

The Whiteleaf Centre

Opal Ward

Enter and View Report



June 2024

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Visit details

Details of visit	
Service Provider	Oxford Health NHS Foundation Trust
Service Address	Bierton Rd, Aylesbury, HP20 1EG
Hospital Ward	Opal Ward
Date and Time	18 th June: 2pm - 4.50pm
Authorised Representatives	Oonagh Browne, Jennifer Cassidy, Heena Thaker

Summary of findings

During our visit to the Opal Ward, we heard from six patients and two members of staff about their experiences on the ward. We also spoke to two staff on the nursing team about Safeguarding Procedures.

These findings represent an account of what we observed and heard on the day that we visited:

- + Five out six patients who spoke to us said that they felt safe on the ward and were satisfied with the care that they received
- + Bedrooms did not have Oxevision – this is an infrared-sensitive camera that allows staff to confirm a patient is safe and measure their pulse and breathing rate without disturbing their sleep
- + Three out of six patients told us that they were involved in decision-making about their care, two said that they were not involved, and one was not sure
- + There was a good selection of activities for patients including crafts, gardening, cooking, physical exercise mindfulness/relaxation as well as a weekly communion service for spiritual worship. However, one patient could not access the onsite gym (outside the ward) as they were told that there was low staff availability for supervised sessions. The Activity Schedule that was on display was listed for May instead of June
- + Communal areas were clean and well ventilated. There was open access to the outside garden
- + Information posters throughout the ward and some signage needed updating. For instance, the 'O' in the 3D letter sign for Opal was missing. There was a Ramadan Factsheet for **2016** on display in the dining area
- + There was a lot of promotion for healthy lifestyles including smoking and quality improvement in Tobacco Treatment (QUIT), vaping facts and healthy eating/calorie counters. We were told that patients had made a fruit salad that day and were growing strawberries and vegetables in the patio garden
- + There were posters about 'Have Your Say' with times of weekly meetings. However, there was no information about feedback, for example 'You said, we did'. Patients can leave feedback in a confidential comments box. This box was on the wall outside the dining area. It was not highly visible – there was no signage around it to

indicate that comments could be left there. We were told that it gets checked every week

Recommendations

The following recommendations have been suggested based on feedback from our conversations and observations during our visit

- Complete rollout of Oxevision on the ward to offer patients the choice of having sensitive cameras in their bedrooms. This will help staff visually confirm the safety of patients
- Where possible, night observations should be checked by same-sex corridor/staff e.g. female corridor checked by female staff
- Update information posters including weekly activity schedules and signposting to wellbeing social groups such as Bucks Mind – Wings in Aylesbury <https://www.bucksmind.org.uk/services/wellbeing-services/>. Also, refresh the Ramadan Fact Sheet yearly, this can be downloaded from the Muslim Council of Britain (MCB) website <https://mcb.org.uk/>
- Ensure that adequate provision is made for patients to attend gym sessions upon request
- Safely display information about ‘You said, we did’ to show changes that have been implemented on the ward because of patient input and involvement
- Make the comments box more visible, bright signage so patients notice it. Check comments on a regular basis to avoid leaving them unchecked. Seeing comments unchecked in the box could frustrate patients that have completed them
- Provide a new table tennis net in The Hub so that the table can be used more

Service response to recommendations

The following response was received by email on 5th August 2024.



Buckinghamshire Mental Health

Management Team

The Whiteleaf Centre

Bierton Road

Aylesbury

Bucks, HP20 1EG

Dear Oonagh,

Enter and View Visit – Opal Ward 18th June 2024

Thank you for your recent Enter and View visit of the Inpatient Mental Health Ward at The Whiteleaf Centre and sharing the subsequent report. We welcome the feedback and recommendations you have provided to enable us to be more responsive to the needs of our patients on the ward.

These findings have been shared across the inpatient service and an action plan has been developed with the leads of the area. In response to your specific recommendations, we would like to provide you with our plans see the table below which identifies the

Healthwatch recommendation, the action/update identified by the inpatient service and the timescale identified for this to be completed within.

