Enter and view report

Riverside Unit - Avon and Wiltshire Mental Health Trust

12 July 2018

Authorised Enter and View representatives

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Contents

1 Introduction

1.1 Details of visit

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Service Address	Riverside Adolescent Unit, Blackberry Hill Hospital, Manor Road, Fishponds, Bristol, BS16 2EW
Service Provider	Avon and Wiltshire Mental Health Partnership Trust (AWP)
Date and Time	Thursday 12 July, from 10.00 am to 12.30 pm

1.2 Acknowledgements

Healthwatch Bristol authorised enter and view representatives wish to thank the service users of Riverside Adolescent Unit who participated in conversations with Healthwatch. We would also like to thank visitors and staff who were able to engage with us and answer our queries.

1.3 Purpose of the visit

The purpose of this enter and view was to gather feedback from service users about their experiences of care at The Riverside Unit. Healthwatch Bristol also aimed to find out what staff and management think of the unit.

2 Methodology

2.1 Planning

The Riverside Adolescent Unit was chosen for enter and view as AWP was rated as "Requires Improvement" by the CQC in summer 2017. Enter and view visits to AWP wards also tie in with Healthwatch Bristol's current work plan priority around

mental health and wellbeing. This visit was part of a series of visits and Healthwatch Bristol has visited other acute AWP settings (Mason and Oakwood Wards, Southmead Hospital). The reports for these can be found here https://healthwatchbristol.co.uk/wp-content/uploads/2015/01/EnV-report-Oakwood-and-Mason-Nov-17.pdf

A planning meeting was held between the enter and view volunteers and staff to discuss the enter and view visit to The Riverside Adolescent Unit We had an open discussion around prompts and questions to ask staff and residents and agreed them.

The enter and view was planned on the most popular date for volunteers.

After the visit, staff and volunteers had a short debrief on the Riverside site to discuss what we saw and heard and to identify any recommendations for improvement, based on what we were told and what we saw on the day.

2.2 How was practice observed?

Healthwatch Bristol authorised enter and view representatives visited AWP acute wards and spent time speaking with service users and staff there. We also spent time observing the environment.

2.3 How were findings recorded?

Comments and quotes were recorded by Healthwatch Bristol volunteers and staff while engaging with service users, visitors and staff. Comments were recorded anonymously. Conversation and observation record templates were typed up and shared with the representative who was drafting the report. Records were compiled and the report was written based on the records from the team.

2.4 What happens with the feedback Healthwatch Bristol has gathered?

The draft report will be shared with AWP staff and ward managers at Riverside. Healthwatch Bristol will give AWP **20 working days** to comment on our recommendations, outlining what steps they will take and when. The final enter and view report and the service provider's response will be shared with the CQC, Healthwatch England, the local authority, adult social care and/or the CCG and the service provider we visited. The report and provider's response will then be uploaded onto our website for patients and the public to read.

2.5 About the service

The Riverside Adolescent Unit is a dedicated service for young people between the ages of 13 and 18 who need intensive help with a range of severe mental health problems.

Both in-patient care and a day programme is offered, and referrals are received from colleagues in out-patient CAMHS teams as well as emergencies.

The Unit is in a pleasant building surrounded by woodland with good outdoor facilities and space for recreation.

A broad range of treatment options are offered to young people in crisis or difficulty and staff are particularly keen to work very closely with parents and carers and to continue to involve the out-patient team during a young person's stay.

Young people are able to attend school in the 3 well equipped class rooms with dedicated teaching staff.

The day programme operates5days per week and young people can access a wide range of group and individual therapies in a very supportive environment designed to help young people re-build their lives and deal with their difficulties.

A very experienced multi-disciplinary team provides full time nursing cover with trained psychiatric nurses.

The team is led by Jonathan Jones, Ward manager, Jane Thompson, Modern matron, Drs Geoff Woodin and Louise Molodynski, Consultant Adolescent Psychiatrists and Mags Patterson, Consultant Clinical Psychologist and includes a family therapist, clinical psychologists , Occupational therapist , Speciality Dr and Dance and movement psychotherapist and nursing staff.

3 Findings

3.1 First Impressions

Healthwatch Bristol's first impressions of The Riverside Unit were positive.

Staff did ask to see Healthwatch Bristol's ID badges and there was a secure front door with buzzer so security was very good at the unit.

The unit seemed busy, purposeful and well-managed. Staff were motivated and loved their jobs. There seemed, in our opinion, to be good team work and morale

amongst the staff team and service users at Riverside were generally satisfied with the care they had received.

3.2 Meeting with Staff and Management

Healthwatch Bristol Met with Jane Thompson, the modern matron in charge of the unit and Jonathan Jones, Ward Manager of the Riverside Unit. They informed us that currently;

Riverside is a 9 bed Unit – which will be a 10 bed unit soon

4 day places – there is a waiting list for day spaces

Average length of stay for young people is 70 days

Jane Thompson has returned to work in the Unit and Jonathan has been in post since 2005 and has worked his way up to being ward manager.

