Enter and View of acute mental health wards at St Charles Mental Health Unit: Amazon Ward

Healthwatch Kensington and Chelsea
Healthwatch Westminster
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Executive summary

We conducted Enter and View visits to the four acute mental health wards at St Charles Hospital Mental Health Unit, in line with our sister organisation Healthwatch Brent, who were visiting the acute services at Park Royal hospital in response to feedback from local advocacy providers. This visit aimed to learn more about patient experiences of care, and their knowledge of mental health advocacy and the complaints system. The visits also aimed to evaluate whether services are culturally appropriate and sensitive for the ethnically diverse patients on the ward. Additionally, we were keen to understand if the closure of the mental health inpatient ward at the Gordon hospital in Westminster had affected patients receiving visitors, and if the activities offered by the wards were consistent across both sites.

Visit details

Hospital address

St Charles Hospital, Mental Health Unit,
Exmoor Street, Kensington and Chelsea, W10 6DZ

Ward details

Name of ward: Amazon Ward

Ward Manager: Carlton Mohammed

The visit took place during one week in December.

Representatives

The Healthwatch authorised representatives in attendance were:

- Staff member: Jill Prawer (Volunteer Coordinator)
- Authorised volunteers: Jacqueline Ferguson; Gaenor Holland-Williams; Rahini Mylvaganam; Christine Vigars; and Nannette Spain.

Methodology

This report is to be read in conjunction with the overview of the four wards for recommendations across the four acute wards.

All visits were announced Enter and View (E&V) visits undertaken by Healthwatch Kensington and Chelsea and Westminster Staff and volunteers. This was part of our planned strategy to look at mental health services in general across Kensington and Chelsea and Westminster. Our aim was to obtain a clearer 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 objective is to report on the services observed, considering how services may be improved and how good practice can be disseminated.

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

We developed two sets of questionnaires, one for staff and another for patients and their family/relatives/carers. We asked patients 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.

We asked staff if patients were aware of the complaints system, staffing levels, if they thought that staff had a good understand of cultural sensitivity, the patients' need for dignity and privacy, and the training they received.

Background

Amazon Ward is mixed provision with a total capacity of 17 beds for adults aged 18-65, including people with learning disabilities and occasionally young people aged between 16 and 18.

At the time of the visit, all 17 beds were occupied. There were more male patients than female. A total of five patients were interviewed, and one carer of a patient who was an inpatient within the last three months.

All visits began with a risk assessment with the ward manager, and distribution of panic alarms for the Enter & View team. We were told that while some patients were unwell, no one was likely to be aggressive at the time of our visit. We worked in pairs when interviewing patients and were guided towards the patients the staff felt would be most likely to talk to us. Staff had displayed posters including the questions we were asking the patients, and some patients were waiting to speak to us when we arrived.

Overall, we found the recently painted areas on the ward looked clean and cared for, however, other areas seemed tired and needed more cleaning. There was a particular problem with fruit flies around the bin and swarming on the hot water dispenser. There were also fruit flies in the meeting room where we interviewed a patient.

A PLACE assessment had been carried out at St Charles in November 2022.

Recommendations

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

Next steps

1. Overall cleanliness on the ward needs to be improved, particularly around the bin area and the hot water dispenser to remove fruit flies, and measures need to be taken to ensure this is not a repeated occurrence.
2. Staff need to be aware of any prior health needs of the patients and work with the patient to ensure these are met.
3. Staff attitudes toward patients need to be reviewed to ensure that all staff are treating patients with dignity and respect on the wards.
4. Staff need to check that patients understand what a care plan is, and that they are aware of the existence of their care plan.
5. Staff need to ensure that patients are aware of the existence of a faith room, and the need for patients to provide their own accessories.
6. Staff need to provide more information about the routine and structure on the ward.
7. Staff need to ensure that the routines and structures on the ward are consistently applied.
8. The activities offer needs to be improved, and consistently provided.
9. More/some activities need to be provided at weekends to avert boredom.

Response from the Healthwatch Service Manager

Having received a response from the Ward Manager of Amazon Ward, Danni O'Connell, Service Manager for Healthwatch Westminster and Healthwatch Kensington and Chelsea, said the following:

"Amazon Ward was one of the more challenging wards we have conducted a visit on. In terms of our findings, we have read over the service manager's response and thank them for adjusting the services to meet with the level of patient feedback and staff response. The more troubling of the reading was around the lack of prayer room or designated space for Muslim patients to pray, and staff conduct being 'rude' or challenging.

