relationship with the staff and were able to approach them. The ARs were able to observe this positive relationship during the visit and were pleased to see that staff were caring and professional. The staffing levels were also sufficient to ensure the safety of staff and patients at all times.

The ward environment was pleasant and the communal areas felt calm, bright and welcoming. There was lots of information available to patients, regarding aspects of their physical and mental health. Furthermore, extra information such as the ‘Tree of Hope’ displays and the ‘Safe Wards’ project generate conversations between staff and patients and break down barriers.

Most of the issues our ARs heard about were regarding staffing levels and how this limits staff and patient interaction due to time constraints. Staff and patients share the frustration that staff do not have enough time to spend with patients, which impacts on the level of care they can provide.

Based on the observations and feedback from members of staff, local Healthwatch have produced recommendations for the wards we visited, which we will work with the providers to address and use our position as an independent consumer champion for health and social care to exert an effective and responsible influence on services to secure improvements.

## 7. Recommendations

1. The information regarding an independent advocate should be on display on the ward noticeboard at all times.
2. The suggestions put forward from the patients on Avery Ward highlighted earlier in the report regarding the ward environment should be taken on board and activities should be reviewed.
3. Consideration should be given to the activities available on the Tarn, to include more therapeutic activities.
4. Managers need to ensure all staff have the language skills to communicate with patients, so patients feel understood and can engage fully in discussions about their care and treatment.



5. Staff should remain vigilant regarding objects which could be mis-used for self-harm purposes and ensure patients do not have access to such objects until appropriate safeguarding measures are in place.
6. Review systems to ensure staff are spending as much time with patients as possible during their shift.
7. Recruit more permanent members of staff and decrease the reliance on agency staff.
8. Ensure all staff feel they are involved in decisions regarding their work and have a space to discuss issues as a team.
9. Continue the good work provided by staff in general.

## **8. Acknowledgements**

Healthwatch Bexley, Bromley and Greenwich would like to thank Oxleas NHS Foundation Trust for allowing us to carry out these Enter and View visits, as well as the patients and staff at Oxleas House, for their co-operation and assistance during these visits. Local Healthwatch would also like to express gratitude to all our Authorised Enter and View Representatives for the work they put in to helping us engage with and improve services.

## **9. Authorised Enter & View Representatives**

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## Appendix 1 - Observation Sheet



### Enter and View Observation Sheet - Oxleas House

Name of E&V representative: \_\_\_\_\_

Ward visited: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

From 1-5, how would you rate the following areas?

(1=Unacceptable, 2=Poor, 3= Acceptable, 4=Good, 5=Excellent)

Area	Score	Comment
Entrance / reception		
Décor		
Tidiness		
Lighting		
Odour		
Cleanliness		
Noise level		
Information displayed		
Staffing level		
Patient toilets		
Food		

What is the general atmosphere of the communal area?

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**What interactions are there between staff/patients/visitors?**

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**What kind of information is visible? Is it clear? Is there anything missing?**

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**Is there somewhere patients can go to have private conversations with staff?**

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**What have I noticed that builds my confidence that patients will have a positive experience?**

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**What makes me less confident?**

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## Appendix 2 - Patient Questionnaire



### Oxleas House Enter and View visit - Your experience of Oxleas House

Date .....

Time .....

Ward visited

Resident of which borough?

#### Environment

What has been your general experience of the environment of the ward?

- Your room?
- The communal spaces?
- The bathroom facilities?
- Outside space/smoking area

Do you feel safe on the ward at all times of day?

How do you usually spend your time? (Ward activities?) Is this the same at weekends?

What is the food like at Oxleas House?

**Treatment**

Do you feel both your mental and physical health is being taken care of?

How involved do you feel in your treatment and care?

**Staff**

Have you had enough support from the staff during your stay?

Are there enough staff on the wards at all times?

**Other**

Do you have access to information about the ward and your treatment?

Do you know how to access an advocate if you would like one?

Are your family and friends able to easily visit you on the ward?

Have you been a patient here before? If yes, are there any significant differences you've experienced this time?

What recommendations or improvements would you make to the services here?

**Experience of mental health pathway**

Looking back to just before you were admitted, what services did you access? E.g. community mental health team, admitted via A&E?



Was there any way in which these services and how they work together could be improved?

