healthwatch Kensington and Chelsea

healthwatch Westminster

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

Healthwatch Kensington and Chelsea
Healthwatch Westminster

Dec 2022 / Jan 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. 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

Wards

We visited the four acute wards: Amazon Ward; Danube Ward; Ganges Ward, and Thames Ward. The first three were all visited during one week in December, and the last, Thames ward, was visited the first week of January.

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; Nannette Spain; Philip Kane; Shyamoli Aarons; Catherine El-Houaigui

Methodology

This report is to be read in conjunction with the individual reports pertaining to the individual wards visited, where ward-specific recommendations and feedback can be found.

All visits were announced Enter and View (E&V) visits undertaken by Healthwatch Kensington and Chelsea and Healthwatch 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 for their views on various aspects of the services they receive, such as 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

The four acute mental health wards are independent entities but are overseen by two Matrons. The managers of the four wards meet together with the Matrons at 9.15am each morning to discuss bed space and resource allocation. All four wards have beds for both female and male patients, and all broadly work in the same way. Some differences in how things are organised seem to be due to differing management styles, and any vacant posts on the wards.

We have written a report focusing on each individual ward, which should be read alongside this overview, but a number of themes emerged pertaining to them all. We have therefore tried to amalgamate these overriding themes.

The lead representative initially met with all the ward managers and matrons, a meeting arranged by Nicola Jhumat, the Assistant Director for KCW Urgent Care (Interim) and attended by Marietta Khorramdel the Servicer Manager. This meeting provided the opportunity to explain Healthwatch and E&V visits and discuss practicalities.

The lead representative then liaised with Joanna James, one of the Matrons, to set up the four visits to the individual wards, and contact was made with each ward manager.

We were advised that the best time to visit would be between 2pm and 5pm, to enable optimum access to patients who would also be less likely to be sleepy from their medication. We decided to do our visits on two weekdays and over one weekend.

We were aware that a patient-led assessment of the care environment (PLACE) visit 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. The staff numbers are in crisis. Steps to support staff should be taken immediately.
2. The quality of photocopied materially should be improved immediately.
3. A review of the welcome packs should take place, with a particular reference to layout. It is recommended that patients are included in the review.
4. More effort should be taken by staff to ensure that patients are aware of mental health advocates, the complaints system, and their care plans.
5. Advertised timetables should be adhered to so there is a regular routine on the ward. Particular areas identified included unlocking the balcony areas, activities taking place when they were advertised and for the stated length of time, and the availability of breakfast changing day by day so that it could be missed.
6. Training more staff members to be able to oversee the use of the gym would be helpful in allowing better access to the gym.
7. The activities offer should be broadly the same across all four wards and action should be taken to ensure that one ward does not have a 'better offer' than another.
8. All wards should review their noticeboards to ensure that the materials displayed are both up-to-date and appropriate to their environment. They should also be reviewed as to the ease of reading and understanding.
9. The presence of the faith room should be made very clear to all patients, both in the welcome pack and advertised on the wards.
10. Any broken furniture or other broken appliances on the wards, should be immediately removed from meeting rooms and replaced.
11. The shared areas of the wards should be cleaned and any damage that exacerbates the collection of dirt should be fixed.

Response from the Healthwatch Service Manager

"Our team's findings and the response from the different wards, in addition to the service manager response, were met within our timeframe and we thank St Charles' Hospital for their hospitality and openness. We have enjoyed working with them and will continue to work with the wards to ensure that our recommendations are met.

In reference to our findings, we will do another visit by the end of the year. This is to confirm that the cleanliness and activities have been improved."

Overarching themes

Main issues

Staff

All the staff we spoke to when we visited the acute wards were welcoming and all demonstrated an attitude of being open to feedback and aware that there was always room for improvement.

Nearly all the staff members we spoke to described the staffing levels as difficult, and words like 'crisis' and 'severe' were used. We were left with the impression that none of the wards operated with a full staff quota and, even if all staff were available on one day, one or more could be moved to cover a shortage on another ward. There also seemed to be a very high use of bank staff.

All staff highlighted that when there was not enough cover, their ability to care for the patients, examples given were not being available to spend time with patients who wanted to talk, or in being able to facilitate their Section 17 leave, was compromised. We were left with the impression that sometimes the staff's performance could be compromised due to the stresses of being overstretched, especially when dealing with volatile situations.

