

# My Views Matter: Broadland Clinic Little Plumstead Hospital



Healthwatch Norfolk visited Broadland Clinic on 23/02/2023 to see and hear how people experience care there.

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# Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better sign posting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

# Introduction

## Enter and View

Part of Healthwatch Norfolk's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service. Equally they can occur when services have a good reputation, so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.

## My Views Matter

From September 2022 – April 2023, our Enter and View visits were part of a project called 'My Views Matter'. This project was specifically focused on residential and in-patient care for people with learning disabilities and autistic people in Norfolk. We implemented this project in response to the tragic events at Cawston Park, in which three residents with learning disabilities died between 2018 and 2020. One of the key findings from the Safeguarding Adults Review was that residents and their families were not being listened to.

My Views Matter involved visiting 21 residential homes and 4 in-patient units across Norfolk to find out what people with learning disabilities and autistic people, and their families, want from their residential and in-patient care. It also investigated whether residents', patients' and their families' views were being taken into account in how care is delivered. The 21 homes were selected to provide a representative sample of homes in different areas of the county, different CQC ratings, different sizes of home, and different sizes of provider chain. These are all aspects which professionals told us affect the ability of

homes to deliver personalized care effectively.

Alongside the Enter and View visits to homes and inpatient units, we also interviewed family members and professionals in the sector and organizing focus groups with care home residents outside their homes. The project was being implemented with the assistance of About with Friends, NANSA (Norfolk and Norwich SEND Association) and Opening Doors.

A final report from this project, which reported on data gathered from across the county, was published in July 2023.

## How we gathered people's views on this service

We visited Broadland Clinic on 23/02/2023, and the visit was announced in advance, in order to minimise disruption to the patients. We spent around two hours talking to patients and staff, and observing life in the unit on that afternoon, and examining the building and its facilities. We also interviewed a family member of a former patient, and invited family members of current patients to contact us, but none chose to. As part of the My Views Matter project, Opening Doors, a self-advocacy group for people with learning disabilities, also carried out a focus group at Broadland clinic with three patients. In total we spoke to eleven patients and five members of staff.

The visit team was:



Sophie Slater -  
Community  
Development  
Officer



John Spall -  
Enter and View  
Co-ordinator

## About Broadland Clinic

Broadland Clinic is a medium security in-patient unit for people with learning disabilities and autistic people, who may also have mental health problems, and who have a 'forensic history' – meaning that they have committed a criminal offence. Its objective is to provide assessment and rehabilitation for people, to help them to safely re-join mainstream society. There is capacity for 24 male patients, and there are four different wards. These are organised along a pathway, from a ward that patients are admitted into, which has the most restrictions and safety precautions, through to the final ward, from which people are discharged into community settings.

The clinic is mainly staffed by nursing staff, supported by an in-house multidisciplinary team comprising two psychiatrists, two associate psychiatrists, two occupational therapists, a speech and language therapist and a social worker.

The service is run by Hertfordshire Partnership University NHS Foundation Trust. The Trust's services, including Broadland Clinic, were inspected by the CQC in 2019, and were rated 'Outstanding'.

# Summary

During this Enter and View visit we focused on what patients thought about their care, and the degree to which they were being listened to by the clinic staff. We considered the following themes, with the following findings:

- Voice, choice and personalisation: Patients are represented on several committees, whose findings feed into the governance of the clinic. Most of the people we spoke to said that they were listened to well, and that the complaints process was well-used and effective. There are also regular visits from a self-advocacy service and individual advocacy is available. Patients also run a tuck shop on the premises and produce a newsletter.
- Premises: The clinic's building is modern and purpose-built. It was clean and tidy throughout when we visited, and has generous facilities for recreation and training. Patients' bedrooms were well-personalised.
- Activities: The clinic's facilities allow for a wide range of on-site activities, including art and craft, music, exercise and sport, life skills training and more. As patients make progress in their rehabilitation, they are allowed on outings, including to the beach, to college and to restaurants.
- Relationships and community: Most people we spoke to told us that they liked the staff and were treated well by them. Two people were less happy with staff, but it was difficult to interpret this feedback for reasons detailed below. The interactions we witnessed between staff and patients were respectful and empathetic, and staff demonstrated an open-ness to scrutiny and actively sought to elicit negative feedback.
- Food and health: People who received food from the central canteen were able to vote for their favourite options from a picture menu. Those who were cooking their own meals were able to choose what to cook. People could also purchase snacks and keep them in a locker in a communal area. Most people we spoke to said that they were happy with the food they were eating.
- Relations with the broader health and social care system: Managers told us that it was sometimes difficult to discharge patients in a timely way due to a shortage of suitable and appropriately-staffed community placements to discharge people into. There were also some issues accessing dental care due to a shortage of mobile dentists in the county.

Overall, the people we spoke to at the clinic were satisfied with the care that they were receiving. While most people would not choose to live there, which is to be expected given the nature of the service, they said they were well treated. The service has a rigorous set of mechanisms for trying to ensure that patient voice is captured and acted upon, and demonstrated an open culture during our visit.