At present the Unit is fully staffed

Healthwatch Bristol were informed the unit uses supportive relationships with residents aged 13 – 18 years and staff are trained in the positive management of violence and aggression although restraint and medication are used very in frequently. No young person is left locked in a room alone, a system of time out in the low stimulant area is used to calm residents down.

The management explained that the unit has been assessed by QNIC (Quality Network for Inpatient CAMHS)for the Royal college of Psychiatry, which gives them an indication that what they are doing adheres to national good practice..

A staff grade doctor is on site and if physical care is required the unit work with Brisdoc, the out of hours and can call them when the in house Doctor is not available. The unit it is looking to having a GP clinic once a week.

The unit is being redesigned and extended to be the biggest unit in the South West, it is hoped that the unit will be rehoused whilst the work is undertaken as previous building work has been disruptive for residents.

Residents can participate in other activities if appropriate and within their care plan, one young person was risk assessed and had weekend leave to continue music lessons to keep continuity.

Healthwatch were informed young people will be given enough leave as they can manage on an individual basis to go out into the community, the door is locked for safeguarding purposes, as not all patients are sectioned patients.

Hot food comes from Fromeside, lunches are prepared by young people and menus are designed by dieticians, with a focus on healthy eating; this is linked to individual care plans for young people with eating disorders. Individual food choices and cultural choices are available. Families can bring in specific treats

from home but there is an issue with the service users' satisfaction of the food provided, a sensitive issue as a proportion of young residents have eating disorders.

Healthwatch were told an advocate comes weekly and joins in the community meeting on a Thursday afternoon, this meeting hears issues from residents and staff. Young people also have weekly sessions with their named nurse or therapist.

Families are very involved in the care planning and the aim is to get young people involved in agreeing their care plans. Care Programme Approach meetings (CPA) take place every six weeks with families involved. The unit is looking to formalise the assessment every 4 – 6 weeks to identify what is needed from a longer admission.

Communication, dietary and cultural needs are part of the initial meeting with the family at the individual assessment. CQC require the Unit to have a multi faith / non denomination / neutral space.

Ground rules are there to spell out any restrictions and safeguarding issues such as the front door being locked, the timetable and routine such as being up and dressed in the morning. The unit has high expectations and the unit staff have to juggle whether a young resident is having issues because they are adolescent or because they have wider mental health issues. Young people are not allowed to bring phones or Ipads to the unit, stimulation is found through other means.

A new group programme is due in August.

Healthwatch Bristol were provided with a copy of the Riverside Adolescent Unit Ground rules that are given to all service users.

Healthwatch Bristol were also given The Riverside Units Model of Service.

3.3 The Environment

The modern matron took us on a tour of the unit, the unit was not purpose built so they have had to make do with some of the layout (this will change with the extension being planned).

Rooms down stairs can be accessed by a stair lift, in the new extension plans a lift will be added.

There were some pictures in the corridors, but these were a bit ad hoc there was no real theme. Doors were all grey, which made the corridors feel drab, a suggestion to have doors of different room painted in different colours might brighten the place up. Young people have added their own art work to their bedroom doors and are encouraged to do so. We were shown a bedroom with some shelf space but little hanging space for clothes, the room had a wet room with combined shower and toilet. There is a bathroom if someone prefers a bath. Male and female rooms are on separate corridors.

The unit has a nursing clinic room, therapy rooms, class rooms, an office and a staff room. There was a picture board of staff and their names near the office and a 'You said – We did' board.

The dining room, has a small kitchen unit and patio windows, with an outside seating area, garden and basketball court all surrounded by a high fence. The kitchen area also had washing machines and this is something the unit want to change, so residents do not have to do their washing in the kitchen area. There is a closed kitchen area where food is prepared and heated where residents cannot go *unless accompanied by staff and in line with their risk assessment*.

The quiet room is also the music room with a variety of instruments and the low stimulant area is a very empty space, one young person and a member of staff were in the room having 'time out'.

The group room had a youth club feel, with TV, pool table, table with art materials sofas and chairs, the group room was an empty space with bean bags where the unit would like to add a large screen TV, this room is used for drama therapy and in a variety of creative ways to engage young people.

Fire drills are practiced regularly by staff and service users.

The unit has a 'You said, we did' notice board to show that the young people's feedback about the unit is listened to and things are improved based on their feedback.

3.4 Discussion with four young people two residents and two day residents

Healthwatch Bristol spoke to 4 of the services user at the Riverside to talk about their experiences of the unit. The young people said some staff were awful and nagged them when they were either sad or were laughing too much. They also said some staff were really good and listened to them. They said the notice board with staff pictures and names is not up to date.

The young people thought new staff and bank staff need some induction and guidance in working with young people as the young people withheld issues until other members were present as opposed to bank staff.

Food was not liked The menus choices were rotated, so although there were different options each day they did not change every week, there was always only one vegetarian option. Hot dinners were reheated and soggy and lunchtime had limited options. They asked if there could be hot pasta for lunch rather than sandwiches and wraps – one resident has the same lunch every day because she

does not like the choices. They felt that residents with eating disorders could not choose their food options.

