Mental Health Service Visit Report

Name of Service: The Radbourne Unit, Derbyshire Healthcare NHS Foundation Trust

Service Address: Royal Derby Hospital, Uttoxeter New Road, Derby. DE22 3WQ

Date of Visit: Tuesday February 4th 2020

WHAT IS HEALTHWATCH? Healthwatch Derbyshire (HWD) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

Healthwatch Derbyshire engages with both health and social services directly, as well as the public across the county, to establish how services are effectively meeting needs. As a consequence, Healthwatch Derbyshire produces reports and engages in dialogue with both commissioners and providers to ensure that the needs of patients and users of services are continuously improved.

Healthwatch primarily works in partnership with all stakeholders but also retains a range of statutory powers including an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. An Enter & View visit is not an inspection but is complementary to the regulatory and quality monitoring work undertaken by the Care Quality Commission. Further information regarding Enter & View may be obtained from the Healthwatch Derbyshire web-site:

http://www.healthwatchderbyshire.co.uk/about/about-enter-and-view/

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1.Visit Details

Service Provider: Derbyshire Healthcare NHS Foundation Trust

Time of Visit (From/To): 13:00 -16:30

Authorised Representatives (ARs):

1.	Mary Beale	2.	Kay Durrant	3.	Shaun McElheron	4.	David Weinrabe

Healthwatch Responsible Officer: David Weinrabe (Interim Enter & View Officer) Tel: 01773 880786

2. Description & Nature of Service

The Radbourne in-patient unit comprises of five wards and The Hub a communal area providing a social gathering and activity space plus a café (Jackie's Kitchen). In addition, there are treatment spaces and various activity rooms available.

The wards are:

- **Ward 33** – a female only ward
- **Ward 34** – a male only ward
- **Ward 35** – a mixed ward (21 patients)
- **Ward 36** – a mixed ward (21 patients)
- **The Enhanced Care Ward (ECW)** – 10 beds
  (this ward is a secured environment)

All wards (except the ECW) are 'open' but may be locked at times as and when the safety of patients is considered to be at risk.

3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, Head of Nursing, senior nurses, staff and patients for their contributions to the visit.

4. Disclaimer

This report relates to findings gathered on the specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all patients and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWD ARs at the time of the visit.

5. Purpose of the Visit

- To enable Healthwatch Derbyshire ARs to see for themselves how the service is being provided in terms of quality of care and treatment principles
- To identify evidence of responding to recommendations made from previous visit
- To capture the views and experiences of patients, staff and where possible family members/friends
- To gather evidence on the patient care and treatment experiences with specific emphasis on their sense of safety, adequacy of support provided in the recovery process, personal autonomy and involvement in care decisions
- To identify areas of patient and staff satisfaction within the service and any areas felt to be in need of improvement

6. Strategic Drivers

A pilot of ward visits to the mental health units of the Trust was carried out during 2018 and found to be mutually beneficial. The programme has been further developed with the Head of Nursing for the Hartington Unit, Chesterfield and the Radbourne Unit, Derby. It was

agreed at the time that visits should take place twice yearly and focus particularly on the 'safety' of patients and staff which had been an area highlighted in the Care Quality Commission inspection reports of 2018 and 2019.

7. Introduction/Orientation to Service

On arrival to the Unit ARs were met by the Interim Head of Nursing, Kelly McKernan who, with other Senior Nurse staff members, facilitated the visits to each ward area. It was negotiated not to undertake a visit to the Enhanced Care Ward (ECW) both due to the potential instability of the patients on that ward and time available.

ARs were introduced to each ward visited and to the person in charge, following which they undertook a brief guided orientation and were advised of any circumstances that they should be aware and/or may reasonably restrict any aspects of their visit.

ARs were also advised as to which patients were most suitable to engage with and which staff might be available to talk to during the visit.

