

Churchill Ward



Enter & View

8th December 2022

12.30pm - 4.30pm

DISCLAIMER This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter & View team on that date.

Contact Details

Harbour Hospital
Windmill Rise,
Blackpool,
FY4 4FE

Person In Charge

Andrea Gibson (Manager)

Healthwatch Blackpool Authorised Representatives:

Amy Butler
Alex Lever
Emma Brinsley

Acknowledgements

Healthwatch Blackpool would like to thank the patients, staff, Andrea Gibson (Manager) and Laura Taylor (Deputy Manager), for making us feel welcome during our visit on Churchill Ward.

General Information

- 1 of 2 male acute mental health wards at the Harbour Hospital.
- 17 single en-suite rooms on the ward.
- 17 patients occupying the ward at the time of our visit.
- The latest CQC inspection and review confirmed that the Harbour Hospital **REQUIRES IMPROVEMENT.**

Announced visit

What is Enter and View?

We have the statutory right to carry out 'Enter and View' visits which allows trained authorised representatives of Healthwatch Blackpool to enter those premises where health and care is provided, to observe the nature and quality of the services. These visits are an opportunity to collect views directly from patients and to observe the environment and the quality of the service provided.

The visit was part of our programme of Enter and View visits to healthcare facilities in Blackpool. The aim of the visit was:

1. To find out about patients' experience of the home in relation to:
• **Daily Life** • **Quality of Care** • **Activities** • **Involvement of Patients**
2. To identify examples of good practice
3. To highlight any issues or concerns from patients and any ideas for improvements

Resident Feedback

Healthwatch Blackpool engaged with twelve patients during the visit. It is important to note that patients on the ward had varying levels of capacity. Healthwatch representatives had numerous conversations on the day of the visit and below is some feedback directly relating to the ward. Areas of feedback were discussed during the visit with the ward manager.

Daily Life

Arrival/Admittance

"They said I refused medication from my Doctor. I didn't and I find this frustrating."

"No medication on arrival for two days."

"When I got here, I'd been here a few weeks and not showered or shaved. I was told, 'Your meeting is in 10 minutes but I wish I was told earlier.'"

Leave

"I've been stuck on here for 2 months without leave. I was promised out if I have depo. I've only been out for a brain scan. I'm the only person here without leave."

"Had leave once."

"Got leave now, can go out when I want now. Took me three weeks to get it."

"Got routine here and I've got leave."

"They won't let me out for my section 17 leave."

Visits/Contact with loved ones

"My sister comes here to see me."

"My brother comes occasionally."

"I wouldn't mind seeing my family."

"The lack of internet/reception is impacting being able to contact my family."

"They are not passing on messages from family."

Environment

"The environment's a bit mad like, everyone's got problems."

"I don't spend much time in the communal areas, I like to spend time in my room as it's quieter. It is noisy in the communal areas sometimes."

"It is getting too much with the other patients."

"Night time is the best, it's quiet"

"That guy (another patient) is always trying to square up to me"

"They have a spiritual room but they don't let me go. It is taken out of my leave/break hours. The lack of staff means they cannot take me to the prayer room."

Safety, privacy & wellbeing

"I feel safe here."

"I don't feel safe here."

"It is like torture. Being here is making me more ill."

"I feel unsafe because of another patient"

"I feel safe in that I can look after myself. I am more concerned that I am being held back."

"The patient phone isn't accessible or private. Other patients can answer personal phone calls. It bothers me."

"I don't know if the cameras are working, they won't ever look at them."

Resident Feedback

Daily Life

Other/General

"I've had the opportunity once to cook bacon and eggs. I'd like to do it more."

"I went to the café this morning. I like to go into town."

"I've only been here a couple of days. Everything's been alright for me."

"It's lovely here."

"It's not all bad I'm just frustrated."

"On a normal day, they wouldn't be getting the beers in like they are today."

"Boards never been done like that before." (referring to the patient information board)

"The information on the wall wasn't there before you came." (referring to the patient information board)

"We are often delayed or held back."

"I have a postcard to send and there is no admin to send it."

"Birdfeeders would be good in the garden."

Quality of Care

Positive feedback regarding staff

"Staff are good, very good."

