

Enter and View of acute mental health wards at Park Royal Centre for Mental Health: Pine Ward

Healthwatch Brent, January 2023



Contents

Contents	2
Executive Summary	2
Visit Details	2
Methodology	2
Recommendations	3
Feedback from patients	4
Feedback from staff	7
Response from Ward Manager	9

Executive Summary

We conducted an Enter and View visit to acute mental health wards at Park Royal Centre for Mental Health, in response to feedback from local advocacy providers Brent Gateway Partnership and POHWER. They had highlighted a lack of complaints received from patients, as well as concerns that patients are not being listened to by staff. The Enter and View visit aimed to learn more about complaints by patients and the complaints system. In addition to this, the visit aimed to evaluate whether services are culturally appropriate and sensitive for the ethnically diverse patients on the wards.

Visit Details

Park Royal Mental Health Centre, Central Way (off Acton Lane), London, NW10 7NS

Manager of Pine Ward: Tayo Lasisi

Authorised representatives were as follows: Ibrahim Ali (HWB Staff), authorised volunteers Mary Evans, Nisha Gohil, Arjun Dodhia, and Margaret Oyemade.

Methodology

All visits were announced Enter and View (E&V) visits undertaken by Healthwatch Brent Staff and volunteers. This was part of a planned strategy to look at acute mental health services at Park Royal Centre for Mental Health. The aim was to obtain a better idea of the

quality of care provided. Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to report on the services observed, considering how services may be improved and how good practice can be disseminated.

The Healthwatch Brent team visits the service and records their observations along with the feedback from residents, relatives, carers, and staff. The report and recommendations are based on observations and interviews with patients, relatives, carers, and staff.

Background

According to the Welcome Pack for patients provided by Pine Ward, there is a capacity for 24 beds for males aged 18–65, including people with learning disabilities and occasionally adolescents aged 16–18.

During the visit, the total number of patients on the ward was 20, with nine members of staff on duty. The enter and view team managed to successfully interview eight patients on the ward – approximately 40% of patients.

The Welcome Pack provides various information about settling into the ward, as well as information about care and treatment including physical checks and medication, staffing, shifts, ward rounds, and activities.

Two sets of questionnaires were developed, one for staff and another for patients and their family/relatives/carers. Patients were asked about various aspects of the services they receive, such as views on staff performance, the complaints system, cultural sensitivity, leisure activities, care plans, medication and treatments, and access to family or friends.

Recommendations

The following recommendations have been suggested based on the interviews conducted with both staff and patients.

1. Each patient on the ward should be given a copy of their care plan, with an explanation by a member of staff so that they understand the treatment offered.
2. All patients should be made aware of what Independent Mental Health Advocacy is and signposted to an IMHA. Printed information on how to access an IMHA should

be given to all patients and their relatives – with leaflets displayed on all notice boards.

3. Patients and relatives should be given information on how to make a complaint. Leaflets should be given directly to each patient, relatives, and displayed prominently on all notice boards.
4. Patients and their relatives should be asked if they want to bring in religious items, such as prayer mats and religious books (Bibles, Quran, etc.). Also, access should be given to spiritual and religious leaders.
5. There is a need for senior management to consult directly with staff on the ward so that issues raised in this report can be discussed with the staff to increase staff morale and address high staff turnover.
6. The assessment and intake process of new patients need to be evaluated by senior management, with contributions from staff – so as to reduce the number of inappropriate patients admitted to the ward.
7. Patients require more meaningful activities – the activity coordinator needs to action this so that patients can have some activities to join throughout the day.

Feedback from patients

It should be noted that patients on Pine Ward were more challenging to interview than those on Shore and Pond Ward, because they were on a higher dosage of medication or had more acute mental health symptoms. However, our representatives were still able to access 40% of patients on the ward.

Staff performance

Overall patients were happy with the staff. When asked if they were listened to by staff, a total of six out of eight patients said staff listened to their views, while two patients said the staff did not listen to them and they felt dismissed.

Even though some felt listened to, other patients felt that staffing levels had a negative impact. A few patients felt that staff were sometimes fed up and not responsive because they were not happy due to staffing levels.

Care plans, medication, treatments and advocacy

When patients were asked if they have access to an IMHA, all patients stated that they did not have any access to an Independent Mental Health Advocate (IMHA).

Typical comments received included:

"I don't know, but I asked if I could get a solicitor."



"I have asked why I shouldn't be here and that has not been acknowledged."

"I have not been told about an advocate."

Only one poster was observed on the visit on complaints in one corridor – in general, information seemed absent from across the ward. In addition:

- Seven patients said they did not have a care plan,
- All eight patients said they did not have an IMHA,
- Six said they were listened to by staff,
- Seven said they did not know how to complain,
- No adverts for IMHA services were observed at all.

Patients were asked if they had a care plan; the following answers were recorded:

"Care plan, what is that?"



"No, I don't have a care plan, I had one a few years ago."

"I have not been given that info documents such as admission to the hospital not filled in. When I reported it to staff, they were reluctant to give the info – no documentation on medication."

"I know of it, but I have never seen it, not aware of what it exactly is."

"I feel as if I am causing offence if I ask about my treatment."

Complaints system

Seven out of eight patients said they did not know how to complain. No complaints leaflets were observed – complaint leaflets and posters were absent from walls, hallways, and communal areas.

Also, there were no advocacy leaflets or information on IMHA. A member of staff said that informal complaints can be brought up at meetings: "If they are not happy, I talk to the manager one to one and escalate if necessary."

Overall, patients did not know how to complain but they did feel listened to by the staff.

