healthwatch Enfield

Enter & View Report

Premises name	Magnolia Unit
Premises address	St Michaels, 19 Gater Drive, EN20JB
Date of visit	Tuesday, 17th July 2018

Contents

Acknowledgements
Healthwatch Enfield would like to thank the people we met at Magnolia Unit, including the patients, staff and professionals, as well as the manager who welcomed us warmly and whose contributions have been invaluable.

Disclaimer
This report only reflects the Team's observations and records of what patients, staff and management told them about the experience of Magnolia Unit through meetings and on the day of the visit. We can only comment on what we have actually observed or been told by those we heard from.

Purpose of the visit

Healthwatch Enfield's Enter and View Authorised Representatives have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and to obtain the views of the people using those services.

Magnolia unit visit was an announced Enter and View visit as part of Healthwatch Enfield's planned strategy to look at a range of care settings within the London Borough of Enfield, to assess the quality of care provided.

We wanted to ensure patients are receiving a good service from local health providers.

Methodology

Healthwatch Enfield's Authorised Representatives who took part in the visit were Audrey Lucas, Janina Knowles, Janice Nunn, Noelle Skivington and Jas Gosai (observer).

During our visit, the team of four Enter and View Authorised Representatives heard from 8 patients, as well as the manager, nursing team leader, 2 Health Care Assistants (HCAs) and the team of 5 Occupational Therapists (OTs) as well as observed the day to day workings of the unit, focusing on the following 3 key areas:

1. Care
2. Choice
3. The Environment

We used the 8 key indicators developed by Independent Age and Healthwatch Camden[1]. The indicators are:

- have strong, visible management
- staff with time and skills to do their jobs
- good knowledge of each patient and how their needs may be changing,
- offer a varied programme of activities
- quality, choice and flexibility around food and mealtimes
- ensure patients can see health professionals such as GPs and dentists regularly
- accommodate patients' personal, cultural and lifestyle needs
- be an open environment where feedback is actively sought and used

This report has been compiled from the observations, records and notes made by team members during the visit, and the conclusions and recommendations agreed amongst the team following this.

A draft of this report was sent to the manager to be checked for factual accuracy and for an opportunity to respond to the recommendations prior to publishing. They have confirmed they are in agreement with the recommendations and have in fact taken action on them all. For example, the signs have been improved and are no longer hand written where possible and the call bell system is being requested as an upgrade / replacement.

[1] **Independent Age, together with Healthwatch Camden developed a set of quality indicators which are now being promoted nationally to improve the quality of information provided.**

This report will be sent to interested parties including the Care Quality Commission, NHS Enfield Clinical Commissioning Group, and the London Borough of Enfield, as well as Healthwatch England and will be published on Healthwatch Enfield's website at www.healthwatchenfield.co.uk.

General information about Magnolia Unit

Magnolia Unit is part of the St Michaels Hospital complex run by Barnet Enfield and Haringey Mental Health Trust (BEH-MHT) Community services. It is situated in Enfield within a residential area. There are a number of others services provided from the site.

The whole complex has metal fencing with gates that are locked at night (10.00pm).

The ward has 33 beds, 28 for 'routine' patients and 5 longer stay beds for patients with complex discharge needs. They support North Middlesex University Hospital (NMUH) and other hospitals in the North London area.

The unit is a single storey building with a mixture of five, four bedded bays and thirteen single rooms, nine of which have en-suite rooms. There is a well-equipped gym for the rehabilitation programme, two communal TV areas and a dining area which is not often used for dining as patients prefer to eat by their beds.

There are two gardens areas with easy access for patients although some 'tender loving care' would improve the garden areas.

It provides a rehabilitation service for people following discharge, mainly from North Middlesex University Hospital but GPs and allied health and social work professionals, including the London Ambulance service, can refer directly. There are strict criteria for admission as this is meant to be a maximum of six-week rehabilitation facility. Recently 5 beds have been allocated as 'longer stay' to support discharge arrangements for NMUH patients in particular, and therefore, the average length of stay has increased. None of the patients we saw on the visit had dementia and all were able to fully participate in the questionnaire.
Patients are required to have an Enfield GP and on the day of the review most patients were from Enfield, although some Barnet and Hertfordshire patients had been admitted.
The patients wear their own clothes to support the rehabilitation nature of the ward, although patients still consider it a ' hospital ' setting.

The unit has recently (March 2018) had a Care Quality Commission Inspection – with the report published in May 2018. The main findings of this report were:

- Staffing vacancies are high and a recruitment plan is to be put in place
- Patient's individual needs must be addressed in Care plans
- Managing mealtimes and support with eating and drinking must be improved
- The poor response to the call bell system should be addressed
- The policy for managing open medicines should be improved.

Executive summary

Whilst at the Magnolia Unit we heard from the manager, Mark Cubitt and his line manager Susan Jowett, the nursing team leader Dumsile Mabuza, 8 patients, 2 HCA, 1 nurse and the OT team. There were 24 patients at the unit on the day of the visit. We found that patients valued staff, found them friendly and understanding and all patients were focussed on going home.