"Staff are very nice."

"Staff would want me to go out on leave, but their hands are tied."

"Staff are just as under the cosh as I am. There is much bureaucracy."

"Darren's a good guy, he's a healthcare worker and he listens."

"The staff aren't bad, there just aren't enough of them."

"I like the staff and feel like I can talk to them."

"There's good ones and bad ones."

Negative feedback regarding staff

"I don't feel listened to."

"Sometimes they are so short staffed- there's only 3 to 4 staff to 18 patients."

"Staff were mocking me."

"They single people out."

"I'd rather them be honest with me and tell me how it is."

"I have raised concerns about medication but they are so busy and short staffed they don't deal with it."

"Some of the nurses and staff aggravate the patients – I overheard a professional swearing."

"I get angry because they don't have time to listen to our views."

"When I ask for things, they don't help or don't get back to me and feed back."

Resident Feedback

Activities

Physical activity

"They do do activities, gym and that, but I'm not interested anymore. I've lost my motivation, appetite and I'm devoid of feeling."

"There's badminton, I like that."

"I like swimming and if I could go that would really help my mind."

"The gym is great. Harry (gym staff) is a really good guy."

"I enjoy going and playing badminton and football sometimes."

Access to Television/Wifi

"I'd like to watch TV in peace. It can get noisy in here (communal area) and the TV in my room doesn't work."

"The telly's broken, never worked and I've been here since March."

"TV's aren't working for other people. Mine's fine."

"Wifi doesn't work properly."

Activities on the Ward

"I do colouring."

"We are watching the World Cup."

"I went to the pictures last week and watched Matilda. It was funny."

"Activities on the ward are juvenile."

"There's always something going on. You can do what you want, if you want to do arts and crafts. People don't want to do it to be honest."

"Would like to do some relaxation." (when asked what activities would be welcomed)

"Hearing Christmas carols is a kick in the teeth when you are stuck in here."

"There's nothing to do normally. All of this has been put on for you."

"I enjoy helping with the drinks."

Outdoor activities

"I like to use the garden when it's not cold."

"I don't go in the garden area as there's nothing to do. There's just a wall."

"They need group sessions outdoors."

Resident Feedback

Food

Positive feedback regarding food

"Food's alright. I like fish and they do that sometimes. Been living off toast."

"The food's really nice."

"Can get food whenever you want. If you're hungry, you can go and get something."

"I make pancakes. At supper time we make burgers."

"We make pasta on a Thursday."

"I am vegan and they absolutely cater to that."

"Alright, there's enough choice."

Negative feedback regarding food

"It's average, and not big enough portions."

"I don't like it during mealtimes, there are arguments."

"It's very rare you get to go into the kitchen to prepare your own food. I've been allowed in once in two months."

"Would like to do some cooking. I've never had the chance."

"I don't really eat much, only toast."

"Sometimes the portion sizes vary."

"We were supposed to get menus but they don't always have them."

"The food is crap. I don't get to choose what I eat."

Patient Involvement

"Saw an advocate before my tribunal."

"I don't feel listened to."

"I don't feel involved."

"Not person-centred. I'm not included in my care. I don't even get told when I've got meetings until the day of the meeting."

"I don't get the opportunity to talk."

"I feel apprehensive about discharge due to not being allowed to socialise."

Visit summary and observations

Pre visit

The visit to Churchill Ward was prearranged as per the Healthwatch Blackpool work plan. The ward was notified via letter ten working days prior to the site visit. The visit was conducted in line with infection prevention control measures currently in place on the ward. Personal alarm fobs were worn by Healthwatch representatives, in accordance with hospital policy.

The ward was asked to make patients aware of the planned visit.

First impressions

Churchill Ward is situated in the Harbour Hospital, accessible via a main road and close to the motorway. The external signage is clear to see on approaching the ward, via the main corridor of the hospital. There is a carpark to the front of the hospital, with disabled bays, and overflow parking available. There are public transport links, with a bus stop directly outside the hospital.

There is a locked-door policy on the ward and a reception area at the entrance, with a bell to alert the ward of your arrival. Visitors are greeted by ward staff and taken onto the ward.