**Further comments/observations?**

## Appendix 3 - Staff questionnaire



### Staff Questionnaire - Oxleas House

Name of ward:

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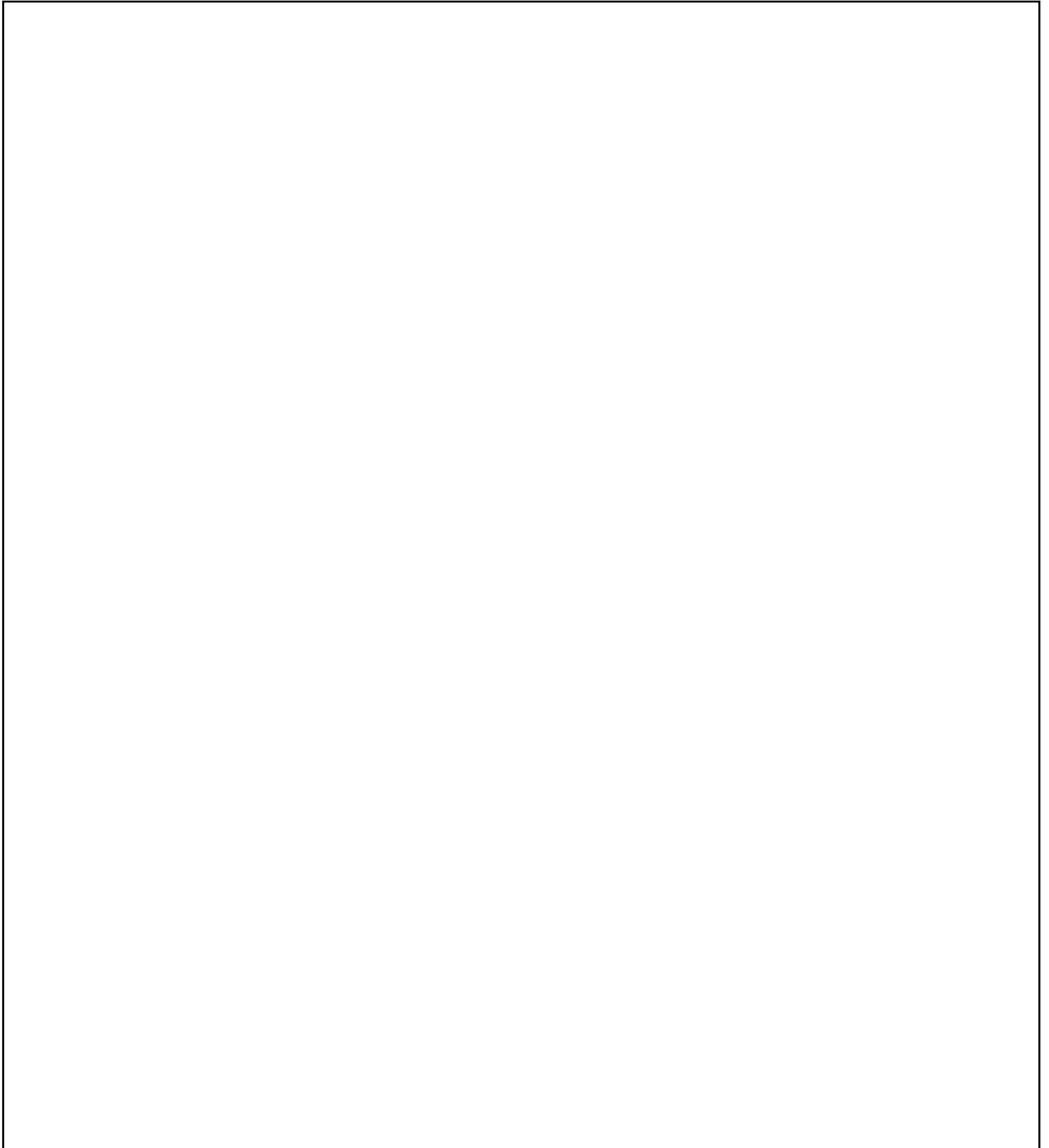
How long have you been working at Oxleas House?

Are you permanent or agency or bank staff?

What are your thoughts on how the service is run?

Do you feel you supported in your work?

**Do you have any further comments or observations?**

A large, empty rectangular box with a thin black border, intended for the user to provide further comments or observations. The box occupies most of the page's vertical space below the question.

## Appendix 4 - Healthwatch poster/flyer



**healthwatch** Bexley    **healthwatch** Bromley and Lewisham    **healthwatch** Greenwich

**We want to know what you think about Oxleas House**

We will be here on  
Thursday 25th February 2016

We want to hear about your experiences of Oxleas House including

- How you spend your time
- The support you receive from staff
- How involved you are in your care
- How things can be improved

**What is Healthwatch?**  
Healthwatch is your local independent community champion. We visit different health and social care providers to gather the views of the people who use these services and their family and carers.

**Contact Us**  
Email: [info@healthwatchgreenwich.co.uk](mailto:info@healthwatchgreenwich.co.uk)  
[www.healthwatchgreenwich.co.uk](http://www.healthwatchgreenwich.co.uk)