# Findings

## Voice, choice and personalisation

### **Mechanisms for ensuring patients' voices were heard and responded to**

Patients are represented on a range of different committees. There is a monthly Patient Voice meeting that all patients go to, where they can discuss their concerns with staff. There is an agenda established by patients themselves, and the agreements they come to feed into the governance of the clinic. Patients also have members on the activities planning committee.

Patients are also represented on the security committee. They are consulted about which rules they do not like, and if the clinic's management want those rules kept, then they have to come up with a justification for it. Staff gave us examples of when these challenges had been successful: TV sizes were increased, and lockers were provided in the living rooms for patients to keep snacks in.

Hertfordshire Partnership University NHS Foundation Trust also runs a monthly patient survey, which everyone has the opportunity to respond to. The results of these surveys and the service's response are prominently displayed in the unit on 'You said - We did' posters.

There are also regular meetings organised by Opening Doors, who provide training to help people to advocate on their own behalf, as well as awareness and information sessions. These are well-attended by patients. Independent advocacy services for individuals are provided by POhWER.

All of the patients we spoke to knew how to make a complaint to the clinic management and to the CQC. All but one person said that they thought the service responded well to complaints.



## **Responsiveness to family members**

As mentioned above, none of the relatives of patients at the clinic chose to contact us to be interviewed. However, we spoke to a relative of a patient who had recently left the service. They told us that the service provided good support for relatives wanting to visit patients at the service, with the social worker providing advice on accommodation and transport.

They also mentioned the carers' meetings that are held at the service. These are social events where carers of patients would come to meet with staff and patients and would also have the chance to raise any concerns with staff about their relative's treatment. This relative found these meetings particularly valuable, as an opportunity to air any problems and to discuss them with other relatives and staff, as well as having a chance to look around the premises and discuss any individual issues in private with staff.

## Premises

Broadland Clinic is based at Little Plumstead hospital, which also comprises Astley Court and the premises of outpatient and administrative services. There are housing estates close to the hospital, as well as green spaces and woods. Broadland Clinic itself is surrounded by a five-metre high security fence. The building is modern and purpose-built, is neat and clean throughout, and has generous facilities.

Each of the four wards has a similar layout, with communal spaces, typically a dining room and living room, and bedrooms spaced out along a corridor, along with communal bathrooms. There are CCTV cameras and convex mirrors in the unit to aid visibility, but because the unit is purpose-built, there are also good lines of sight. The communal spaces have brightly coloured, weighted furnitures, and are clean and neat. The wards also have large modern kitchens, apart from Hathor ward, the admissions ward, where patients are not yet allowed to use the kitchen.

One of the patients showed us his bedroom, which was decorated by posters and collections of objects reflecting his interests. The walls were painted the same colour as the rest of the unit, suggesting to us that he had not chosen the colour scheme himself.

The service has pleasant outdoor spaces, and backs onto woods. There are picnic tables outside, as well as a sports pitch with football goals, and outdoor gym equipment.

A patient gave us a tour of the service's training block, which contains a range of different facilities. It has a large main room with a large TV, a pool table, sofas and an electronic drum kit. There is also an 'internet room' with a desktop computer where patients can go to use the internet, although there are also laptops that patients can use. This room also has an acoustic drum kit in it. Next to this room is a large kitchen, of a domestic style, where people do cooking and cleaning training.

There is an art room for drawing and painting in this building, which has a range of artworks by patients on the walls, and we saw patients completing artworks during our visits. There was also a karaoke machine in this room. Finally, there is also a gym, where there is quite a large, high ceilinged sports hall. This has a basketball hoop, a rowing machine, some table tennis tables, and an exercise step in it. Leading off the hall is a gym room with weights machines, a treadmill, exercise bike and elliptical cross trainer.

## Activities

As is suggested by the facilities available on the premises, there are a range of activities that patients can participate in while in the unit. These include doing outside exercise, including sports and walking, as well as activities in the gym and playing pool, table tennis or bingo. There are also opportunities to do art and craft activities, music activities, or just watching TV, playing video games or reading.

People also participate in learning sessions to prepare them for return to the community, including learning to cook and clean, developing IT skills, taking turns to run the tuck shop, and more. The Opening Doors visits also give people the chance to get involved in activities, such as writing articles for the clinic newsletter, including recipes, TV programme reviews, word searches and crosswords, and reports about the training people have been undertaking.

During patients' time in the unit they are gradually allowed to undertake more and more outings, which for some people can mean building up their confidence if they suffer from anxiety. People told us about their visits to restaurants and pubs for meals, the library, supermarkets, the beach and college. Those who are closest to release are allowed out unaccompanied from 9-5.

The people we spoke to told us that they enjoyed the activities that they were offered. One person told us that they would like some more activities to be offered, and two others told us that they would like to be allowed out of the ward more often. This is perhaps to be expected in a secure unit.