Environment and communal spaces

During the visit, there were many patients in the communal area, which consisted of a seated area with three tables, some quieter seated areas along the corridors and a bench-type seated area with a large TV on the wall. Representatives observed some residents seated and watching the television in the communal area and others sat together conversing in a quieter area.

There is a garden, accessible from the ward, and this was confirmed to be available anytime for the patients to use. This is a reasonably sized space with a walled perimeter, limited seating and a grassed area. Representatives observed some of the patients accessing the garden during the visit, typically to smoke.

Along the corridor, Healthwatch representatives were shown the artwork that has recently been completed to brighten up the space. It illustrates positive words in various different languages, so it is accessible for all patients and staff.

Churchill Ward had a flag decorating activity taking place when representatives arrived, with several of the patients engaging with this, with support from the ward staff. There was an information board that had been updated prior to the visit.

The Deputy Manager communicated to representatives that there is a sports hall within the hospital, accessible to patients and facilitated by a coordinator. There is a timetable displayed in the office on the ward and staff support patients to access the sports hall whenever possible. The Health & Wellbeing Practitioner voiced, *"a lot of them engage with the gym. We have a timetable and take them to the gym"*. It was also mentioned that badminton is popular amongst patients, and there are also exercises available for patients with reduced mobility.

Discussing activities on the ward, the Deputy Manager informed representatives that Churchill Ward has three activity workers at present, and they try to offer a range to suit different interests. With that being said, she commented that facilitating activities and leave can sometimes be difficult with limited resources, stating *"we always struggle with staff but try to plan around it"* and *"staffing varies depending on levels of observations."*

Representatives spoke with a Health & Wellbeing Practitioner, who voiced that she loves her role and that activities she has facilitated included going to the cinema, gardening and cooking.

Visit summary and observations

Involvement of service users and carers

The Deputy Manager informed representatives that patients receive a welcome pack on arrival to the ward and that staff try to get to know their likes and dislikes. She voiced that ward staff make contact with patients' families and inform patients of their rights. Healthwatch representatives observed the advocacy noticeboard, including contact numbers for Blackpool and Lancashire advocacy support.

It was communicated to representatives that patient meetings take place, with the outcome being displayed on the wall in the communal area. The Deputy Manager stated, "*we ask them for their views. An issue that has been consistently brought up is TV's in rooms not working. Staff have escalated this high up to try and get the TV's repaired.*"

There is a patient telephone to allow family members and loved ones to have direct communication. This has been temporarily broken recently but has since been fixed. Representatives were told that staff always try to advocate for leave wherever possible, as this is important to the patients.

Observations of resident and staff interaction

Representatives observed many positive staff and patient interactions during the visit, with some people having general chats and others taking part in activities, such as flag making. There was hot chocolate offered to patients and discussions of future plans for supported leave.

Overall Visit Summary

Healthwatch Blackpool had a positive experience overall on Churchill ward, however, feedback was mixed. In general, most patients appreciate the staff are doing their best with limited resources, and they recalled having positive interactions with most staff. The main areas for concern were regarding the consistency in communication, both in terms of patients receiving timely information, as well as ensuring all staff are communicating messages in line with one another. The environment was clean and representatives observed patients engaging in activities. Noticeboards were up to date and contained important information. Feedback from some residents suggests the physical activity is enjoyable, whilst others would prefer to be offered a broader range of activities, including relaxation sessions and more involvement in cooking. Safety and wellbeing of patients varied, with some mentioning occasions where they have not felt safe due to other patients or low staffing levels. Overall, there are areas for improvement on the Ward, but our findings conclude that this relates to the levels of staffing, rather than individual staff competency.

Healthwatch Blackpool would like to thank staff and patients for accommodating our visit and for taking the time to talk with the team.