Approximately 90% of patients are discharged to schedule. Staff will accompany patients to their home and will stay for a while until family/carer arrives.

The management team and staff spoken with demonstrated a good understanding of the need for individualised care planning. There was a good example of a personalised care plan showing the progress of the patient in such things as washing, walking etc. This was a multi-disciplinary record, which allowed all staff to see progress at a glance.

The unit was well supported by therapists and social services to enable discharge, however, there could be delays with discharge e.g. one patient's family were abroad and reluctant to return to the UK to support their parent's return home. Other reasons for delays are interactions with other Borough's social services e.g. Hertfordshire, where delays can occur.

A GP visits the unit 5 times a week for 20 hours per week, in the morning and will stay longer if required and was there during the afternoon of the visit. There is a nurse consultant on duty Monday to Friday and they can perform many of the duties a doctor may undertake, e.g. medicine management, clinical management – with support from the GP unit at NMUH if required. The management team were extremely knowledgeable of the areas for improvement and with the involvement of patients and carers in the care plans. Discharge can be an issue, Magnolia receives support from social services and from the social worker's team, but they have their own constraints where social care budget is involved. The team felt Enfield is better than Barnet in terms of providing funding. Out of borough delays occur as they have their own financial and accommodation problems which can cause problems in terms of discharge of residents. The feeling was Hertfordshire is a challenge regarding payments.

We did not speak directly to relatives, however, the unit undertakes its own survey of visitors usually at the weekend. All the comments we viewed were extremely positive.

The visit was a little hampered as the IT system was not fully functional so we could not see policies, training records, the incident log and follow up actions. We did see the off-duty list and rotas and were able to view some detailed staffing information which was displayed in the corridor. There was a hand-written board with the staff on duty named – this was somewhat hard to read though.

We could not view the Organisational Chart as it is kept electronically. However, this will be changed to reflect a new CEO recently in post plus other new leadership and management staff who have recently been employed by the Trust.

Patients told us:

'It's worked. I'm walking again following a fall and going home tomorrow'
'I want to go home asap'
'I prefer Magnolia to a care home'

There was an active Quality Improvement programme in place, one actioned item being the integrated care plan.
There is a QI poster on the falls work and the pet therapy plus information about the ward's activity. There is a safety cross, matrix for the public to view, which includes falls, car, medicine errors, aggression to staff. Data is also displayed about pressure ulcers that develop in the unit's care and compliments and concerns raised.

Incident book: We were unable to look at the incident book as the IT on-line system was still not available and has been so for some weeks. We asked about the latest incident and were given an example of a patient who was extremely stressed and consequently ill in the ambulance conveying her to the Magnolia unit. She was transferred back to the hospital given that she was acutely unwell. The manager assures us that incidents are rare in the unit. The manager also informed us that the Magnolia unit had a high reporting on Datix which is encouraged by the Trust. Additionally, the ward is now capturing compliments and concerns on a daily basis, this has assisted staff to understand the patients concerns and areas of good practice.

Staffing: the rota was not available due to IT system failure, but we were shown a hard copy indicating the rota system. The manager assures us that the duty staff have access to the rota on-line, with Band level 7 and 6 staff authorised to change rotas according to circumstances. A copy of staff currently on duty is on the information board in the corridor.

The total funded staffing compliment is
Nursing

1.0 band 7 senior sister
6.6 Band 6 sisters/charge nurses
15 staff nurses
21.9 HCA posts

Allied Health professionals

Occupational therapy 3.91 posts from band 7 to 4
Physiotherapists. 3.8 posts from band 7 to 4

1.0 Nurse consultant, practitioner
1.0 Departmental manager

There are 9 Band 5 vacancies depending on bed occupancy and 2 nurses with serious illnesses are on long term leave. Others may be on annual leave.

The duty rota gives:

- Early 4 RNs and 5HCAs
- Late 4 Rns and 4 HCAs
- Night 3 RNBs and 3 HCAs

The therapy teams continue to have a full complement of staff on duty Monday to Friday.

Agency staff are mostly employed from three agencies that the Trust is contracted to, on a regular basis. However, should there be an emergency, other agencies can be contacted.

The manager showed us a printout of previous staffing levels and gaps on a "heat map", which is presented as green or red data. The manager informs us that this system is not informative as it does not reflect patient numbers or acuity and will be updated to a more user-friendly format.

Notice Boards: There was a wide range of information for staff, patients and family/carers. Some boards were hand written. Topics include information on 'falls – prevent and management'; response to patient requests and suggestions; the outcome and response of surveys 'you said, we did'; physiotherapist programme and Friends and Family test data. In the staff resources room, there was information on the CQC Inspection outcome from their last inspection, with a comprehensive action plan. In addition, there is a list of issues and compliments raised by patients from April to June.