RECOMMENDATION	TRUST UPDATE/ACTION	DUE DATE
Complete rollout of Oxevision on the ward to offer patients the choice of having sensitive cameras in their bedrooms. This will help staff visually confirm the safety of patients	There is a planned rollout programme of Oxevision across the trust and Opal Ward are in phase 3 of the rollout. The Oxevision team attended the ward on in June 2024 to complete an environmental survey as part of the implementation process.	31/12/24
Where possible, night observations should be checked by same-sex corridor/staff e.g. female corridor checked by female staff	The ward follows the trust's <i>Safe and Supportive Observations of Patients at Risk Policy</i> . The policy does reflect that consideration should be given to gender appropriate observations.	Ongoing

RECOMMENDATION	TRUST UPDATE/ACTION	DUE DATE
Update information posters including weekly activity schedules and signposting to wellbeing social groups such as Bucks Mind – Wings in Aylesbury. Also, refresh the Ramadan Fact Sheet yearly, this can be downloaded from the Muslim Council of Britain (MCB) website.	The ward team will review all posters to ensure they are up to date, including the activity schedules and local resources.	31/08/24
Ensure that adequate provision is made for patients to attend gym sessions upon request	Gym information will be displayed on the notice boards on the walls, including when and how to access this. A poster will be developed with information about the Fitness Instructor and placed on the wards. This will also be discussed in community meetings with patients.	31/08/24
Safely display information about 'You said, we did' to show changes that have been implemented on the ward because of patient input and involvement	The team will review how actions arising from patient feedback are shared with patients and carers. 'You said, we did' posters will be displayed on the wards and discussed in community meetings.	31/08/24
Make the comments box more visible, bright signage so patients notice it. Check comments on a regular basis to avoid leaving them unchecked. Seeing comments unchecked in the box could frustrate patients that have completed them	The team will review the signage for the comments box and review the comments frequently. Feedback will be collated and summarised using 'You said, we did'.	31/08/24
Provide a new table tennis net in The Hub so that the table can be used more	An order has been made for a new table tennis net and the team will ensure there is sufficient equipment.	31/08/24

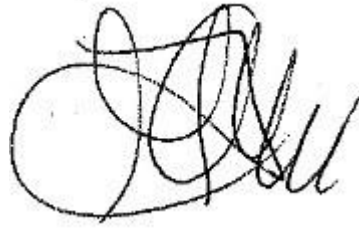
Although not made into Healthwatch recommendations, there were other areas of feedback in the report that we would like to acknowledge. We are concerned to hear reports that one patient did not feel listened to and that staff were not always receptive. The patient feedback will be taken to a staff reflective session and consideration will be made for any further action plans.

We will continue to monitor our progress and make further improvements as necessary, ensuring that our service remains a supportive and welcoming environment for all patients.

Yours sincerely,



Donna Clarke
Service Director



Julie Fulea
Associate Director of Nursing

Methodology

We announced our Enter and View (E&V) visit to the Opal Ward at The Whiteleaf Centre, a mental health facility in Aylesbury, by email on 3rd June 2024. 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 these may be improved and how good practice can be disseminated.

We prepared semi-structured sets of questionnaires and observation templates ahead of our visit. We also did a risk assessment in line with Healthwatch Bucks internal policies and procedures.

Background

Opal Ward is a 20 bedded mixed sex rehabilitation ward which serves both the Oxfordshire and Buckinghamshire counties. This ward is for people who experience a serious and enduring mental illness, some may have an additional diagnosis such as Aspergers. All bedrooms were occupied (full capacity) at the time of our visit.

Entrance and exit to the ward is monitored for patient, staff and visitor safety. We were required to sign in/out at reception. We were each given panic alarms (x3) before entering the ward.

Ward tour

We began our visit with a ward tour by a member of the multidisciplinary staff team. The corridors were clean and well ventilated. The walls were decorated with murals and artwork. A photo board with names and roles of staff was on display. There was also a staff rota board showing the team who were working that day.

The dining area had posters about healthy eating with facts about calorie contents and carbohydrate values for Type 1 Diabetics who are carbohydrate counting. The menu for the day was written on a wipe board. The dining area had a **5-star** Food Hygiene Rating.

There is a communal room called 'The Hub' which is in the middle of the corridor. This room had two pool tables (one with a table tennis board on top), darts board and television. Patients have unrestricted access to the tv remote control. There is also a separate lounge for males and one for females. There is a further lounge at the end of the corridor which opens out to the garden. Patients have open access to the garden.

The Activity Room is next to the lounge. Patients use this room for daily activities such as arts and crafts, playing board games and playing music on the keyboard piano. This room leads out into a small patio garden which is used by the gardening club. We were told that patients have started growing vegetables and fruit. The activity timetable showed a good variety of activities from mindfulness to cooking. There were pictures of two therapy dogs – Ruby and Daisy. The dogs visit the ward weekly on rotation. There is a small, equipped kitchen where patients can engage in supervised cookery sessions. All patients have access to a separate tea station during the day.