Visit Images



Recommendations	Management response	Action to be undertaken By when/whom?
<p>The patients re-iterated their wishes for the TV's in rooms to be working on a reliable basis. It is recommended that faulty TV's are repaired or replaced.</p>	<p>Communication has been sent to the external company that looks at the TVs- they have reassured us that they are coming out first week of January. This was also noted in patient meetings and feedback has been given to the patients regarding communication with TV and them coming out in January. A Note of the rooms and what is wrong with the TVs is noted and sent to the company.</p>	<p>Ward manager to review TV mid February and check the actions from the company has been completed.</p>
<p>One recommendation received was to have some birdfeeders installed in the garden area.</p>	<p>Activity staff have been made aware and will look at creating birdfeeders. Also Patient meeting does have activity agenda where patients voice what they would like on the activity board the following week so this will be incorporated into this.</p>	<p>To review activity planners weekly – Activity staff and O.T to complete.</p>
<p>Leave was mentioned by several patients as an issue, with some feeling their wishes and progress are not being taken into consideration. As such, it is recommended that patient's leave is reviewed on a regular basis, collaboratively with the patient where possible.</p>	<p>Leave is reviewed every week for patients and it is always within our duty to facilitate this. On the odd occasion, Leave can be limited due to staffing shortages.</p>	<p>Ward manager to discuss in Leadership meeting to ensure we are doing what we can to meet these needs. When leave is not clinically appropriate, to ensure this is explained clearly to patients.</p>
<p>Inconsistencies in staff approach to patients accessing the prayer room, with some patients experiencing staff stating it will impact on their leave. Ensure all staff are aware that patients can access the prayer room and this doesn't come out of their leave.</p>	<p>With the current patient mix we can't identify anyone that is requiring or has requested any religious needs. However, this will be put into the next patient meeting to remind patients and we will continue to direct patients to spirituality and advocacy board in order to meet these needs on the ward also.</p>	<p>Ward manager to discuss in Leadership meeting to ensure we are doing what we can to meet these needs.</p>

Recommendations	Management response	Action to be undertaken By when/whom?
<p>Involving patients in food preparation or cooking, to enhance choice, skills and offer an alternative activity.</p>	<p>We have a full activity programme that's displayed and facilitated. We have 2.5 activities staff on the ward and we will endeavour to ask patients on their choice of activities and how we can facilitate this. The patient meetings will continue to offer opportunity for patient to have input in the weekly activity planner.</p>	<p>Ward manager and deputy to review patient meetings and ensure Activities continues to be discussed and reflected on the Activities board.</p>
<p>Increasing variety in activity provision, including offering relaxation sessions e.g. meditation or mindfulness.</p>	<p>We have recently employed a peer support worker who is going to look at some mindfulness and put on some sessions. At current, these are being looked at, so that we ensure these are affective and beneficial for the patient.</p>	<p>Ward manager to review mindfulness and come up with a place with the Peer support worker, this will be discussed in January Supervision.</p>
<p>An important aspect of care for many patients was to improve the reliability of communication with staff, for example being kept informed about meetings, decisions and anything else they have enquired about.</p>	<p>We have introduced a Change package where we are reviewing the Multi-disciplinary approach on how we can have more effective communication and structure for patients on the ward. Ward manager, leadership team and consultant will see what systems we can put in place for patients to be made aware of their team meetings more.</p>	<p>Ward manager to arrange meeting with Consultant and Leadership team to put a system in place for better communication.</p>

Managers Overall Feedback

Thank you for visiting Churchill ward. It was lovely to hear that your visit was positive and the hard work and dedication you saw in the team will be communicated in our staff meeting, along with some treats to thank them for all their hard work.

We strongly believe that patient feedback is important and will continue to aim for weekly community meetings to ensure the patient voice is heard in continuous improvements on the ward. We will also continue to complete our friends and family tests which give us feedback on what the patients think of our ward and what we could do better. Churchill ward currently holds an award for the highest amount of feedback form completed which we are extremely proud of.

From the feedback, I noted that there were a few issues with regards to patient inclusion during activities. We offer a weekly structure and range of activities, although we acknowledge that these aren't always patients choices at that time. Therefore we will endeavour to bridge that communication with patients and staff supporting activities so that we can develop more patient led activities.

It was lovely to review the feedback given and compare this to the 15 step challenge back in April 2022. I'm tremendously proud of how the team has progressed and how much change we have made to make the ward better. Comparing the two, we have come such a long way and it was lovely to see that the hard work has reflected in this report.

Thank you again for visiting and for your feedback.