Areas of Good Practice

During our visit we noted many examples of good practice:

- They have acknowledged the points raised in a recent CQC inspection and have taken a number of initiatives to address these
- There has been a Quality Improvement team established and action plan agreed and initial issues addressed
- The Management team appear approachable and visible
- Staff are required to do mandatory training
- Care planning documents are comprehensive and regularly reviewed. They are thorough and kept at the foot of the bed. The care plans we saw were signed by the patient and were multi-disciplinary allowing patient progress to be readily assessed
- The staff were highly complimented for being friendly, approachable, caring
- Staff make time to chat and interact with patients
- Meals and bed times are flexible and personalised to suit individual preferences. There were only 3 red tray patients during our visit – however the staff were observed helping (other) patients with eating and drinking
- For the patient and carer survey questions include staffing, interaction, and discharge. The BEH Mental Health Trust is responsible for designing and formulating the questionnaire to ensure comparable outcomes. However, as this is a rehab unit and not a mental health provider the questions are not all suitable. The unit carries out its own survey, usually at weekends. The responses to this were all good and are kept in the resource room for staff to view

An area of concern was:

- The call bell response remains a concern, some patients report a delay

Since the last Healthwatch Enfield visit, it was noted that:

- The volunteers are no longer active which has affected the gardening activities and knitting group in particular
- The League of Friends from Chase Farm Hospital has been disbanded and this support has been withdrawn. Recently the Friends purchased TVs although these are not all operational yet. In addition to this, the League of Friends had supplied roving PCs, TV's for the unit for entertainment, and these units have programmes that patients can use to improve their cognitive and coordination. The League of Friends have also supplied a number of items for the gym and an ECG machine
- The range of activities was commented on. It was noted during this visit that:
  The weekly pet therapy dog continues, as does the weekly memory group.
  The lack of newspaper provision continues

Summary of the Recommendations

Recommendation 1
The Quality Improvement (QI) programme should be continued and prioritised. It should continue to involve / co produce with patients / carers the redesign of care pathways from the QI programme.

Recommendation 2
The call bell remains an issue and consideration of a replacement system should be a priority.

Recommendation 3
The system for notification of equipment failures should be reviewed and given to patients as well as staff, to ensure a robust system.

Recommendation 4
High vacancy rates and long-term sickness issues remain, particularly in nursing. The action plan should be reviewed and barriers to improvement should be shared with Trust managers in order to address this challenge.

Recommendation 5
A risk assessment for security should be carried out, as patients, e.g. dementia patients may leave but of equal concern is that anyone may enter without challenge.

Recommendation 6
The recruitment of volunteers could help with some of the 'boredom issues e.g. papers being brought in for patients, activities such as work in the garden could be supported. Enfield has an active voluntary group in EVA. Some hospitals have a Metro delivery – this should be investigated. Also asking a local shop to supply papers pre ordered by the patients, although it is acknowledged that patients would have to pay for this.

Recommendation 7
Although patients are attending rehab activities there is evidence that patients are not aware of the wider range of activities e.g. the library, the mobile TV /screen service. Less mobile patients are not included in the activities as often. Consideration should be given to activities these patients are able to join in.

Recommendation 8
The issue of TV aerials and sockets not available should be rectified as soon as possible.

Recommendation 9
Consideration should be given to ensuring that the unit is aware of all visitors.

Our findings – Key area 1: Care

<table>
<tr><td rowspan="2">Key area 1: Care

Are patients well looked after, and cared for?</td><td colspan="2">We observed a good level of interaction between staff and patients. All the patients spoke highly of staff, with staff confirming processes were in place to support patients. The team observed positive interactions with staff, in particular when asked to come to support a patient during handover the staff attended immediately.</td></tr>
<tr><td>Residents and relatives said:</td><td>Management and staff said:</td></tr>
<tr><td></td><td>They will do everything you ask
They are brilliant here - they are wonderful, cheerful and happy
Staff interaction positive and respectful;
Help you to the toilet, fed and have enough to drink, Molly coddled. OT, doing physio has helped
Yes very, all staff so kind, nothing is too much bother, they come and help
Nil by mouth. Look after me with liquids. Staff very polite
Yes, water food and physio. OT in making tea preparing food. Gym - build up strength
Staff are polite and kind. Good food. I am treated respectfully
I am a fussy eater and they try to accommodate my needs - but they cannot manage the steak and mushrooms!
All in my records - they know what I want
I tell them what food I like
I don't like spicy food or pickle but still get cheese and pickle sandwiches</td><td>The nurse team leader states that she is confident that patients are well looked after as there are processes fully in place. She has devised a supervision weekly checklist linked to individual care plans which ensures process are adhered to
Get to know patients to find out about their mood and interest. They might like football. Want more TVs for patients - RAF 100 - Day room activity and Royal Wedding - TVs in all the single rooms now. We need aerials. Roaming TV monitor available
Set procedures of assessment on the first day, to do - Outcome measures, clear goals for each patient, work with physio to achieve them
Implemented 6 ‘caring’ Cs</td></tr>
</table>