Through reading the report and the further response, there's a real understanding of these issues, and what to do next to curb these issues returning. We will conduct another check by the end of this year to ensure further adjustments have been met."

Feedback from patients and carers

Staff performance

Patients and carers were asked if they were happy with staff and if they were listened to. The response was varied and illustrated in the comments we received:

- "Staff are rude, staff shout."
- "Best service in the world."
- "Some staff are very rude…. You wouldn't think they were mental health professionals. One older male member of staff is quite rough and rude, cold, no empathy, no compassion… some are really, really nice."
- "Each staff member is different. Some do listen. Staff can be afraid of patients who may insist on getting what they want."
- "Happy (with the staff) – they are mainly black, so am I."
- "Each staff member is different. Staff can be afraid of patients who may insist on getting what they want."
- "They listen, but very rarely act on our requests." (carer)
- "For staff it is a job, not a true commitment, not a caring career."
- "Some staff listen, some don't, so overall I'd say they probably don't listen."
- "Maintenance workers came to my room one hour before I was told they would arrive. I had a meltdown as I have paranoia and was in the shower. The nurse was

very angry with me and said, "I told you they would come, it has to be done". She was very uncompassionate."

"Some staff listen, some don't"

Care plans, medication, treatment, and advocacy

Individuals who are compulsorily detained under a section of the Mental Health Act are legally entitled to have access to an Independent Mental Health Advocate (IMHA). An IMHA can help patients access information and help them understand their rights. The Advocacy Project has an Independent Mental Health Advocacy Service based at St Charles MHU.

Patients were asked about the care they received.

Four out of the five parents, and the carer knew what an IMHA was.

Only two of the patients and the carer said they were aware of their care plan. One patient had only been admitted to the ward that day. The two patients and carer who knew what a care plan was had been involved in its creation.

Three of the patients, and the carer we spoke to knew how to make a complaint.

When asked about IHMAs, the following comments were recorded:

- "I have seen a telephone number for the advocate, but not seen them."
- "I will call the advocate tomorrow."
- "They (IHMA) were very rarely available. The patients need support at ward round, but the clinicians are bad with timing, so the IMHA would turn up for the ward round but then have to leave when the clinician was delayed. At other the times the IMHA would turn up and the patients would be asleep or would be affected by their medication with slurry speech." (carer)
- "Saw her today, think the service should be advertised on the ward "ring today" maybe, or "we are here."

- "I have seen one (IMHA) – I don't know my rights and am not well versed in the Mental Health Act."

> "I have seen a telephone number for the advocate, but not seen them"

When asked about their care plans, the following comments were recorded:

- "I DO NOT, DO NOT AGREE WITH IT."
- "I do not know (about care plan)."
- "Yes, he does have a care plan, it was done without him, and without me – just the staff filling it in" (carer)

> "I do not know [about the care plan]"

The comments we received about medications were as follows:

- "Psychiatric drugs are neurotoxins; patients need rehabilitative therapies. People go into the system fully physically healthy and come out physically disabled." (carer)
- "I feel doctor does not listen to my concerns; she is not competent. We can see what they write about us. We can add to what is written. What/how are they judging me – it is incorrect, it's not a correct observation of me. I feel overmedicated, not related to my problems now. I should be released now."
- "I've waited two weeks for an anti-depressant, The medication has been offered but not been signed off or prescribed by a doctor twice"

- "I feel punishment, not treatment. There is no improvement in my health. There is no one to talk to, I'm just shouted at. There is no one here of my age so feel isolated."
- "Medication is the only response to mental health issues, no correlation to research advances."
- There is no holistic approach to the patients' physical and mental health." (carer)

"There is no holistic approach to the patients' physical and mental health"

This carer above reported that their loved-one had been diagnosed with autism, but this was after their mental health diagnosis. The carer feels that their loved-one's autism isn't considered when they are managed on the ward.

Complaints system

Patents were asked if they have been made aware of the complaint system.

Three patients and one carer were aware of the complaints system. Two were not and wanted to make a complaint.

Here are some examples of the responses:

- "Yes, I have made a complaint when I was assaulted. The assailant was moved downstairs (to a higher security ward)."
- "Yes, to the Care Quality Commission."
- "Yes, I have made lots of complaints, most of the time they were ignored or dismissed, or the response was inappropriate and ineffective." (carer)
- "Yes, shout!"