NAME OF WARD	Type of Ward	ANY RESTRICTIONS DURING VIST
Ward 33	Acute - Female only	• None specified
Ward 34	Acute - Male only	• None specified
Ward 35	Acute - Mixed gender	• None specified
Ward 36	Acute - Mixed gender	• None specified

8. Methodology

ARs were equipped with various tools to aid the gathering of information. The following techniques were used by the ARs:

- Direct observation of interactions between staff and patients
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the patients
- Observing the delivery and quality of care provided
- Talking to patients, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

9. Summary of Sources of Data Gathered

WARD	No. of Patients Interviewed	No. of Staff Interviewed	No. of visitors interviewed	Others Interviewed
33	1	1	0	0
34	2	0	0	0
35	2	2 X OT's		
36	2	1x OT; 1 X nurse; 1 X student	0	0
Enhanced Care Ward	Brief invited visit to view nursing support for patient in seclusion			
Total	7	6	0	0

10. Detailed Findings

10.1	**Location, external appearance, ease of access, signage, parking**
	The Unit is located on the outer perimeter of the Royal Derby Hospital campus. Access by car is via the one-way system around the Hospital and is reasonably well signposted. The unit has its own car parking facilities entered through a security barrier arrangement and controlled access by an intercom system to the Unit's Reception desk. The range of car parking areas located around the unit appear plentiful but with only a few spare places available at the time of the visit. Facilities for disability parking were not observed. The Unit is relatively modern in design in a 'cluster' type arrangement. The external appearance was maintained well with some seating and landscaped areas around one side of the buildings.
10.2	**Initial impressions (from a visitor's perspective on entering the wards)**
	All wards visited were "open wards," which may be locked at times as and when the safety of patients is considered to be at risk. None of the wards were 'locked' at the time of the visit. Wards are noted to be attributed numbers which promotes a more clinical, impersonalised image. A sign observed outside of one ward (36) was observed to indicate if and when the door was locked. A similar sign inside the ward was not observed. The wards on entry generally felt bight, clean, pleasantly decorated and calm environments. Overall there was ample signage and information displayed to assist both patients and visitors including, in most wards, boards of photographs of the care team. ARs were welcomed warmly by all staff encountered as they entered the ward and undertook their visit. The Staff Offices are located at the end of the entry corridor off of which a number of small meeting rooms/social spaces are located. In one ward (36), ARs were informed by a staff member that the main staff office is closed daily for one hour before lunch in order for staff to provide focussed engagement with patients. In addition, outside the staff office was an alcove with a table and chair where a staff member is sited in order that any patients have immediate access to someone should they need it throughout the day. A number of patients on each ward were either resting, engaged in some staff interaction, watching TV or generally walking around; all appeared relaxed.
10.3	**Facilities for and involvement with family/friends/significant others**
	Visiting times are from 14:30-16:30 & 18:30-20:30 during the week and with an additional period of 10:00 -12:00 at week-ends. ARs were informed by staff that they offer flexibility in these timings to support individual family needs. Wards can accommodate visitors on the ward itself but not all patients were aware of the "Family Room" facility located by The Hub social area. ARs did not have the opportunity to engage with any visitors during the visit and

10.3 cont..	none (except for one or two) were observed within the ward areas. However, as ARs were completing their visit and exiting through The Hub there appeared to be a number of visitors present engaging with their in-patient relatives. Whilst ARs did not meet with any visitors, patients and staff interviewed all appeared satisfied with the visiting arrangements. ARs were informed that contact with carers/families normally occurred within 48 hours of a patient being admitted onto the ward. "Carers Groups", co-ordinated by a Senior Nurse on Ward 33, have been formed Unit wide. They meet monthly where there are opportunities created to discuss common issues and engage with 'guest speakers' such as pharmacist, Occupational Therapists, Crisis Team, representatives and Autism Awareness staff.

