

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

Healthwatch Kensington and Chelsea
Healthwatch Westminster
January 2023



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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 Brent Gateway Partnership and POHWER. This visit aimed to learn more about patient experiences of care and their knowledge of mental health advocacy and the complaints system. The visit 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 comparable 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: Ganges Ward

Ward Manager: Amy Harris (Amy Harris was on leave, so Amy Kenny - Clinical Team Leader across the MHU - hosted us.)

Date of visit: The visit took place during one week in January 2023

Representatives

The Healthwatch authorised representatives in attendance were:

- Staff member: Jill Praver (Volunteer Coordinator)

Authorised representatives: Jacqueline Ferguson; Nannette Spain; Catherine El-Houdaigui; and Philip Kane.

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

Thames Ward is a 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 6 female patients and 11 male patients. A total of four patients were interviewed, and two staff members.

All visits began with a risk assessment with the ward manager, and distribution of panic alarms for the Enter & View team. We were told there were no patients likely to exhibit violence or aggression, but one patient had a 'very short fuse' and caution should be taken if interviewing them. We were told that no one was likely to be aggressive at the time of our visit. We worked in two groups, 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 would be asking. One patient was interviewed with a staff member present.

The ward smelled strongly of urine when we entered it, there was graffiti on the wall in the communal area, and there were many stains from spilled drinks were on the floor. The area behind the sink where tea and coffee were made was damaged and particularly dirty, as was the floor in the gap between the fridge and the cabinet. The overall appearance was dirty and unhygienic. The general atmosphere on the ward was quite chaotic, although contained.

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

Recommendations and responses

The following recommendations have been suggested based on the interviews conducted with both staff and patients. To the right of each recommendation is a response from the Ward Manager, detailing changes made or to be made.

Our recommendations	Response from Ward Manager
1. Staff should ensure that there are no rats or mice on the ward and take measures to remove them if there are.	<p>“The domestic staff clean the floors and kitchen areas daily.</p> <p>There is an ongoing problem with new bins for patient use that do not close properly and this causes the bin to over flow. We are looking at new options for bins with the safety team (as the bins have to be vetted to be safe on a mental health acute ward).</p> <p>Sometimes patients leave sugar sachets from making tea and coffee spilled over the kitchen counter. Staff will continuously encourage patients to keep kitchen area clean and dispose of sugar sachets properly.</p> <p>Pest control have now been to the ward and the issue has been resolved.”</p>

<p>2. The ward should have a thorough clean to remove the smell of urine.</p>	<p>"This has taken place and the issue rectified.</p> <p>Furthermore, the nurse in charge will support in maintaining the cleanliness of the ward by reminding all staff allocated to undertake hourly checks to include the ward environment, promptly addressing identified issues and escalate when required."</p>
<p>3 .All graffiti to be removed as soon as it appears.</p>	<p>"This is issue has been resolved.</p> <p>"The hourly checks undertaken by staff will also help sustain a graffiti free environment."</p>
<p>4. If patients are a graffiti risk, extra vigilance should be taken to ensure that nothing new has appeared.</p>	<p>"I will ask staff to ensure they check this when a patient leave so we can keep a record of this and address the issue when it arises."</p>
<p>5. The damage behind the sink should be fixed, and the floor between the fridge and the cabinet cleaned thoroughly.</p>	<p>"The cleaning has taken place. The damage behind the sink has been reported and is awaiting being fixed."</p>
<p>6. The information about activities on the noticeboard should be updated regularly and dated so that patients know its current.</p>	<p>"We had a new OT start on the ward who was working on a new timetable. The old timetable has now been updated and a date is on the timetable."</p>
<p>7. The noticeboard in the relaxation room should be</p>	<p>"Thank you for bringing this to my attention. This had been overlooked.</p>

updated and information pertaining to its previous use should be removed.	Myself, our activity coordinator and our OT currently working together in rectifying this.”
8. Staff should consider how patients smoking on the balcony is handled. Measures taken to deal with it should be reviewed so that non-smoking patients are not penalised by any punitive measures.	These measures will be reviewed and discussed with patients in our community meeting.
9. The welcome pack should be reviewed and updated to make it more accessible to patients. Currently there are long passages of text that could be broken into sections under headings to enable easier navigation. The patients should be included in this review.	There are currently plans to have a unit welcome pack for patients and carers. I will escalate the need for better graphic design. We will conduct a review in our community meeting and feed this back for it to be taken into consideration for the new unit welcome packs.
10. Staff should open balcony doors at the allotted times and this rule should be applied with consistency:	I will ensure that this is clearly applied and will be raised in our next team meeting.
11. Patients have requested a quiet room for study and for the art room to be open for longer. These	The art room could be used for study. However, staff must supervise its usage at all times because the art room is not ligature safe. This can be accommodated

suggestions should be considered and put into effect if possible.

when acuity and staffing allow. This message will be communicated in the community meeting.