- "No, but I want to complain."

> "No [I am not aware of the complaints system], but I want to complain"

Safeguarding and safety issues

One patient identified that a male staff member could be rough with patients and had left a patient with bruises on her arms.

Two patients felt their medical history was not considered.

- "I do not like food, I have an eating disorder. I have to work out my insulin, so I have to work out my carbohydrate intake."
- "One male staff member (name given) just walked into my room, - he was a male staff member in a female area."
- "There should be a special place where things that are brought in by friends and family are laid out. They counted my knickers and t-shirts in front of everyone."
- "I do not eat their food, no insulin is given to me, so I don't feel confident to eat."

> "No insulin is given to me, so I don't feel confident to eat"

On raising these issues with the Matron, all of these points were taken seriously and will be discussed with the staff team.

Cultural sensitivity, cultural needs, and dignity

There was a mixed response about the food. The options available include halal and vegetarian choices. There was also a mixed response regarding provision for other cultural needs. The comments we received are recorded below:

- "Wonderful food – probably enough variety for all ethnicities."
- "I would cook homemade food as the quality of the food is very bad. The vegetables are overcooked, the oil is horrible, and there is lots of fried food. I cooked very well and healthy. The medication affects the digestive system and there is a lack of nutrition. The drinks are sugary – (XX) would have nothing like that at home. (XXX) overall health has been horribly affected. The dietitians are not nutritionists and have no clue," (carer)
- "The food is very unhealthy, it's very salty, they are ready-made meals which I don't want to eat. I could speak to a dietitian, but everything takes a long time for things to happen."
- "The food is great."
- "Ongoing human rights need to be explored."
- "There are enough hair products for my specific needs."
- "I do five prayers a day but there is no prayer room – one should be provided with carpets and candles."
- "Not aware of the faith room. People of faith should be more accommodated. I wanted to go to mass on Tuesday to take Holy Communion, nobody confirmed the time."

> "Not aware of the faith room… I wanted to go to mass on Tuesday… Nobody confirmed the time"

Communications

Patients told us that they were not told basic information about the routine and structure of the ward, and that information given could be misleading.

The comments we received are recorded below:

- "They started a staff notice board; some staff had pictures up. It took two weeks to complete it."

- "Communication should be better. We should be made aware of the structure and routine on the ward, e.g. to change linen on a Sunday. There is no real routine and structure. Breakfast if only for 15 minutes and then the kitchen is closed. It says it's open from 8.30am-9.30am but it closed at 9am."

- "The consultant decided to ban me from one ward because I was challenging. When (XXX) moved to Amazon ward they didn't invite me to a meeting to discuss it, and the staff maintained the same attitude towards me. I wasn't warned that this would be the case. I asked over the phone for a meeting and for the consultant to call me. There is a huge communication problem tried to communicate with them, but they refused to talk to me." (carer)

"Communication should be better"

Activities

Overall, patients were not happy with the activities provided on the ward which seemed to be limited and poorly organised. The staff member told us that currently there was no occupational therapist or activity coordinator, making the delivery of activities more difficult. Staff identified that a good activity programme increases patient satisfaction and reduces incidents.

- "They do offer things, but they only happen occasionally."

- "I like the activities, I want to paint but am afraid of the manic people, they frighten me."
- "I don't have any exercise – I need a helper to go out."
- "Art is very good, but I'm resisting the gym."
- "There's been no gym sessions here for 4 weeks."
- "I would like to see a music therapy group, twice weekly as 1:!s, some more art therapy. Always pushed to do groups. I had a 1:1 session, told it would be an hour, but was cut short to 30 minutes."
- "I don't do many activities; I am observing at the moment. I would like to go swimming."
- "I was allowed out. I went to Portobello Road."
- "Balcony area is open, but no smoking is allowed. It can be closed as a punishment. You have to be signed out for unescorted leave for a cigarette."

> "They do offer things, but they only happen occasionally"

One patient spoke of having reacted against not being allowed to go outside to have fresh air and exercise.

Two patients commented there was no television.

Access to visitors

Visitors can visit the wards from 2pm to 7pm with mealtime being a protected time. This is not indicated on the online information.

When asked if it was easy for their visitors to get to the Mental Health Unit, comments recorded were:

"I was allowed to go into a room for only 30 minutes to an hour, even though the room wasn't needed. We would have left the room if someone else had arrived."

