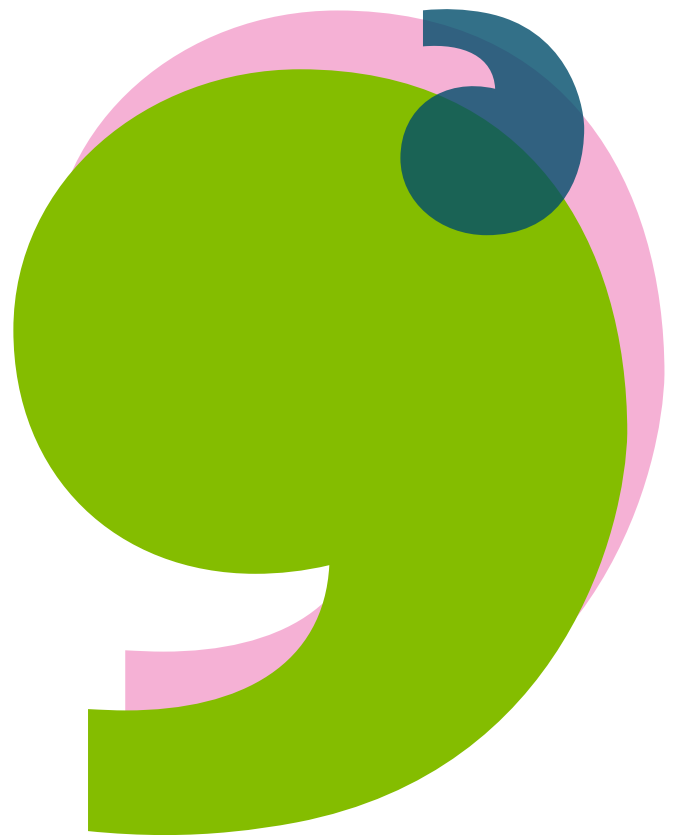


Enter and View report

Cotswold House, Warneford Hospital,
Oxford

July 2019



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Cotswold House, Warneford Hospital, Warneford Lane, Oxford, OX3 7JX
Service Provider	Oxford Health NHS Foundation Trust
Date and Time	11 th July
Authorised Representatives	Jeanne Humber, Carol Ball, Veronica Barry
Contact details	01865 520520

1.2 Acknowledgements

Healthwatch Oxfordshire would like to thank the service provider, patients and staff for their contribution to the Enter and View Programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



2 What is Enter and View?

Part of the Healthwatch Oxfordshire programme is to carry out Enter and View visits. Healthwatch Oxfordshire representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

To engage with patients to understand their experience of inpatient care particularly on the areas of 'staying here' and 'getting heard'.

To get a staff perspective on patient engagement, ward life and suggestions for change.

To observe how the ward operates and provides its services.

2.2 Strategic drivers

During 2019, Healthwatch Oxfordshire will be looking at patient experiences of mental health services. We want to hear what is working well as well as where things could be improved. We will be visiting a range of providers starting with inpatient acute care, moving on to community-based care and then looking at voluntary sector provision.

2.3 Methodology

We held a pre-visit meeting on 2nd May with the Modern matron and discussed the purpose of the visit. We held a planning meeting for the Healthwatch team on 5th



June. Prior to our visit we asked the unit to display posters and leaflets about our visit.

On the day of the visit we had a guided walk around of the unit and were invited to attend the Community Group meeting as well as hearing from individual patients and staff.

We collected information by talking with patients and staff by using prompt sheets to act as an aide memoire to promote free-flowing conversation. We heard from three patients on an individual basis and 10 within a group setting. We met with eight staff. We also heard from two family members.

At the end of the visit we discussed our initial findings with the provider.

2.4 Summary of findings

- Patients and staff have turned a small unit into a lovely space with the use of arts, crafts and plants, however the unit does not appear large enough for its purpose
- There are examples of excellent working practices such as information leaflets written by patients and carers
- Staff clearly valued being part of a close, supportive and dedicated team
- The garden is a huge asset in aiding the recovery of patients
- There are ongoing problems with the plumbing and frequent breakdown / blockage of showers
- Staff told us that patients are presenting more and more with multiple mental health issues and with funding focused solely on eating disorders, it can be harder to make long term changes

2.5 Results of visit

Cotswold House is an adult eating disorder unit with 14 beds for inpatients (and 6 spaces for day patients). There is capacity for only one male patient. On the day of our visit there were 4 beds available, this was due to planned admissions that had not happened. At that time there were 6 patients waiting for admission. We were told that the unit receives specialist funding for the sole treatment of eating disorders.