Key area 1: Care **Are patients /relatives involved in decisions about how patients are looked after?**	Although we were unable to speak with relatives the survey responses indicated that relatives were pleased with the treatment at the unit. The patients had signed the care plans and the ones we spoke with were engaged in the rehab process. Management and staff said: ▪ *Patients /Carers sign records* ▪ *Liaise with relatives and senior staff* ▪ *Relatives and carers are involved in care plans depending on the mental and physical ability of the incoming patient. We noted care plans that are signed by patients. The manager showed the audits examples of this* ▪ *Relatives are kept informed and involved about patients and their experiences by talking to professionals and are free to look at care plans. On leaving the unit we witnessed a family member remonstrating that his dad (I think) the patient should keep him informed of such issues – whatever the issues were. The relative seemed angry and it would not have been sensitive to ask questions at that time of staff. The staff were dealing with the issue and appeared to resolve it.* ▪ *We speak to the family and liaise with them. They may need to be at home for access visits and delivery of equipment.* ▪ *I make sure that people have their choices and making informed decisions to help build confidence* ▪ *Some patients otherwise can be a bit passive. There is an allocated nurse per patient* ▪ *The team leader states that care plans are reviewed each day, but not all the patients receive this level of scrutiny as this is dependent on their level of health, wellbeing and mental faculty. Nursing care plans interrogates how patients /carers see their needs, what patients can do for themselves, plans for hygiene, infection control, for pre-existing illnesses such as diabetes, when internal dressing etc. has been inserted and addressed. On-going. MDT weekly, handover each day. So, we consider how the patients are on a daily basis* ▪ *The system is robust although there are a few gaps. Care plans are changed and updated according to patient physical and mental assessments*
Recommendation 1 The quality improvement (QI) programme should be continued and prioritised. It should Involve / co produce with patients / carers the redesign of care pathways from the QI programme.	

<table>
<tr><td rowspan="3">Key area 1: Care

Are the staff friendly, having the time to talk to patients, treating them with dignity and respect?</td><td colspan="2">Without exception, all those spoken with felt that the staff were friendly, approachable and treated with respect. Staff came across as caring, considerate and sensitive. Observed staff talking with patients in the side rooms and some interactions on the ward.</td></tr>
<tr><td>Patients said:</td><td>Management and staff said:</td></tr>
<tr><td>They will do everything you ask
They are brilliant here - they are wonderful, cheerful and happy
I am treated with respect
Always extremely helpful and friendly
Very friendly
Excellent. I did not know there were so many kind people about
Very friendly - Don't see doctors that much
They are so friendly. It's brilliant. Even though staff are busy they are still respectful
Staff pop in now and then but I am in a private room so can be lonely
Friendly, respectful most of the time. Some not always in a good mood
Very friendly and helpful. Good fun and it's nice to have a chat and banter</td><td>The nurse team leader assures us that patients are treated with dignity and respect in a friendly manner. Indeed, new agency staff receive 3-day induction to ensure they fully understand the quality of interaction with the patients.
She assures us that agency staff not meeting the set standards or not compliant are returned to the agency. We were not able to verify this as the IT system was broken and no hard copies were available for this to be evidenced.
The staff training underpins the level of support expected in order to ensure the residents are treated with respect, dignity is maintained, and conversations are friendly and appropriate.
He says that talking to patients cannot be prescriptive. How individual nursing staff address this will depend on the ability and character of that nurse and patient together. There is usually more time for discourse at weekends. There was a formal time created for talking with patients, but this didn't work so just when there is time but not as often as I would like
Very task orientated but try to find time to have a laugh with patients
We deal with people holistically
E.g. draw the curtains for privacy e.g. changing pads</td></tr>
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<tr><td rowspan="3">Key area 1: Care

How quickly do staff come when patients call them?</td><td colspan="2">This was an area of concern. The call bell system does not easily allow staff to identify quickly which bell has been activated. The system does not allow accurate monitoring and staff are unable to evidence response times. One pull cord was missing in a toilet. (We noted that this was quickly replaced during out visit) A robust system to ensure that such problems are quickly rectified needs to be in place.</td></tr>
<tr><td>Patients said:</td><td>Management and staff said:</td></tr>
<tr><td>Sometimes are busier than others but when I needed them to come they were quick. Now I can manage more myself
Sometimes busy though
Come very quickly - not long delays - more in the morning
Comes straight away. I am encouraged to use as they don't want me to go to the toilet on my own
They come as soon as possible. Longest time 5 mins. A bit difficult in the morning as everyone wants to go to the toilet
Not used bell but if I shout no one usually hears me as down the other end
Generally, 10 mins if they are with someone else
I cannot sit in a chair for long so call to lie down. I call to empty the catheter and use the commode
Pull cord broken in toilet in bay 4 - have been left there for 3/4 hour</td><td>The team leader states that staff respond quickly when patients call. However, this was eventually qualified as the pressures on staff are usually following meals. The call bell appears to ring continuously when multiple patients are calling, and it is difficult to differentiate who is calling without looking at the wall monitoring devices on the wall. A better system has been requested
There is a light panel which informs the staff which patients is calling for assistance
Sometimes everyone rings the bell at the same time
Some people think they have waited a long time but they haven't
It has improved on 6 months ago. It's about how many staff are available
If a buzzer goes off I would attend and then find an HCA to assist</td></tr>
<tr><td colspan="3">Recommendation 2
The call bell remains an issue and consideration to a replacement system should be made a priority.
Recommendation 3
The system for notification of equipment failures should be reviewed and given to patients as well as staff, to ensure a robust system.</td></tr>
</table>