"Someone arrived at 6pm (visiting ends at 7pm), nurse said "it's a bit late."

"Yes, they have to sign in and out. A relative had to wait for two hours."

"A relative had to wait for two hours"

What is working?

We asked patients and carers what they thought was working well on Amazon ward. The following comments were recorded:

"Some staff are really compassionate and understanding, professional mental health nurses – so kind, it moves your heart. You feel the love and care."

"The checks are good, they come in and speak to you."

"The money weekly which is much better."

"Community therapy, i.e. regular weekly meetings."

> “Some staff are really compassionate and understanding”

What can be improved?

We asked patients and carers what they thought could be improved on Amazon ward. The following comments were recorded:

“More activities at the weekend, I get bored.”

“Sometimes the wards are very loud – if you’re on the ward you shouldn’t be allowed to hang out after a certain time – you should go into the lounge. They’re not strict with that. Someone went so loud with the music that I couldn’t hear want the nurse was saying.”

“Entry and exit to ward which is very difficult.” (a voluntary admission)

“More community therapy if possible.”

“There is no point in being here, I am contained, not treated."

“I want to be able to speak to the manager.”

“Some personal development is needed and contact with the outside world.”

“Breakfast shifts between 8am and 8.20am. Could be more prompt.”

“Live in NW10, would prefer to be in Park Royal.”

“More visiting rooms for family and friends.”

“They need to offer more therapies. Emotional Free Technique is more effective than talking therapies. Bodywork, working with the nervous system. They need rehabilitative therapies and various activities where they can develop their passion, art therapy,

music therapy, writing, science. No educational path – some have missed out on their education due to their mental health."

"They need to offer more therapies"

Feedback from staff

A staff member told us that things had been hectic since July and there had been repeated aggressive incidents. The ward was particularly struggling as three experienced members of staff had left - retiring, promoted, or moving on, which meant the core staff team was usually 4 staff members rather than the recommended 5 and there was regular use of bank staff. When incidents happened, the patient involved in the incident required 1:1 support which had an impact on the ratio of available staff which was then reduced to three.

The reduction of the staff ratio has an impact on the care staff could offer. The example was given that if a patient wanted to talk to staff, instead of the 20 minutes a patient would prefer, staff could only offer two.

This reduced ratio also had an impact on the escorted leave that a patient could take as there sometimes weren't enough staff to escort them. This meant the patient either had to wait longer for their leave, requiring a level of understanding from the patient, or on occasions, the leave had to been cancelled completely. Cancelled leave due to staff problems could create frustration for the patient and meant that they had no means to leave the ward for over 24 hours.

Bank staff are regularly used to cover gaps in staff cover. Agency staff were not used unless absolutely necessary. The staff member we spoke to felt that CNWL offered good training opportunities. There is a mix of mandatory and elective training courses and staff are monitored to ensure that the mandatory training is completed. The staff member felt that CNWL staff were sensitive to different cultural issues and that the food was generally suitable for patients. If patients wanted or needed something specific to them which was not provided, this could be requested.

A prayer room is provided, enabling Muslim patients the opportunity to pray (although, unfortunately, we did not get to see it).

Training in restraining techniques was mandatory, and staff attended a 5-day face-to-face course that followed the guidelines of the Mental Health Unit Use of Force Act 2018, ('Seni's Law'). The staff member mentioned that each ward was working towards having a Learning Disabilities champion, however, this had not yet happened on Amazon Ward.

Patients were informed about how to make complaint, and there is a community meeting every Friday for patients to raise their concerns. Issues can be dealt with on a 1:1 basis during the ward rounds.

Regarding communication with relatives, we were told that there was a carers forum (although this had only just resumed after the Covid lockdowns, with only one attendee). Most carers were invited (with patient consent) to attend the

ward round. Relatives were communicated with generally over the phone or during ward rounds. Asked what is working and what could be improved, we received the following responses:

What is working?

"We have a 9.15 managers' meeting every morning to discuss any issues, it's really supportive."

"I'm grateful to be part of the team, the support I've had keeps me going. We have two matrons (for the four wards) but there's no hierarchy – we're all her for the patients."

> "The support I've had keeps me going"

What can be improved?

"I haven't been consistent with carers."

"We recruit students, anyone who comes here wants to stay, it's rare to find experienced RGN registered nurses, you have to develop our own, however, after 4-6 months they move on."

"We get lots of complaints, most are genuine in that they're genuine to the patient."

> "We get a lot of complaints"

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