10.4	**Internal physical environment**
10.4.1	**Décor, lighting, heating, furnishing & floor coverings**
	The wards were well lit, floor coverings were in good order and furnishing clean and comfortable. The wards were pleasantly decorated and, in the main, provided a more 'homely' rather than a 'clinical feel' to them. Both patients and staff were satisfied with this overall and one patient remarked that in their ward, ***"they make an effort to make it nice"***.
10.4.2	**Freshness, cleanliness/hygiene & cross infection measures**
	This seemed to be of a very good standard throughout and the wards had a pleasant, fresh atmosphere. Patients spoken to remarked that it was always very clean; one patient said that sometimes other patients do, ***"make a mess"*** but said when this is reported to the staff, they, ***"clean it up straight away"***. Toilets and bathrooms were maintained well and domestic staff were clearly evident and active on every ward. The kitchen areas on each ward had a regular rota of cleaning 3 times a day for which purpose they were locked whilst the cleaning was undertaken. Some but not all staff were noted to be carrying their own hand sanitiser gel dispensers. Hand hygiene dispensers with associated guidance/instructions were observed in situ on walls in kitchens and bathrooms.
10.4.3	**Suitability of design to meet needs of patients**
	This generally appeared satisfactory with a range of different communal rooms offering opportunities for social interaction and/or smaller spaces for quieter activity. Generally, rooms were clearly identified in relation to their function eg Dining room, Kitchen, Toilet etc. Some of the smaller rooms were noted to have 'discretionary glass' windows to provide more privacy. The mixed Wards have separate lounges for male and female patients which are used strictly in that way. Lounges generally appeared comfortable with a wall mounted TV screen as the main feature. In addition, ARs were informed that there was a stock of leisure activities (books and board

10.4.3 cont..	games etc) available although one patient in one ward said that they would like more things available such as a 'Play Station' and perhaps more board games. Designs of lounges and dining rooms were variable across the wards in terms of the extent to which they had been made comfortable/homely. Each Ward also has a quiet room which includes a 'safety pod' designed to help patients achieve relaxation and calm when they feel they need it. Some but not all patients were aware of this facility. The usefulness of the 'pods' is being evaluated and ARs were informed by staff that since their introduction there appears to have been a reduction in distressed/aggressive behaviours within the Wards. The wards have mainly 'dormitory' sleeping facilities (6 beds in each) and some (normally 3) single rooms and section 10.6.4 outlines the evidence concerning these facilities. Patients mainly acknowledged that the wards were designed adequately to meet their needs, ***"seems alright"***. One patient with a mobility difficulty stated that they were satisfied (***"fine/good"***) with the bathroom and toilet adaptations on the ward to support their physical challenges.

10.5	**Staff support skills & interaction**
10.5.1	**Staff appearance/presentation**
	As indicated in 10.2, all staff encountered were both welcoming, polite, friendly and enthusiastic. They all wore uniform (different designs for the different roles) and all presented a professional image. Overall there was a clear sense of all staff working together as teams. Patients on admission are assigned a keyworker/Named Nurse although patents expressed having some different experiences in this matter (section 10.5.4 refers). Staff spoken to by ARs were generally positive and very happy in working in the wards but some organisational differences from ward to ward were noted by staff such as the clarity in direction of allocated duties. More time with patients was the greatest area for improvement that were expressed by some staff. A senior staff member considered that their ideal improvement would be the allocation of an O.T and psychologist on each ward.
10.5.2	**Affording dignity and respect**
	This was clearly evident in observed interactions between staff and patients and when staff were entering more private areas like bedrooms, toilets and bathrooms, staff knocked before entering. However, in some wards this was not so apparent when staff entered the lounge areas where entry was interrupting the patients rest/leisure time and this was often accompanied by staff talking rather loudly to ARs whilst the patients were watching TV. Patients stated they felt staff to be helpful and always showed respect, ***"yes, privacy is good"***.