Key area 1: Care **What training have the staff completed and can you provide records?**	As the IT system was down it was impossible to evidence the training records. From discussions it was stated that all staff are required to complete mandatory training, some staff seek to expanded their skills by completing courses such as a Masters in Science (MSc). The staff we spoke with were able to list the training they had completed.
	Management and staff said:
	▪ *Training records could not be evidenced due to IT problems* ▪ *All staff are required to attend mandatory training for vital information such as safeguarding, intermediate life support (ILS) and basic life support (BLS), fire safety awareness, lifting and handling, conflict resolution, palliative care etc. We were told that safeguarding issues are not frequent but when they occur and sufficiently serious, they are dealt with by the MASH team.* ▪ *Nurses studying for MSc are allowed time off to study* ▪ *We were told that mandatory training is attended by most staff. Those who fail to attend have to attend the next training on that subject. The on-line system indicates staff attendance at training and who is absent. Other personal training associated with work is possible but can be curtailed due to lack of funding. The staff confirmed the training courses they attended.* ▪ *Staff appraisals – it is the responsibility of the manager to arrange and to ensure compliance and attention to actions resulting from this process. This includes the physiotherapists and OTs although a professional supervisor is being sought* ▪ *Management training for the manager: The manager attends all mandatory training as his staff, plus other training opportunities pertinent to his leadership and management position. His line manager confirmed this as current trends and developments are crucial to the leadership team* ▪ *Other staff listed training attended as: mental health, BLS, conflict resolution* ▪ *Dementia, Diabetes* ▪ *NVQ 2 &3 in H &SC 6 months nursing training. Back care, seminar on complaints, some dementia awareness training* ▪ *OT training* ▪ *Induction -2 days. IT issues but improvised well. Regular OT team training, NICE guidelines, Visual impairment training and pathway. Implementing the butterfly scheme* *I am a newly qualified nurse and attended Induction for 45 mins - 1 hour*

<table>
<tr><td rowspan="2">Key area 1: Care

How often do GPs, nurses, dentists etc. visit?</td><td colspan="2">The unit has a good mix of clinically trained staff appropriate for the patient's needs. The medical staff requirement at weekends is covered by BarnDoc when available and does not appear to be an area of concern for patients, who are focussed on their rehabilitation. The vacancy rate appears to be managed through a combination of bank staff, substantive staff working longer hours and employing staff who have recently retired. This can lead to a lower standard of care as staff are tired. The support from Dentists, Podiatry etc is available, although patients may have to pay for some services.</td></tr>
<tr><td>Patients said:</td><td>Management and staff said:</td></tr>
<tr><td></td><td>Doctor came during the visit- in the afternoon
Only when needed
Hard to tell who is a doctor - not sure of different uniforms
Doctor comes if I need him</td><td>GP's attend 5 days for weekly visits. North Middx GP unit can also be used for concerns and the Nurse consultant liaises with the unit
Dentists are rarely needed but can come into the unit, or staff or relative/carer can take the resident to their own dentist
Podiatrist treatment can be arranged usually for diabetic patients. Other patients arrange a mobile service for themselves for which they pay
Some of us are trained to cut nails if required. Family can arrange dentists / private chiropody
Look at the patient plan to see what is required</td></tr>
<tr><td colspan="3">Recommendation 4
High vacancy rates and long-term sickness issues remain, particularly in nursing. The action plan should be reviewed and barriers to improvement should be shared with Trust managers in order to address this challenge.</td></tr>
</table>

Key area 1: Care	5 patients said No – 3 said yes, however the worries were about the discharge times and support, rather than a safety concern.
Is there anything that worries you or makes you feel unsafe?	Patients said: ▪ *Want to go home though* ▪ *Feel very safe here* ▪ *I just worry that I am not going home on Thursday* ▪ *I was in a room on my own initially, windows open no problem. Very secure - doors locked at night* ▪ *Worried about going home as I love my home, can do what I want. I like to listen to music* ▪ *I worry I may be sent home before I am ready* ▪ *resident anxious- they are talking about going home this week and he feels amazed as "" I need staff with me whenever I mobilise so what will happen to me when I am home"* ▪ *Yes - being left on the toilet! (Call bell was not working)* ▪ *Secure, No issues* ▪ *Good security as far as I know but have not really been about.*

Recommendation 5

A risk assessment for security should be carried out, as patients e.g. dementia patients may leave but of equal concern is that anyone may enter without challenge.