Summary from Healthwatch Service Manager

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

'Thames Ward was clear in their response and we were pleased to see amendments already made, and are clear about what the ward have already done. Notably, there are echoes of the same issues in other wards so, in line with those wards, we will also conduct a repeat visit at the end of this year'

Feedback from patients and carers

Staff performance

Patients and carers were asked if they were happy with staff and if they were listened to. A variety of comments were recorded:

- “If you approach them at the right time.”
- “Can be quite difficult when they are busy.”
- “No, half the time they avoid me.”
- “There is no consistency. If assessed as a team, they have bi-polar.”
- “Commitment doesn’t exist.”
- “They don’t work collectively.”
- “They work collectively.”



“There is no consistency”



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. Very detailed comments were recorded:

- Only one of the patients knew what an IMHA was.
- Three of the patients were asked if they had a care plan. All of them said no, one didn't know what it.
- Three of the patients didn't answer whether they knew what an IHMS is. One said they had access to an IMHA while the other said that they had tried to ring but that the phone was always on answerphone (this may have been over the Christmas period).

The following comment was recorded:

- "Why was I sectioned?"

The comments we received about medications were as follows:

- "Have been here eight days and still haven't had treatment – nearly had a stroke."
- "Doctor said he worked on Saturday but didn't come."
- "Today they forgot to give me my medication."
- "I don't know who my primary nurse is."
- "I'm waiting to speak to a doctor."
- "My heart condition is worse."

- “I’m not happy with staff. I asked for flu medication 3 times. It’s not arrived.”



“Today they forgot to give me my medication”



Complaints system

Two of the patients knew how to make a complaint. The other there didn’t answer the question. These are the responses to our question:

- “Yes, need to speak to those in charge.”
- “Yes, I’ve made a complaint.”



“Yes, I’ve made a complaint”



Safeguarding and safety issues

Two patients identified the presence of rats and mice, one patient told us that he saw a rat in the building which made him feel ill.

- “There are mice running around.”
- “A male staff member walked into my room (unannounced) as he thought I’d rung the alarm.” (female patient)

- “I was held very tight which caused bruises.”



“There are mice running around”



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

Cultural sensitivity, cultural needs, and dignity

There was a mixed response about the food of which there is a range provided, which includes halal and vegetarian choices.

However, there was a mixed response regarding provision for other cultural needs, with and indicating more thought to be given to accommodate providing a suitable space for worship:

- “I need the food that I have at home.”
- “The food is fine, but not the sort of food that patients should be getting.”
- “The food is out of date – we need fresh food. It gives me wind.”
- “I would like to see a priest and have not seen one yet as I was asleep when he came.”
- “I asked for a priest but I’m still waiting.”
- “I missed my leave; I now need it back.”
- “There’s no prayer room.”
- “I was asked for a period pad and was given something the size of an incontinence pad.”



“There’s no prayer room”



Communications

Patients seemed to be unclear about what facilities were available on the ward, and some things were offered that were not consistently carried out. The comments we received were:

- “I didn’t know there was a gym.”
- “I don’t know who my primary nurse is.”
- “The gym would help the most.”
- “The balcony is not always open when it says it will be.”



“I didn’t know there was a gym”



Activities

Overall, patients were not happy with the activities provided on the ward which seemed to be limited. We visited on the first working day after the Christmas and New Year break. There was no activity coordinator and not much seemed to be going on and Percy (the activities coordinator) was on leave. The noticeboards seemed very out-of-date with information dating back to 2016. It was hard to know if that information was still current. Despite there being gym equipment on the ward, a couple of the patients were unaware of its existence.

- "I would like to work, do puzzles. I'm happy to participate."
- "I would like the art room to be open for longer than one hour."
- "Percy (Activities Coordinator) is a very nice person."
- "A gym would help the most."
- "A quiet room for study."



"I would like to work, do puzzles. I'm happy to participate"



Access to visitors

There was a mixed experience for how easy it was for the patients to have visitors, with one patient's family living some distance away. Comments recorded were:

- "Not easy as my home is in Westminster."
- "When my boyfriend visited, they changed the leaving time."
- "My mother lives in Leamington Spa."