10.5.3	**Calm, empathic approach**
	Staff were observed to be busy with their duties across all wards engaging in various types of interaction with the patients including in one ward, discussions occurring in the dining room between patients and their Named Nurse/Key Workers; in another a 'craft therapy' session occurring with an individual patient and in another social interaction with patients playing snooker, board games and chatting. All interactions observed were calm and respectful with staff paying focused attention to the patient(s) engaged with. Staff were also observed in one ward to be discreetly checking that patients who were in their rooms, were all OK. Patients spoken to were all positive about their experiences with staff, one patient expressed this as, ***"no problem at all"***, ***"always somebody to talk to" and another said, "they can't do enough for you"***.
10.5.4	**Effective communications** - eg available information on admission, involvement within recovery care and discharge plans
	A comprehensive range of information was generally displayed on the walls in corridor areas, including menus, activities, explanation of ward routine, patient rights, complaints procedure, advocacy access etc. In addition, the outcomes from 'Community Meetings' (staff and patient forums), which are held regularly on wards, are displayed in an accessible, *'You Said, We Did'* format and/or similar such as the 'Bright Ideas Project Tree' in one ward. Material was observed to be generally presented in different fonts, colours and speech bubbles which made them very reader friendly. One staff member stated that whilst overall a lot of information is displayed, they had observed patients reading the material at various times. ARs also observed in Ward 36, a prominently displayed 'welcome' folder outside the lounge and dining room area, which appeared well presented with key information which ARs again were told was consulted by both patients and visitors at various times. However, some patients appeared to be generally less aware of recorded information about their care, ***"Never seen any paperwork about*** (my) ***care"***. Few recalled being given any 'information pack' on admission, ***"I was not given any info when I arrived here"***, and equally claimed to be unaware of their care or discharge plans and/or where they were kept. One patient stated that on their current admission they were ***"shown around, but did not receive pack of information"***. The same patient said, ***"Don't know whether there is a care plan or not, have not asked"***. However, they went on to say that they were satisfied about involvement in their care during ward rounds. One non-nursing staff said that they themselves had not seen the information packs that patients should receive. ARs in one ward requested and were shown the type of material that is provided as an information pack on admission. In that ward ARs asked about written information provided to families of patients and were informed that a *'carers pack'* is being considered. ARs were informed in some wards that Care Plans were kept in the patients' personal locker systems whilst in another ward ARs were informed that they

10.5.4 cont..	were held by the patients themselves. One patient said that he had his in a plastic wallet by his bed. Some patients stated they were involved in their progress and discharge plans whilst another patient stated, ***"I'm happy to leave the staff to sort out my care"***. Some mixed evidence was also presented about the 'Named Nurse/Key Worker' system. Some patients appeared to be unclear as to who was their "Named Nurse" with one patent acknowledging they knew the person but had rarely seen them. Other patients stated they feel very supported by their keyworkers, ***"they always make time for me"***. All wards displayed the names of staff on duty on a white-board system and some also provided the names of the 'Named Nurses'. However, this information did not appear to be consistently accessible to patents across all wards. Staff information also did not always have photographs alongside the names which may assist some patients who are subject to confusional episodes.

10.6	**Patients' physical welfare**
10.6.1	**Appearance, dress & hygiene**
	All patients appeared suitably dressed in their own clothes except for one patient who said that they did not have their own clothing. All patients also appeared to be maintaining their personal hygiene care satisfactorily. Patients suggested that there was adequate storage for their clothing. Each ward was observed to have well equipped utility areas and patients felt that these facilities for washing, drying and ironing clothes were good.
10.6.2	**Nutrition/mealtimes & hydration**
	Mealtimes are 'protected' to ensure there are no undue interruptions and this was verified by some patients, and one also stated ***"we all sit together talking"***. ARs were informed that the menu cards are completed each evening (by 20:00hrs.) and that the chefs are eager to please and cater for cultural, religious and special needs. ARs who observed the menus considered them to have an attractive range of options. Patients stated they were generally happy with the meal choices and quality of the food provided, ***"meals are alright"***, ***"lots of food, good variety"***. One patient told ARs, ***"I enjoy the food*** (but) ***not always the dining experience"***. ARs were informed by staff that mealtimes may sometimes coincide with ***'boisterous behaviour'*** by some patients. There were one or two patients who were less satisfied with the food available, expressed by one patient as, ***"worse than public school"***. Another patient with what appeared complex dietary needs felt that there was, ***"sometimes nothing on the menu that I can have….staff have tried to help"***. ARs observed that the ward *"you said, we did"* information contained a number of comments about how the ward would ensure dietary preferences and needs were met. Another patient felt that breakfast time (8am) could be more flexible as they liked to stay in bed until about midday. Patients have access to generally well-equipped kitchenettes where snacks, fruit and drinks might be had throughout the day. The kitchens also had fridges where patients might store personal food items. Kitchens are cleaned 3 times a day by domestic staff and notices on the doors indicate that they will be locked