Our findings – Key area 2: Choice

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<tr><td rowspan="3">Key area 2: Choice

Can patients decide when to do things e.g. when to get up, go to bed, have dinner/ snacks etc.?</td><td colspan="2">Although there are set times for meals lunch at 12- 2, breakfast at 8.00, evening meal at 5.00 patients commented they could eat when they wanted and could go to bed when they wished. Patients who had attended the gym in the mornings were tired in the afternoons and wanted to go to their beds. Patients had been asked if they wished to eat in the dining room and they had unanimously said no, on this occasion.</td></tr>
<tr><td>Patients said:</td><td>Management and staff said:</td></tr>
<tr><td>I do want to go to bed early
Whenever it suits me. I get up when I want. Lunch between 1 - 2. Could have a sandwich in-between
Depends how I feel. After supper get into nightie and lie on the bed and relax
I choose - I like to watch TV in bed before going to sleep
Choose when I go to bed. regular meal time
I have never asked for food at other times!
Choose bedtime. Go to bed late as 1.am
Always up early as it's a work pattern</td><td>There are no restrictions on the choices that patients are able to make regarding meals - menus are varied and meals can be provided at a later time (within reason) if meals are missed. The vast majority of residents have chosen to eat their meals in the wards and not in the dining room.
Additional sustenance and fluids are provided on request at any time in the day and night
Preferences are also stressed on a range of issues to be found on individual care plans
Set procedures of assessment on the first day. to do - Outcome measures, clear goals for each patient, work with physio to achieve them
Implement 6 Cs I also look at the Trust policy</td></tr>
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<tr><td rowspan="3">Key area 2: Choice

Are individual and personal needs met/ respected? E.g. cultural/ spiritual/ religious beliefs/ sexual orientation</td><td colspan="2">There is no dedicated religious area, however religious needs can be accommodated, usually if the family arrange this. Cultural differences are recognised, in particular a wide range of meals is offered to suit all requirements.</td></tr>
<tr><td>Patients said:</td><td>Management and staff said:</td></tr>
<tr><td>No patient answered yes to this question with 2 "not relevant" replies
The response given mainly related to activities as described below. (Key area 2 – Choice Are there sufficient activities)</td><td>Cultural, spiritual and religious needs are met according to patients needs and on demand. A prayer room can be accommodated; there is a large range of food available including requirements for ethnic taste, illness constraints (diabetics) and religious sensitivities. Spiritual needs – the manager stresses that they have never had a faith leader refused entry
Regarding spiritual/cultural and religious belief systems, and sexual orientation, to date these pose no problems. A prayer room can be found when required, Halal foods can be provided and a range of other cultural tastes and cuisine are provided daily from the main kitchen at Chase Farm</td></tr>
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<tr><td rowspan="3">Key area 2: Choice

Is there a good choice, as well as amount of nutritious, food/ drink/ snacks/ jugs of water available?</td><td colspan="2">The food is provided from the Chase Farm site, therefore has to be ordered the previous day. There is an extensive choice catering for all preferences. The housekeeper and staff ensure that patient's needs are met outside of mealtimes and that fluids are available as appropriate. The food we observed being served appeared good with sufficient quantities. There was water available on all the bedside tables we looked at.</td></tr>
<tr><td>Patients said:</td><td>Management and staff said:</td></tr>
<tr><td>But food is always the same
So much good choice. Get a big menu to choose from the day before
Observed- a large bowl of soup as starter, jug of water on table
Can be too much, very good standard for a hospital
Tea and coffee during the day. Water and jug by bed - eat by bed as its easier
You can have as much as you like. I drink a lot of water so jug remains filled all the time
Nil by mouth so no drink available
Yes -, don't have breakfast - a cup of tea, jug of water mid-morning mid-afternoon - evening have Horlicks
We all decided we prefer to eat by our beds</td><td>Yes - Plenty of water etc available
Halal menu, Caribbean food, Kosher - all available. Big choice of food. jugs of water first thing in the morning, lunchtime and afternoon topped up. I encourage them to drink
Housekeeping check water, food regularly
Good food and drink</td></tr>
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<tr><td rowspan="2">Key area 2: Choice

Are there varied and sufficient activities/ things for patients?</td><td colspan="2">There is a list of activities provided on the notice board in the corridor. This is not readily accessible to all patients; however, therapists encourage patient involvement in the activities. There are books, games available but one of the patients we spoke to was not aware of the ‘library’. Most of the patients indicated they felt bored in the unit and the TVs were not working. There is at present no support from volunteers.</td></tr>
<tr><td>Patients said:</td><td>Management and staff said:</td></tr>
<tr><td></td><td>Group sessions e.g. memory, sitting and using hand/ leg activities
Go to the gym
Do feel bored as it’s a long day
It’s a long day and I am bored. I hope to go home on Thursday. Chat to others on the ward
We chat as I cannot see well. Now I am on the ward its more sociable and not as isolated as side rooms were
I do the gym - but not a lot to do - watch TV, reading
TV in bay 4 doesn't work so cannot watch it. Brought my own radio in but it’s a long day</td><td>There was lots of interest in the world cup football competition (not so much for Wimbledon). And the Royal wedding, the unit received a large donation of TV’s, computers for cognitive impairment residents from the League of Friends. A popular activity is films from the 1950’s and 1060’s
There is a range of activities on the information board but generally once the physio has taken place, patients are usually too tired and will rest for the rest of the day. We did observe a chair exercise session in the afternoon. Activities were listed on notice board.
It was noted that many patients had walking aids readily available at their bedside
Yes - there is a day room, books puzzles and portable TVs for patients to access
There are daily activities Mon - Fri but some patients - in particular the less mobile can feel bored
OT sessions and organised events
Basket weaving - good for dementia patients as there are no sharp edges.</td></tr>
</table>

		▪ *Some sit outside. Yesterday they had dance from a physio. Good feedback from a patient. 6 attended*

Recommendation 6
The recruitment of volunteers could help with some of the 'boredom issues e.g. papers being brought in for patients, activities such as work in the garden could be supported. Enfield has an active voluntary group in EVA. Some hospitals have a Metro delivery – this should be investigated. Also asking a local shop to supply papers pre ordered by the patients., although it is acknowledged that patients would have to pay for this.