The atmosphere on the unit was comfortable and welcoming. It was easy to find the unit on the hospital site, but harder to navigate around once inside as the unit is spread over three floors. We were shown most of the unit except for the dining room as it was in use and not accessible. The corridors on the ground floor were light and airy and felt very homely with the use of wall stickers, posters, pictures, crafts and inspirational quotes. The calm/de-escalation room was painted a calming blue colour and had pictures on the walls. There is a real sense of the unit

being a patient decorated space. There is a spacious, creative and colourful art room however this is kept locked unless staff can accompany patients to use it.

Patients have their own room and we were able to view an empty one which was bright and spacious. Patients do not have keys to their rooms but are able to lock them from the inside, for safety reasons staff can override this. There is only one indoor communal area for 14 inpatients and 6-day patients and is not nearly large enough to accommodate such numbers. This may result in inpatients being isolated in their rooms to avoid a small and busy space. There is no separate designated space for day patients to use.

Patients have access to a beautiful walled garden which is filled with shrubs, trees and plants. There is plenty of lawn space as well as a patio area and the garden has plenty of furniture. Everyone mentioned how important this space is to their recovery. The unit uses a 'garden charter' to encourage patients to use the garden responsibly. We understand that the garden is not a secure space as patients are able to climb out and if this happens garden access is stopped for everyone.

Available Information

As you enter the unit there is a spacious reception and seating area. There is information about the patient advice and liaison service (PALS), complaints, Carer's groups, staff photo board, other charities such as Bridwell Organic Gardens, 'Iwantgreatcare' feedback forms and a 'you said, we did' board for the community team but this was dated 2015.

Within the unit itself we saw plenty of information on display including staff photo board, posters about advocacy services - SEAP and Independent Mental Health Advocacy. There was a large section of a wall dedicated to equality and diversity which we thought was fantastic. All patient information leaflets were displayed behind a cabinet on the wall as well as the meal and snack timetable plus visiting times. We felt this was an example of good practice as patients had clear, visible reminders of the information that was available to them.

Prior to admission patients are given a patient written 'little note from patients to you' containing information, advice and top tips. The note is only 3 pages long and is simple, straightforward and empathetic. Yet another example of excellent practice.

There is also a 'Carers guide: Written for Carers, by Carers' it is an honest, human and easy to understand guide for carers during a potentially difficult and scary time. We would like to see the practice of patient and carer written guides be extended to other wards and mental health services.



Patient Feedback

- Patients told us that the unit was life saving
- We heard how important the garden was to them
- They really appreciate the low staff turnover and that the unit does what it can to limit use of unknown agency staff
- Patients didn't always feel listened to but also said they recognised their demands could be unrealistic at times
- They feel the stepped discharge system works well
- There is a patient written leaflet aimed at new patients which is particularly good practice
- They would like to receive more psychological treatment both on the unit and back in the community
- They would like to have more activities available. Some days feel very long
- Evening activities such as movie night or pamper time don't always seem to happen
- Groups and activities were greatly valued
- Patients told us they were able to comment on menu planning

Activities

- On our visit we were told that a new 20-week Cognitive Behavioural Therapy programme specifically for treatment of eating disorders was about to begin
- The CBT-E group was timetabled from 08:15 to 22:00 Monday to Sunday including meal and snack times and patients were involved with the planning throughout the design process
- Patients we heard from were generally positive about the new programme, however some were concerned that their favourite groups such as art and gardening might happen less frequently

Staff Feedback

- Told us it was a brilliant and supportive team to work in
- Generally, there was plenty of opportunity for training
- A passionate and caring team who clearly understood the importance of individualised and tailored patient care which involved the patient in planning as much as possible
- Demonstrated particularly good practice about checking patients consent for information sharing every time a relative called in case consent had changed
- All but 2 staff knew what the whistleblowing policy was. All staff knew where policies could be found
- Staff were comfortable making suggestions for change and felt listened to
- Patients are presenting with multiple support needs around their mental health beyond eating disorders.
- When asked what they would change, staff told us
 - There was not enough office space for staff to work in
 - More space needed to be available for patient 1-1's especially day patients
 - The patients need more space, the day room is far too small
 - They would change the layout so the dining room could be used as an extra space as it is currently inaccessible unless staff escorts patients
 - Everyone is frustrated by the frequent breakdown of the showers and how long they take to be fixed. During our visit, two of the four showers were out of action
 - They would like higher rates of pay and more opportunities for career development to improve staff retention