10.6.2 cont..	for the cleaning period. ARs observed on one ward that the kitchen had remained locked after the time it was due to be open and a patient had to ask staff to open it as they wanted to use it. One patient said that, ***"the kitchen seems closed most of the time"***. Drinks and snacks can also be purchased from 'Jackie's Pantry' In The Hub area on the ground floor and some patients may be able to leave the unit to go to local shops if they wished.
10.6.3	**Support with general & any specialist health needs**
	Patients indicated satisfaction with the range of non-nursing professionals supporting their care eg OT, Psychologist, Dietician. Patients seemed to know who was involved in their care and ARs were informed that all professional staff involved always explain who they are and their reason for their visit to each patient.
10.6.4	**Meeting Rest & Sleep Needs**
	As referred to earlier (Section 10.4.3), the wards have mainly 'dormitory' sleeping facilities (6 beds in each) and some (normally 3) single rooms. Patients spoken to who were located in the single bedroom facilities seemed satisfied overall and appreciated that their needs were being accommodated. ARs were invited to view some of the bedroom spaces in some wards and observed one male 'dormitory' to look rather austere although a patient using the room did not make any comment regarding this. ARs were informed by the Interim Head of Nursing that all wards were shortly due to be converted to single sleeping accommodation in line with national policy. One patient using a single room and one in a shared room said that their sleep was disturbed at night due to noisy fellow patients as well as staff, ***"Everyone shouts here"***. In addition, further noise emanated from footsteps on the laminate type flooring. It was noted by patients that lights were sufficiently dimmed at night to aid rest. Another patient appreciated being in a single room as they don't sleep well and would disturb others if in a dormitory. Whilst another remarked that they preferred a shared bedroom as they would be frightened on their own. One patient stated that they like to sleep until midday but they are awoken for medication after which they go back to sleep.

10.7	**Patients' social, emotional and cultural welfare**
10.7.1	**Personalisation & personal possessions**
	Personal items can be stored in the patient's personal lockers next to the bed. Patients were able have their own mobile phones and/or computer tablets however were not able to keep chargers with long cables due to the ligature risk presented. Wards had supplies of short charging leads that were made available to patients when their hand-held devices needed charging. In Ward 33, ARs were informed that they adopt a "buddy system" to help patients settle in to the ward and unit on admission. The ward allocates a healthcare assistant or O.T. to show the patient around and familiarise them with their new surroundings.

10.7.2	**Choice, Control & Identity**
	As indicated within Section 10.2 the wards may where necessary, be locked at certain times. Generally, patients appeared to understand why this might be so and accept this. However, two patients did express resentment about this arrangement, one stating ***"that can be restrictive"*** and another that they ***"don't*** (always) ***understand why"***. ARs noted that whilst toilets were open to use, bathrooms appeared to remain locked in some wards. ARs were informed in one ward that adapted toilets and bathrooms for those with mobility challenges remained locked until use was required as the equipment within them presented a greater number of ligature risks. Generally, patients expressed that they felt they were **"involved in** (Care) ***decisions"***. Some, but not all patients, were aware of the Advocacy service available but not all felt the need to access the service. Aside from personal mobiles referred to under 10.7.1, patients also had access to payphones on the ward.
10.7.3	**Meeting Needs of Patients Who Smoke**
	For those who smoke, admission to the Unit was previously into a strictly non-smoking environment as per national policy for hospitals. However, this was considered within the Unit to be a significant factor in increasing the patient's stress and incidents of aggression which were encountered by staff. Consequently, a modified non-smoking policy has been instituted where smoking is only permitted in designated outside courtyard areas of the unit. Alongside this facility, patients, on admission, are actively encouraged to stop/reduce smoking by offering them nicotine patches or vapes plus an option for referral to a smoking cessation course. ARs were informed by the Interim Head of Nursing that an on-going evaluation of the smoking policy/strategy adopted had provided some provisional evidence that there has been a reduction in aggressive incidents since its introduction. The courtyards used seems well maintained the area being divided between a designated smoking zone and a smoke-free zone where patients with restricted movement can go out for some air & exercise. Within the courtyard there is a safe mechanism to light cigarettes in the wall which has reduced the need to ask members of staff for access to their own lighters. Patients were aware of the smoking facilities and support available. One patient, who was not a 'heavy smoker' stated that they had no cigarettes as they had no money and another informed ARs that the nicotine patches offered had to be paid for after a month.
10.7.4	**Feeling safe and able to raise concerns/complaints**
	Whilst one patient spoken to stated that they were not aware of how to complain most indicated that If they had any concerns, they would either speak with the ward manager or their Named Nurse/keyworker. Patients indicated that they felt staff listened to them and provided them with appropriate support.