## Relationships and community

### Between staff and patients

The interactions we observed between patients and staff were always respectful and professional, and sometimes appropriately playful. Most of the people that we spoke to told us that they liked the staff and that they were treated well by them. When we were receiving positive feedback from patients, staff were also encouraging them to give us negative feedback. For example, they would ask patients what they might tell us about the service when they were having a bad day. This suggested to us that there was an open culture at the service, and a willingness to elicit and respond to negative feedback.

Two people at the service told us that they were not happy with the staff support that they were receiving. This feedback was difficult to interpret, because it seemed to be related to these people's mental health conditions, which involved anxiety and a feeling that people were 'out to get them'. We saw staff interacting with these patients in a respectful and patient way, trying to persuade them to, for example, take their medication, and explaining the benefits to them, but also respecting their right to make their own decisions.

Of the three people in the Opening Doors focus group, two of them said that the staff members were one of their top two things about living in the unit. One of these people said that they would like some more staff, however, and another said that they "don't get much out of them [the staff]" and didn't like "the way they speak to me sometimes".

Given the nature of the service, where people are detained by law and not allowed to leave, it is perhaps to be expected that some people do not have particularly close relationships with staff. However, most people told us that they were treated fairly by staff, several told us that they liked the staff, and those who did not seemed to have their concerns taken seriously by staff. The staff members we met spoke passionately about the positive value the service could have in turning people's lives around.

### Relations between patients

During our visit we saw patients interacting cordially with one another, and two of the people in the Opening Doors focus groups said that their peers were one of their two favourite things about living in the unit.

On the other hand, we were told that two patients on one of the wards had had an angry altercation that morning, and so were being kept separate. However, the patients that we spoke to told us that they felt safe on the unit, and despite some frictions, they seemed mostly to get on well.

## **Relations between patients and the broader community**

Since the role of the service is to provide rehabilitation so that people can safely return to the community, people at the beginning of this journey have little access to the community, beyond visits and phone calls from their families. Being “cooped up on ward” and “not having enough leave” were some of the aspects that focus group participants liked least about living at the service. This is perhaps inevitable for this type of service.

Those who were further on in their rehabilitation were able to go on more regular outings, and this clearly made people very happy. We met two people who had been on outings that day, who were both very happy to have the opportunity. As mentioned in the section on activities, patients in this service are given training in life skills such as housework and handling money, to help them to return to fuller community participation in the future.

## Food and health

People in Hathor ward eat food from the hospital's central canteen, and are given a picture menu, from which they can vote for which food they want to eat. Once they have progressed onto other wards, they begin to cook their own meals and are able to choose what to eat that way. They are also able to buy their own snacks when they go on outings, and to buy food in the service's tuck shop, which they can keep in their food lockers. The people we spoke to told us that they were happy with the food they ate at the service.

As mentioned above in the section on premises, there are a range of exercise opportunities onsite, both inside and outside. Several people we spoke to also told us about the regular walks that they went on. Most people at the service appeared to be a healthy weight and in good physical health.

## Interactions with the broader health and social care system

The management staff told us that the service has had some trouble with dental services. Since some of the patients at the service are not allowed to leave the premises, due to Ministry of Justice restrictions, they can only be seen by a mobile dentist. However, it has been difficult to find a practice that offers this service, and that has the capacity to come to the unit.

There are two GPs who come in to see patients from nearby practices, Thorpewood Surgery and Thorpe Health Centre, but these GPs are paid directly by the Broadland Clinic. The patients are not registered with local practices who are reluctant to take them on, which prevent the information from their consultations and annual health checks being entered onto their NHS medical records.

One of the biggest challenges facing the service in its relations with the broader health and social care system is the shortage of suitable placements for patients when the time comes for discharge. This has delayed some people's discharge. Some community services are willing to take former patients on, but would need to hire specialist staff to do so, and given staff shortages in the sector, are unable to do so. Other services, who often have more people being referred to them than they have available places, would rather choose people who do not have a forensic history. Beyond these problems, it can be time consuming to get the legal process done, which means getting Ministry of Justice restrictions removed, and getting Deprivation of Liberty Safeguards in place, for which there is often a long delay.

# Recommendations

Overall, people told us that they were happy living at Broadland Clinic, and that they were treated fairly by staff. The service seemed to have a strong ethos of seeking people's feedback, and had a well-developed set of mechanisms to make sure that this happened. Staff also demonstrated a culture that was open to negative feedback during our visit, and treated patients with respect and empathy. The only recommendation that we would make, would be to investigate whether it would be possible to give patients more input into how the premises are decorated, in both communal areas and in their bedrooms. We have seen in other services how this can help people to feel more at home and secure in their environment.

## Service Provider Response

We welcome Healthwatch Norfolk's report. It shows the positive, person-centred care we are proud to provide. Since the visit, we are pleased to confirm we have found a mobile dentist who is visiting the service to provide dental care to those who use the services. We have also redecorated the communal areas of the ward, with input from service users on what they would like.





# healthwatch

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