Carer Feedback

- Carers have produced a carer information leaflet for carers - good practice
- There is a staff led monthly Friends and Family support group
- We heard there was a lack of carer support in the South of the county



- Carers have asked that staff always explain what's going on and not make assumptions simply because their loved one has had previous admission - they still feel scared and uncertain
- Parents would like clear explanations on exactly what is expected from them whilst their love one is on leave with them
- Carers would like their loved ones to have ongoing therapeutic support once discharged from the service to reduce likelihood of relapse
- Carers told us the staff do a wonderful job

2.6 Additional findings

- Patients have a pre-admission assessment prior to admission as most admissions are planned
- All patients have a care plan and a meal plan which are written with the patient
- Engagement plans and risk assessments are also carried out collaboratively with patients
- Each patient has a 15-minute slot in the weekly community team meeting which is patient led and focuses on short term goals
- Every 6 - 8 weeks the patient has an hour slot at a CPA (care programme approach) meeting where long term goals and discharge planning are discussed
- Family liaison workers have weekly contact with families
- Dieticians work closely with families, especially prior to discharge
- Discharge process can be time consuming due to limited specialist community resources and lack of continuity and communication between relevant teams

2.7 Recommendations

- Review the garden charter to ensure the benefits of locking the garden if someone gets out does not outweigh potential negative impacts
- Recruit a full time Occupational Therapist and review the provision of evening groups
- Ensure all patients and carers receive the same information regardless of whether they are new or returning to the unit
- Review the amount of communal space provided
- Review the design and layout of the unit
- Ensure the 'you said, we did' board is kept up to date
- Include carers when agreeing conditions of leave if patients are to be staying with them

2.8 Service provider response

Patients Feedback

- The building is listed and we are unable to make any changes to have more space for day patients. This is an issue that the Trust is trying to resolve.
- Due to lack of enough psychologists and the high rate of referrals, we are unable to immediately offer individual therapy. However, with the CBT-ED model the unit is implementing, patients are being offered formulations whilst they are waiting for a therapist to be allocated.
- We have a group program which is starting on 15 July 2019. Patients have a timetable when they should be able to spend individual times and there is time for patient led activities, such as pampering and movie nights. The activities are incorporated into the program which patients can view in the communal areas.

Staff Feedback

- All staff were reminded where to find the Whistle Blowing Policy. This was discussed in the nurses meeting and a copy circulated with the minutes.
- It is a listed building and we cannot make any renovations. The Trust is considering alternatives.
- The building has ongoing problems with the plumbing pipes. The two showers were renovated and are working properly.



- Pay rates for the Trust are being reviewed. At the moment the ward does not have opportunities available for career progression. We just implemented additional band 6 roles from three to four and additional Band 7 role moving from one to two, to increase leadership development. Staff are being encouraged to pursue opportunities within the Trust and are being signposted and supported to pursue their chosen career pathway. The Trust has started secondment opportunities, which, staff are aware of and can also apply for.

Carer Feedback

- We do not have a Carers' support for Eating Disorders in the south of the county. The unit is unable to provide such support except at Cotswold House as this will be convenient for all carers who come from other areas of Oxfordshire. Carers are being signposted to other carers' forums in their areas, via Oxfordshire Carers' Forum.
- Systems are in place to support all carers irrespective of number of admissions.
- Follow-up of patients in the community depends on the treatment plans, which, are discussed during discharge planning. Carers are involved in the discharge planning and some patients are discharged to their GPs and do not require community follow-up. Patients who are followed up in the community have a discharge date and the treatment is not indefinite unless required.

Recommendations

- The garden charter is to safeguard all patients. The garden is locked due to patients at risk of absconding. Our fences are low and patients can climb over. We cannot raise up the fences due to the building being listed. We will be reviewing the charter with current patients and have their input as the one in use was done by the patients.
- We have a part-time Occupational Therapist, who works 26hrs and two, part-time assistants who share a full-time role of 37.5hrs. We are reviewing their job descriptions.
- You Said, We Did bard was updated and has current information on display.