10.7.4 cont…	Some patients were asked if they felt safe in their environment and responded positively. As stated under 10.6.4, one patient remarked that they preferred a shared bedroom as they would be frightened on their own.
10.7.5	**Structured and unstructured activities/stimulation**
	A central facility (The Hub) outside of the ward areas is designed to be the main area, manged by a designated 'activities team', for socialising and games/leisure/therapeutic activities which are programmed throughout the day and evening up to 21:00hrs. This was a light and airy space with comfortable seating in the area and the environment appeared calm and relaxing. Within The Hub there is also refreshment area (Jackie's Pantry) available and used by both patients and visitors. There is also a well-equipped 'fitness room' room adjacent to The Hub. Most patients spoken to used The Hub facilities, one patient said that they ***"practiced yoga"*** whilst another told ARs that they, ***"do not bother to use Hub*** **….I am so bored all day long"** but they did go on to say they appreciated to being able to take a walk out in the courtyard area. Therapeutic activities are central to the recovery of patients and Occupational Therapists (OT's) assess each patient on admission to assess and design individual programmes. Only one patient reported that they do not recall seeing an OT on admission. OT's interviewed were enthusiastic and many had ideas to extend activities for patients such as 'walking groups', 'breakfast clubs' and discharge preparation rehabilitative activities. Some challenges identified by OT's were staff shortages and patients with special educational needs.
10.7.6	**Cultural, religious/spiritual needs**
	Two patients mentioned that they were aware of the availability of a 'Faith Room' and one recounted also that 2 women Chaplains visited but they would value seeing someone from their own religion. AR's did not encounter any patients mentioning issues or any concerns around their religious or cultural needs.

11. Additional Issues

11.1	**Comparisons with previous Healthwatch Visit(s) Where Applicable**
	Whilst this represents the first formal Enter & View visit to the Radbourne Unit, Healthwatch was invited to undertake a structured visit in 2019 which took place on 24th July. A second follow up visit after 6 months had already been agreed when arranging the July visit and this was renegotiated to become a full Enter & View visit as per this report. However, the evidence within this report compared to that of the structured visit in July, is quite similar. Some developments/improvements were noted with respect to; the management of people who smoke, the clearer feedback to patients on issues raised through the displays such as the *'you said, we did'* posters, Ward 36 presented more positively in this visit, Ward 33 had established a 'carers group' and 'buddy system' and there appeared to be less anxiety across wards about aggressive incidents.

11.2	**Comparisons with the most recent CQC report**
	The CQC rating certificate was observed as being displayed in the main hospital but not within the Unit itself. In June 2018 the CQC visited the Radbourne Unit and as a consequence of some serious concerns revisited between18th -20th March 2019 with the report being published on June 4th 2019. Whilst the CQC had noted some improvements between the two visits and were assured of plans to address the on-going concerns, the Unit was deemed 'inadequate' overall and specifically in relation to 'safety' and being 'well-led'. The domains of 'effective' and 'caring' were rated as 'requiring improvement' whilst that of being a 'responsive' service was considered 'good'. The CQC generally found many positive aspects within the overall experience of care and skills of staff but had a range of concerns about organisational, administrative and staffing issues which impacted on health and safety. Most of the focuses of these issues fall outside of the role and functions of Healthwatch Enter & View. However, one aspect the CQC raised about ligature risks in wards was evidently being addressed with ARs observing during their visit one toilet area (in either Ward 35 or 36) being attended to by maintenance personnel to reduce a ligature risk there. Other shared areas of concern however, identified by the CQC and evidenced in this report, are issues around: patients being offered copies of their care plans, the dormitory accommodation and access to bathrooms.
11.3	**Other observations/findings of note**
	The service response to this report was delayed by a week due to the exceptional circumstances and impact on NHS services of the national Coronavirus outbreak.