We were also left with the impression that there were many instances where lack of staff contributed to minor and some major irritations for the patients: having to wait for, or occasionally losing out on their leave (which might be a particular problem for smokers); balconies not open when they were supposed to be; and the activities offer being inconsistent from week to week.

None of the staff we spoke to felt that recruitment was a local problem; they all felt that it was a national issue, and that the area of mental health was particularly hard hit.

The managers spoke of the need to train their own staff to fill roles on the ward, which, while commendable, could sometimes lead to a lack of experienced staff on the ward, and the general need to find cover could lead to poor skills mix among the staff team.

Each of the wards described their team as supportive and appreciated their managers and the input of the Matrons, who on occasions were required to 'muck in' on the wards.

All staff spoke positively of their team and the support the team provided. They all spoke positively about working for CNWL (although one staff member

mentioned the pay could be higher), and thought the training offered by CNWL was very good.

Organisation

The issue of a lack of routine for activities and mealtimes, or of timings not being adhered to, was mentioned across the wards.

Patient experiences of care

Across the four wards we found a varied response from patients and carers. Patients recognised that there were not enough staff and identified that, at busy times, their care was diminished, and that staff didn't have enough time for them and could be 'short'. Most patients felt that some staff were excellent 'kind and compassionate', but some felt they 'shouldn't be mental health professionals'.

There was a sense among some patients and carers that the treatment offered on the wards was inappropriate to mental health patients and that the use of psychotic drugs was not helpful but rather created a different set of health issues for the patient.

Knowledge of mental health advocacy

The Advocacy Project is situated within St Charles Hospital, and all staff felt that patients knew the service was available and told us that the mental health advocates were frequently on the wards asking patients if they wanted support. The knowledge of the service among the patients was, however, not universal. Many did not know what the service was. Where they did know, we were told that either the advocates were excellent, or that they were hard to reach as they didn't answer the phone.

Knowledge of the complaints system

The staff we spoke to felt that patients were aware of how to complain and mentioned posters, leaflets, feedback forms, telling patients one-to-one. They also said that they tried to deal with complaints as they arose, and most were resolved by the next day. In the case of complaints that needed to be escalated, these were dealt with by the complaints department. Patients seemed mostly to know about making a complaint, with some having already taken a formal route with a complaint.

Cultural appropriateness of the service

Staff felt that their practice was culturally appropriate. However, many Muslim patients told us they were unaware of a faith room. We also had a couple of comments about how the food, while appropriate culturally, was not nutritionally good, and not fresh, which one patient identified as causing them to have excess wind.

Ease of carers visiting the hospital

We were keen to understand if the closure of the mental health inpatient ward at the Gordon hospital in Westminster had had an impact on visitors' access to St Charles. When we visited the wards, three patients' visitors had difficulty. One was a local resident, but their carer lived a distance away out of London, one lived in Westminster and one in Brent. We are aware that if the acute wards are full at St Charles, patients will be allocated a bed where there is a space across the whole of CNWL. We felt that in order to really understand what impact of the closure of the Gordon Hospital is, there needs to be an audit across all the wards in CNWL.

Other issues

Quality of printed materials

There were many leaflets and other printed materials in the reception of the hospital and available on the wards. The quality of the printed materials was good, however, many of the copies were photocopies which were black and white and appeared to be bad photocopies of bad photocopies. We felt that this made the information difficult to read, and also gave the impression of a lack of care towards the recipient of the information.

We were given a copy of a welcome pack on one of the wards and felt that the layout was very poor with long passages of text unbroken by headings or paragraphs.

Reviewing and editing the document to break text down into accessibly sized amounts would help patients (and anyone) to read the information provided. Adding headings would also be helpful. We are not able to comment on the welcome packs from all the wards, but it would be helpful for all the wards to undertake a review.

Overall cleanliness of the wards

CNWL is undertaking a programme of decorating the wards. The lounges in the wards were recently painted and looked fresh and clean. On our visits, however, they were mostly empty.

The general areas where most of the patients seemed to congregate had not been decorated. These areas all looked in need of a good clean and on particular wards we identified areas where there was a problem with fruit flies, damage to walls and graffiti.

Repairs

Two of the wards had washing machines and tumble dryers which were broken. The time taken to get them repaired was lengthy, making it harder for patients to do their laundry when they wanted to, and creating areas of possibly conflict and irritation that could be avoided.

Several wards had broken chairs in the meeting rooms, which were both unsafe, and also gave a sense of lack of care towards the patients.

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