There was a feeling that rules are inconsistent. It would be useful to share the ground rules as they had only seen them on arrival. Although rules are understood they need to be explained when the unit says no, some older girls wanted to watch programmes though not suitable, it would be useful to explain that the unit has young people from age thirteen and the unit is consistent in making rules for all the residents from thirteen to eighteen.

Staff use their mobile phones when on duty which looks to the young people as one rule for staff and another for them – staff should not use their phones in work.

Young people cannot listen to music without their phone or Ipad so having an Ipod so that individual residents can listen to music at the unit was thought to be a useful as music can have a calming effect and they miss music. They have been told they can purchase these themselves but they do not have the money to do that. They were very aware that loud music can be a struggle for some individuals as sessions can be difficult and people opt out and sit in the therapy room.

Sometimes when they want someone to speak to they find it frustrating that staff are watching someone else and cannot listen, they need to feel comfortable with a staff member to be able to talk with them. Some staff don't seem to understand they get down and expect them to be happy.

The young people recognise that staff themselves can be tired and stressed.

Young people who self-harm are asked to cover their cuts, a member of staff came to the unit with uncovered cuts – not self-harm, but it still felt like an issue that these staff cuts were not covered.

Community mental health staff did not appear to worry if young people are not underweight, they feel they have to be really bad and underweight before they can get help. Community mental health staff are not as supportive as Riverside.

Young people had issues when the builders were on site and did not feel safe as screws and tools had been left around. The builders had to go into their rooms, they thought they should have been told this would be happening. They also mentioned pins in the pin board could be used to self-harm.

Young people did not feel staff respected their privacy, but were aware of the need for one to one staff to be with them.

The young people did not feel they had contributed to their own care plans, some had been shown it. Discussions around care plans should be a shared process.

The young people felt when they were told certain things it would be helpful to have explanations behind decisions instead of just receiving a 'No'

The young people recognise the need to not show certain television shows to make the unit universal for all ages who attend, however the young people felt it would

help them to not hear about TV shows they aren't able to watch by hearing staff conversations about those shows.

Comments/Feedback	Comments from the service provider
• The young people said some staff were awful and nagged them when they were either sad or were laughing too much.	This would always be in the context of managing and regulating emotions and appropriate behaviour in front of others.
• Food was not liked	this will always be commented on by young people and particularly those who have eating difficulties
• The menus choices were rotated, so although there were different options each day they did not change every week, there was always only one vegetarian option. Hot dinners were reheated and soggy and lunchtime had limited options. They asked if there could be hot pasta for lunch rather than sandwiches and wraps - one resident has the same lunch every day because she does not like the choices. They felt that residents with eating disorders could not choose their food options.	Within the eating disorder programme, as they progress they gain more choice. A request has gone to the housekeeping team to come to meet with the current group of young people to discuss the menus. This is reviewed each year.
• There was a feeling that rules are inconsistent	This has been noted and the induction of staff has been reviewed
• Staff use their mobile phones when on duty which looks to the young people as one rule for staff and another for them - staff should not use their phones in work	This has been fed back to staff as it is not acceptable.
• The young people did not feel they had contributed to their own care plans, some had been shown it. Discussions around care plans should be a shared process	This is a current piece of work on the unit

3.5 Concerns

Healthwatch Bristol identified no safeguarding issues during our enter and view visit to Riverside. The wards are to be commended for the care and environment they offer and the dedicated approach of the staff teams.

Riverside is to be commended for their caring, hardworking staff team and well-liked managers.

4 Recommendations

Healthwatch Bristol volunteers and staff have identified the following recommendations to help Riverside improve the care experience of their service users. We recommend:

Healthwatch were pleased to hear that assessments will be formalised every 4 – 6 weeks in the future. Discuss care plans with young people.

When the extension is built will the corridors be refreshed? This may be an opportunity to brighten corridors and paint doors add some bright pictures and prints.

Healthwatch were pleased that a big screen TV is being planned for the unit

Update the staff pictures and names to add new staff

Could hot lunches be an option?

Refresh menu so food choices are rotated not so frequently

Share the ground rules at community meetings to keep these clear for residents

Ask staff not to use their phones in work

Purchase an I pod or similar so that young people can listen to music individually

Use other methods not pins on the notice boards (Health and Safety)

Disclaimer

- This report relates only to a specific visit time.
- This report is not representative of all service users, staff and visitors (only those who contributed within the time available).

5 Appendices

6.1 Appendix 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[1]:

- 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

[1] Section 221(2) of The Local Government and Public Involvement in Health Act 2007

- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Each Local Healthwatch has an additional power to enter and view providers[2] [3]**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. [4] [5] 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, patients, visitors and staff, 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 what they saw and making any suitable suggestions for improvement to the service

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[2] The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

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

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

[5] The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

concerned. The report will 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.