12. Elements of Observed/Reported Good Practice

Name of Ward	Good Practice Example
All	• The display of 'you said, we did' or equivalent information
All	• positive, caring interactions between patients and staff
All	• Establishment of regular "Carer Group" meetings
Ward 33	• The patient admission 'buddy system
Ward 36	• Closure of office for 1hr each day for nurse/patient time
Ward 36	• Open staffed station within main ward area
Ward 36	• The display of a "Welcome/Information" folder

13. Recommendations

13.1.0	To confirm that there are disability parking facilities within the unit's own car parks (10.1)
13.1.1	To consider changing ward numbers to a more patient/visitor friendly system of nomenclature (10.2)
13.1.2	To confirm that all wards have clear signage communication, both external and internal to the ward's entrance, indicating whether the ward is 'locked' or 'open' (10.2, 10.7.2)
13.1.3	To confirm that all wards have boards of photographs of the care team suitably displayed and easily accessible to patients and visitors (10.2, 10.5.4)
13.1.4	To ensure that the Family Room facility is clearly promoted to patients and their visitors (10.3)
13.1.5	To consider how all lounges and dining rooms can be improved in their comfort and 'homeliness' (10.4.3)
13.1.6	To ensure that all patients are made aware of the availability of the 'safety pods' and how to use them. (10.4.3)
13.1.7	To review practices to ensure courtesies of staff entering the Ward communal spaces is the same as those adopted in entering personal spaces (10.5.2)
13.1.8	To ensure all patients consistently receive information packs on their admission with all staff being aware of the packs and information offered (10.5.4)
13.1.9	To advise of progress in producing a Unit and service wide "Carer's Information Pack" (10.5.4)
13.2.0	To confirm that all patients are offered copies of their care plan (10.5.4)
13.2.1	To confirm that patients are clearly informed of their Named Nurses and systems in place to ensure patients meet their Named Nurses regularly (10.5.4)
13.2.2	To minimise the closure times of kitchenettes and ensure availability according to times displayed (10.6.2)
13.2.3	To confirm the time-frames for refurbishing existing dormitory style sleeping facilities to create individual bedrooms (10.6.4)
13.2.4	To consider generally ways of reducing excessive noise levels at night (10.6.4)
13.2.5	To confirm the policy on whether bathrooms are required be left locked or unlocked (10.7.2)
13.2.6	To confirm that clergy from a variety of religions can be accessed by patients (10.7.6)
13.2.7	To advise whether the CQC rating certificate is displayed within the Unit (11.2)

14. Service Provider Response

No.	Recommendation	Service Response
13.1.0	To confirm that there are disability parking facilities within the unit's own car parks (10.1)	There are disability parking spaces available at the front of the Radbourne Unit
13.1.1	To consider changing ward numbers to a more patient/visitor friendly system of nomenclature (10.2)	The suggestion of renaming the wards will be taken to staff, patient and carer meetings by August 2020
13.1.2	To confirm that all wards have clear signage communication, both external and internal to the ward's entrance, indicating whether the ward is 'locked' or 'open' (10.2, 10.7.2)	There is an expectation that whenever ward doors are locked there is appropriate signage both inside and outside the ward doors to explain this and how to enter/leave the ward. This is monitored by the Clinical Matrons who complete monthly walkarounds and this is one of the criteria they check.
13.1.3	To confirm that all wards have boards of photographs of the care team suitably displayed and easily accessible to patients and visitors (10.2, 10.5.4)	Every ward has a staff board with photographs, first names and job titles of staff working on the ward.
13.1.4	To ensure that the Family Room facility is clearly promoted to patients and their visitors (10.3)	A poster to advertise the availability of the family room for visiting will be added to the carer's information board on each ward by May 2020
13.1.5	To consider how all lounges and dining rooms can be improved in their comfort and 'homeliness' (10.4.3)	As part of working towards the Royal College of Psychiatrists AIMS accreditation, all wards are working to make their communal areas more welcoming. This work will be ongoing.
13.1.6	To ensure that all patients are made aware of the availability of the 'safety pods' and how to use them. (10.4.3)	Discussions about how to best promote the use of the safety pods is taking place within the Reducing Restrictive Practices Working Group. Outcomes are expected by June 2020