Recommendation 7
Although patients are attending rehab activities there is evidence that patients are not aware of the wider range of activities e.g. the library, the mobile TV /screen service. Less mobile patients are not included in the activities as often. Consideration should be given to activities these patients are able to join in.

Recommendation 8
The issue of TV aerials and sockets not available should be rectified as soon as possible.

Key area 2: Choice **Are there activity co-ordinators and how often do they attend? What links do they have with the local community?**	There are dedicated therapy staff responsible for the activities. There are no links at present to the community and consideration should be given to inviting volunteers.	
	Patients said:	Management and staff said:
	▪ *The therapy staff are responsible for the activities* ▪ *There is a therapy dog visit weekly* ▪ *OT - Library available* ▪ *Yes daily - therapist responsible OT led*	▪ *Since last inspection two staff members have been identified and are responsible and deliver activities; the OT and physio. There is a schedule of activities on the information board* ▪ *There is a limited link with the community and as previously noted volunteers could support activities*

Key area 2: Choice **Are patients able to personalise their rooms?**	Patients are allowed to bring in their own items, in particular they wear their own clothes.	
	Patients said:	Management and staff said:
	▪ *Ward not a personal room but can bring things in*	▪ *As appropriate as this is not a home but patients wear their own clothes and can bring in items they wish to* ▪ *Family pictures* ▪ *Family don't always bring in clothes. Family are expected to do the washing but we have a washing machine in case of soiled clothes* ▪ *Pictures*

Key area 2: Choice **Are patients/ relatives' views/ suggestions taken into account and acted upon?**	The views of patients and relatives are captured and complaints and concerns are discussed at ward meetings however we did not evidence the implementation of any issues raised (most of the comments we saw were positive). The family meetings are called as part of the care pathway, usually to facilitate discharge.
	Management and staff said:
	▪ *Patients/carers/relative's views and suggestions are captured by discussions with staff. There are patient experience surveys which also gather ideas on issues and on areas that are received well* ▪ *Staff have been trained on how to deal with complaints and comments from patients* ▪ *There appears a good system with carers / relatives' opinions / suggestions sought formally and informally* ▪ *We always listen and ask patients views. This is done by housekeeping staff as well* ▪ *There are family meetings as and when required*

Our findings – Key area 3: Environment

<table>
<tr><td rowspan="3">Key area 3: Environment

Are patients able to get around the unit easily?</td><td colspan="2">There were walking aids at most bedsides and wheelchairs readily available. As the unit is on one level this supports ease of movement for the patients. The corridors are wide with hand-rails.</td></tr>
<tr><td>Patients said:</td><td>Management and staff said:</td></tr>
<tr><td>It is flat and I use a Zimmer frame
There is always someone with you when you go to the toilet
Yes – it's all on one level. Walk with support to the gym
Don't walk very far, mostly stay in my room</td><td>Single floor
We do have wheelchairs if required. Family can take patients out
Very spacious ward</td></tr>
</table>

The following are notes of the observations made on the day of the visit by Healthwatch Enfield's Enter and View Authorised Representatives.

Key area 3: Environment	**Is the Unit warm and welcoming? Is it bright, appropriate temperature, nice/ no smells, are there pictures, flowers around etc.?** ▪ The main entrance to the unit is fronted by the reception desk, with a staff area behind reception. The corridors are spacious and bright although there is little signage to the bays / rooms ▪ There are no odours and the unit was clean, warm and friendly ▪ The nurse team leader states that she would want her mum/dad to come to the unit if they suffer from ill health. The temperature of the unit was comfortable during this visit (on an extremely hot day) and on the pre-meeting with the manager. The unit is partially secure as we were able to walk in past reception, including during registering in, with no receptionist or challenge from anyone. We feel that patients who suffer from dementia could wander out of the unit undetected. We brought this to the attention to the manager during our briefing. During the night the exterior doors are securely locked with a bell service for receiving patients etc. ▪ As this is not a residential home, patients are free to come and go as they please. Patients with dementia are always accompanied and the main entrance is usually staffed, although on occasions this may be left unstaffed. Other doors are open as are windows

Key area 3: Environment	**Are the signs large, clear with contrasting colours so easy to read?** ▪ Some hand-written signs. The magnolia unit signs are typed and laminated, the outpatient's signs are hand written ▪ All signs are in communal areas mainly the corridor so it is not clear how accessible this information is for patients ▪ Some of the performance related signs are in a small font (to fit on one page) so can be difficult to read ▪ Lounge, dining room, toilets well signed in large print and with pictorial display