"Not easy as my home is in Westminster"



What is working?

- “To go home.”
- “The different people you come across (doctors and nurses).”



“The different people you come across”



What can be improved?

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

- “Lots of break time. I need to be regranted Section 17 leave.”
- “Food is fine, but not the sort of food that patients should be getting.”
- “Staff need to be educated and work as a team. They make patients sicker than they were before they came.”
- “Dining room is very loud. It is impossible to speak.”
- “The alarm system is annoying.”
- “More help when in community.”
- “I’ve been illegally transferred here, I’m not happy here.”
- “When patients smoke on the balcony it is locked and punishes non-smokers too.”

- “The balcony should be open when it says it will be.”
- “There’s only one person on reception – need more.”
- “A quiet room for study.”
- “Feels like nurses need help.”
- “Would like art room to be open longer.”



“More information from staff about activities on offer. New staff and patients should be informed”



Feedback from staff

We were told that staffing levels were a problem and that there were always shortages which the team aimed to cover with bank staff. Sometimes this meant there was a poor skills mix on the ward. Agency staff were not used frequently as bank staff were better for patient well-being and continuity of care. Staff tended not to want to move from Thames Ward, but sometimes they were to fill gaps across the trust. The recent period had been very difficult due to winter illness and annual leave taken over the Christmas period.

The women-only outdoor area was small and surrounded by buildings so the only visible sky was directly above. The manager told us she was fundraising to improve the look of the area.

One washing machine and one dryer were broken on the ward. The manager had requested that it be fixed but repairs are slow.

Staff did not always have enough time to do their role and immediate and urgent tasks meant that documentation could pile up, even though it was still important. This meant that care plans and risk assessments sometimes needed to be updated. Very often patients do not agree with their care plan.

Both staff members we spoke to felt there was a good team on Thames ward and that there were good outcomes for patients. However, staffing levels were considered an issue and there needed to be improvement.

We were told that CNWL offered good training opportunities and that there were good opportunities for career progression within the Trust. There is a mix of mandatory and elective training courses and staff are monitored to ensure that the mandatory training is completed. The mandatory training deals with diversity - culture, religion and disability. The staff member felt that staff were sensitive to different cultural issues. We were told that patients came from all different backgrounds and that advocacy and peer support workers talk to people about their cultural needs. Interpreters were sometimes used for doctors' meetings.

Vegetarian and halal choices were available at every meal and vegan food can be ordered. The food comes frozen and packaged to the hospital.

An organisation called Beautiful People comes in regularly and does people's hair. Haircare products for all types of hair were not stocked as standard. If something specific is needed by a patient, the occupational therapist would use petty cash and go and buy it.

The staff team was described as good at anticipating patients' needs and staff made efforts to make patients comfortable, thinking ahead about services to help them. Most patients were residents of Kensington and Chelsea.

Training in restraining techniques was mandatory, and staff attended a five-day face-to-face course that followed the guidelines of the Mental Health Unit Use of Force Act 2018, or 'Seni's Law'.

Staff thought that patients did know how to make a complaint and information was contained in the welcome pack. Patients were referred to the advocacy service if they needed assistance. Complaints were dealt with immediately, unless they had to be escalated to the complaints officer.

There is a community meeting once a week and patients were encouraged to raise concerns and bring suggestions. These meetings were fun by the occupational therapist, the activities coordinator and a nurse.

Regarding communication with relatives we were told that there was a relatives meeting every two months (although this had only just resumed after the Covid lockdowns, with only one attendee) but these were difficult to organise. Relatives were contacted by phone when they were visiting the ward, and sometimes by email.

We were told that patients get support to give up addictions like smoking, alcohol and drug use. Nicotine withdrawal could be a big issue for patients. Patches were prescribed if required.

Although there is a gym on the ward, it needed a qualified member of staff to be there so that it can be used. One improvement would be to train more/all staff members to be able to open the gym more regularly.

What is working?

- "Job allocation is good, spotting potential problems."
- "Repairs can be slow." (One washing machine and dryer were out of order.)
- "Staff are good at getting to know the patients and building rapport; they are approachable and try to support the patients."



“Staff are good at getting to know the patients and building rapport”



What can be improved?

- “Would like some funding to improve the women’s outdoor area, and to bring in pet therapy.”
- “Ward resources need improvement.”
- “Better gym access.”
- “Sometimes there’s a poor skills mix on the ward.”



“Ward resources need improvement”





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