No.	Recommendation	Service Response
13.1.7	To review practices to ensure courtesies of staff entering the Ward communal spaces is the same as those adopted in entering personal spaces (10.5.2)	Staff courtesies when entering communal areas, as well as personal spaces, will be raised in staff and patient meetings by May 2020
13.1.8	To ensure all patients consistently receive information packs on their admission with all staff being aware of the packs and information offered (10.5.4)	The quality of welcome packs, and the consistent distribution of these is also part of the Royal College of Psychiatrists AIMS accreditation. The Clinical Matrons are working on how to meaningfully monitor that this is occurring.
13.1.9	To advise of progress in producing a Unit and service wide “Carer’s Information Pack” (10.5.4)	Another aspect of the Royal College of Psychiatrists AIMS accreditation is the information we provide to carers. We currently are in the process of sending a letter to all carers (where appropriate) on admission. We will be reviewing this to identify if more information is needed.
13.2.0	To confirm that all patients are offered copies of their care plan (10.5.4)	All patients are offered a copy of their care plan. This is documented within the electronic patient record. Since Healthwatch Derbyshire’s initial feedback we have now standardised the approach across all wards. All patients continue to be offered a copy of their care plan. Those who decline will have a copy stored in their red folder, which is kept in their individual locker. Signs have now been added to the locker area to make everyone aware that a copy of their current care plan is within the red folder. Patients who do not have the capacity to safely hold their own copy will also have theirs within their locker. The effectiveness of this will be reviewed through patient meetings and 1:1 discussion
13.2.1	To confirm that patients are clearly informed of their Named Nurses and systems in place to ensure patients meet their Named Nurses regularly (10.5.4)	Some of the wards have a named nurse board in communal areas, so that all patients can see who their named nurse is. This is now being standardised across all wards. There is also a daily “one out, all out” process which allows every member of staff protected time to engage with patients.
13.2.2	To minimise the closure times of kitchenettes and ensure availability according to times displayed (10.6.2)	Kitchens are to remain open other than the designated cleaning times. If the kitchen needs to be locked for any other reason, this must be reported via the datix system. Staff will also place a sign on the kitchen door to explain the reason (as appropriate) and inform patients how they can access the kitchen as required.

No.	Recommendation	Service Response
13.2.3	To confirm the time-frames for refurbishing existing dormitory style sleeping facilities to create individual bedrooms (10.6.4)	There is a plan to refurbish the Radbourne Unit and provide all single bedrooms. Unlike at the Hartington Unit, there is no intermediate solution available. Therefore, we have an extensive plan which will require us to close a ward for several months whilst the building work is completed. We are in the process of determining how we can do this without compromising patient safety or care provision. This work will only start once the more simple work at the Hartington Unit has been completed. This was due to be in early 2021, however the current Coronavirus situation is likely to negatively impact on this timeframe.
13.2.4	To consider generally ways of reducing excessive noise levels at night (10.6.4)	The refurbishment described above will address a lot of the noise issues currently experienced on the unit. In the meantime, we are exploring other methods of improving this, including sleep masks and ear plugs. We are unable to change the doors due to the fire requirements.
13.2.5	To confirm the policy on whether bathrooms are required be left locked or unlocked (10.7.2)	All bathrooms should remain unlocked at all times. If the bathroom needs to be locked for any reason staff must complete an incident form via the Datix system. This is part of the Clinical Matrons walkaround as we are aware that there has been some inconsistency in this practice.
13.2.6	To confirm that clergy from a variety of religions can be accessed by patients (10.7.6)	Patients are able to access clergy from various religions and we have posters available to make people aware of this.
13.2.7	To advise whether the CQC rating certificate is displayed within the Unit (11.2)	We had our most recent CQC visit in November 2019 and have recently received the report including the rating. This is now displayed on each ward and within the reception area.