Key area 3: Environment	**Do you think the toilets/ bathrooms are clean: no smells, waste disposals working, no over flowing bins etc.? Are the Communal areas clean?** ▪ All areas of the unit appeared clean, with no significant smells. All areas appeared well maintained and bathrooms and toilets we looked at were also clean ▪ Patient comment – *I think its spotless, cleaner comes morning and afternoon*

Key area 3: Environment	**Is there a garden or outside space and if so, is it well maintained, safe and accessible?** ▪ Patients were observed using the garden areas – it was an extremely hot day ▪ Small garden in the front reception door, 2 of the benches appear to be weathered and unstable however we are assured that they are stable to sit on. Back garden in need of tender loving care

Key area 3: Environment	**Overall is the Unit secure?** During the daytime, the unit is open for free access – clients who are able, can walk around, including the outside space and if they wish, to visit local shops. There is a book for checking in at reception which the manager says is staffed the majority of the time. On our arrival, the reception area was empty and we signed ourselves in without anyone confronting our entry. This was brought to the attention of the manager for investigation. During night time, the unit is locked as are the entrance gates to the site with access only on authorisation. There is a door bell for attention. There was concern that people could enter the unit via a number of open doors (it was a hot day) and no one would be aware.
	Patients and relatives said:
	▪ *Never feel unsafe, never think about it. I like it here* ▪ *A big place where you can get lost but can get away. I have my own room. Other residents not always very nice* ▪ *Security is good* ▪ *Definitely. We always have to buzz in and sign in. Security is very good* ▪ *I feel she's safer than if she were at home. They have 24/7 care and they are very good*
Recommendation 9 Consideration should be given to ensuring that the unit is aware of all visitors.	

Key area 3.1: Choice **Is the Unit Dementia Friendly?**	Although we did not interview any patients with dementia, the unit does accept these patients	
	Is flooring consistent, matt, non-reflective and non-patterned and contrasts with the walls and furniture? And are different areas of the Home differentiated for ease of navigation?	*Floor is consistent with a shine. There is contrast between the floor, walls and doors although staff areas are not differentiated.*
	Have management ensured the floors do not appear wet or slippery in lighted/naturally lit areas?	*The flooring is shiny and reflective and could appear wet to those with Dementia when there is sunlight on the floor*
	Have strong patterns been avoided in wall coverings, curtains, furnishings and screens?	There were no obvious vivid or strong patterns in furnishings or wall paper
	Is it possible to cover or remove mirrors if required? E.g. is there a sufficient gap to allow a cloth to be draped over the mirror.	*It was felt that where there were mirrors, there was insufficient space for these to be covered, if necessary*
	Are toilet doors distinctive so as to distinguish them from other doors in the same area?	*The signage was clear with pictograms on all toilet doors enough generally, and in communal areas*
	Are taps colour-coded red/hot and blue/cold?	*The taps the Enter and View team saw appeared easy to use with clear hot/cold signage*

Key area 4: Provider focus	▪ The provider is working to achieve a 'good' from the next CQC inspection (probably 18 months' time). To help achieve this they have already had 2 peer review visits and a CCG visit ▪ The CQC requirements have been well documented and are displayed in the staff area. A QI programme has been established and implementation of some of the plans has already been established ▪ Key areas for action are the need for personalised care plans, support for feeding and drinks together with the red tray system, robust collection of information from relatives and carers and ensuring that all staff are involved in co-production methodology

Conclusion

The team found the Magnolia unit to be a friendly environment, with a good layout for the patients enabling them to be re-habilitated in an appropriate timescale.
There was good interaction with the staff, working as a multi-disciplinary team and willing to take on each other's tasks. The patient's main concern was around 'boredom' and some consideration should be given to this to promote patients' well-being during their stay.
The management were actively looking to improve the experience and outcomes for patients although this was driven by the recent CQC inspection report. Some of the issues identified were longstanding and possibly investment in the unit has not been a Trust priority. Systems such as the call bell and improvements to the garden areas should be implemented.
Overall, the unit appears to be well-run. The move towards a co-production methodology is to be encouraged.

What is Healthwatch Enfield?

Healthwatch Enfield is here to:

- Make it easier for you to find and use the health and care services you need. We do this by providing up-to-date information via telephone, on our website, through attendance at events, presentations, pop-ups and via our newly launched Guides

- Make it easier for you to raise your concerns about health and care services you receive. We do this by: providing information on complaints processes and through using your feedback to raise your concerns at decision-making and strategic fora which influence the quality of service provision

- Make it easier for you to get the best quality health and care services. By listening to your experiences, we make it our job to secure improvements that matter to local people

Further information about Healthwatch Enfield can be found on our website: www.healthwatchenfield.co.uk

What is Enter and View?

Healthwatch Enfield has the authority to carry out **Enter and View** visits in health and social care premises to observe the nature and quality of services. This is set out in Section 225 of the Local Government and Public Involvement in Health Act 2007.

Enter and View is part of our wider duty to find out what people's experiences of local health and social care services are and use our influence to bring about improvements in those services. We can hold local providers to account by reporting on services and making recommendations.

Further information about Enter and View is available on our website: https://healthwatchenfield.co.uk/our-work/enter-and-view/

This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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