Safeguarding and safety issues

There were no safeguarding or safety issues raised on Pine Ward.

Cultural sensitivity, cultural needs and dignity

Patients were happy with the food and the provision of halal and vegetarian choices. When asked if other cultural or religious needs were met, some patients requested access to a Bible and for a priest to visit. No prayer mats or religious items were provided to patients. In general, the patient's cultural needs were not prioritized – the only exception was regarding the provisions of halal and vegetarian food.

Communications

The noticeboard was full of information regarding patients and staff members; also, various noticeboards were observed on the walls for patients. Some patients said the staff helped them communicate with their families by making phone calls on their behalf.

Activities

The Enter and View Team observed many patients wandering around the hallway aimlessly, with no direction from the staff.

When asked, four out of the eight patients said they did not engage in any leisure activities. Only one patient said they enjoyed the activities.

A variety of activities are advertised in the official brochure. A communal room is available with a TV and sofa. A table tennis table and an all-weather pitch were available.

Other facilities observed were as follows: a first aid room, laundry room and utility room, de-escalation room (in use during the visit), a kitchen and a dining room. The kitchen was locked to prevent patients from coming in and having accidents, and just needed a little tidying up. The dining room had a few tables and was rather dark.

Comments included:



“With activities here, our music therapy is limited – it helps with recovery. Sometimes patients say activities are not suitable – we could have more meaningful activities such as graffiti art or cooking.”

Access to Visitors

Patients stated that it was fairly easy for the family to visit. For instance, one patient told us: “Every two weeks my family visits.”

Some patients expressed a desire to have better access to the outside.

Feedback from staff

Staff were very approachable and cooperated with the Enter and View Team, especially in arranging interviews with patients and staff. The following themes were recorded:

Staffing levels and staff facilities

Most staff stated that staffing levels were not adequate. There were nine members of staff on the ward when we visited. Agency staff are frequently used on the ward. The issue of agency staff being paid more than the regular staff was raised. Staffing levels were regarded as a serious issue that has a negative impact on morale. The following comments reflect the views of the staff:



“Staff levels are an issue, agency staff get paid more, and it is not easy to request extra pay.”

“There is a high staff turnover.”

“We have to use agency staff, most of our staff have left – most days full staffing levels but we have to book agency staff.”

“We can’t get the right staff and so it can be difficult to manage the ward.”

Referral and intake of patients

The assessment and intake of patients were regarded as one of the main problems faced by staff. The intake of inappropriate new patients due to poor assessment process, prior to referral. The staff made the following comments about the intake of patients:

“When other Trusts say no, these patients are referred to Pine Ward.”

Staff complained about the lack of places in the community to refer patients after discharge. Sometimes patients transferred were seen by staff as being not suitable and inappropriate for the ward. Proposed reasons for this were a poor assessment process and the need for more support in the community for discharged patients.

“Referrals to community organisations need to be made more flexible, especially in how we work with patients.”



“Some organisations we refer patients to on discharge don’t try hard enough to engage with the patients. We have experienced some having a “one chance policy” where if a patient misses an appointment, it results in them shutting down the referral.”

Safety issues

Staff raised the safety issues that the car park was not safe for vehicles, and there was lots of damage.

Family Visits

Family visits were arranged during covid, now they can drop in without prior arrangements Staff said: "We engage with families and are flexible with this and encourage visits. Some families help, but others are not up to visiting. Engaging with families was seen as important by staff and they make efforts to be as flexible with this and encourage visits."

Staff views on what is working

The following statements were collected from staff regarding what they felt was working:



"Team working and communications between staff members work well."

"The informal complaints system."

"We have enough breaks."

"Our face-to-face training and other training."

Staff views on what is not working

Staff also shared comments on what they feel can be improved:



"Top management, the decision-makers, i.e., those above the Ward Manager, do not consult us and they do not seek our opinions – they don't sample staff or ask."

"Agency staff used but high turnover, but we need to have them."

"Need to have regular staff rather than different faces all the time."

"Rotation of staff is an issue."

"The pay is an issue – it is low, at least £3000 difference to other places such as St Charles – this is one of the reasons we have difficulty retaining staff."

"Our intake of patients onto Pine Ward tends to be a lot more challenging when compared to others."

“High levels of substance abuse in Brent and intake of patients with psychosis onto this ward. High turnover of patients and high re-admission rates – there is always a need for a bed on our ward.”

“Our agency staff end up leaving and going to St Charles because of the pay difference – if things could be centralised, it would solve this issue.”

“We do not get extra support with difficult patients transferred to the ward; other trusts say no, and this results in our ward having to take them with no say.”

“Poor assessments sometimes – [patients who are] delusional and nonresponsive to meds are referred to this ward, and I have been attacked twice and having the wrong assessment is not helpful to staff on the ward – along with not enough staff.”

“Staff room is too small – drainage water flows under the floor, no window and toilet above, leaked for a long time.”

Response from Ward Manager

Thank you very much for your observations and feedback during your visit to Pine Ward.

These observations are acknowledged as they are valuable to help us improve our services.

Just to shed light into the area of safeguarding, we have a process in place whereby we report all safeguarding issues to the Brent Safeguarding Team and we also involve the police where necessary.

Pine team has started looking into the areas that can be resolved by the team such as displaying information on how to contact IMHA. Other observations will be followed up with our senior management team so that we can provide quality care to those requiring our services.

Once again we appreciate your help towards improvement.



Healthwatch Brent

www.healthwatchbrent.co.uk

For more information or to comment on
this report, please contact us:

info@healthwatchbrent.co.uk
020 3869 9730