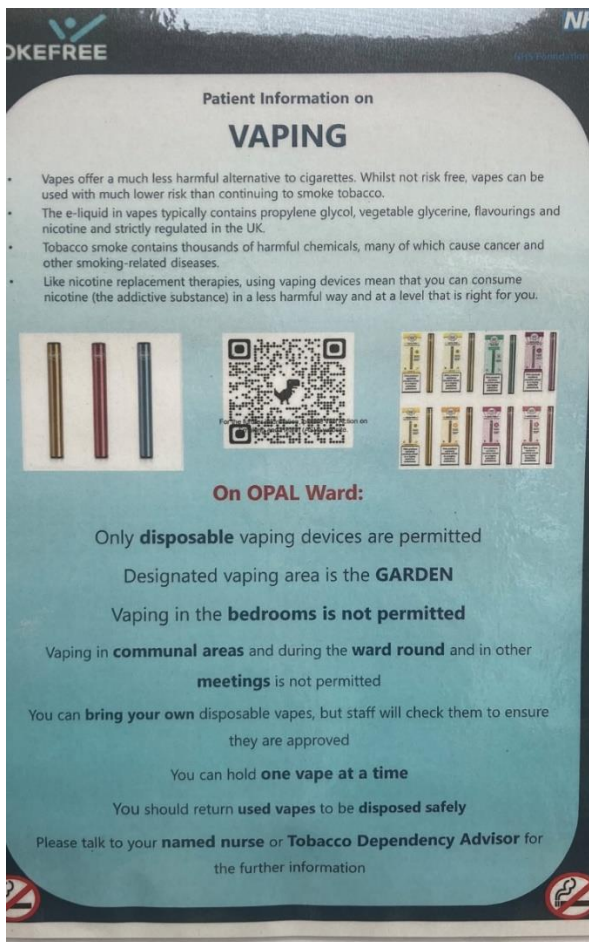
We were shown the secure area for the de-escalation room and the seclusion room. The de-escalation room provides a safe, quiet environment for individuals to recompose. This room had recently been occupied by a person under a Section 136 order. A Section 136 gives the police emergency powers to remove a person from a public place to a place of safety if they think someone has a mental disorder and needs immediate help. The seclusion room is opposite the de-escalation room. It is used by patients presenting violent behaviour to keep them safe. Both rooms are monitored with security cameras. They have large windows which overlook a peaceful wild garden.



Picture 1: View from the De-escalation (Section 136) and Seclusion rooms

Signage on the ward

Smoking is not permitted anywhere in the ward. There was a display board with posters about quitting smoking and quality improvement in Tobacco Treatment (QUITT). There was also information about vaping – Be Vape Safe – and patient information about vaping on the ward (Picture 2). Although this poster states that vaping is not permitted in bedrooms, we were told by patients and staff that vaping is allowed in bedrooms.

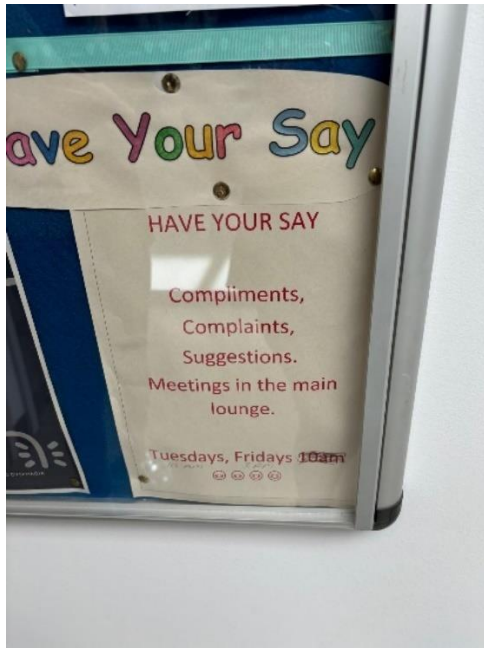


Picture 2: Patient information on Vaping on Opal Ward

Some posters had information which needed updating. For instance, there was a Ramadan Health Factsheet for **2016** in the dining area.

There was information on display about 'Have Your Say' for compliments, complaints and suggestions. However, there no information displaying feedback such as 'You said, we did'.

Patients could also leave feedback in a comments box. The adhesive label on this box was not highly visible and it contained a comment sheet which had not been collected. We were told that this box is usually checked once per week.



Picture 3: Have Your Say Poster and Comments box

Visitors

Visitors can use the dining area and some quiet lounges when seeing patients. One patient told us that their friends cannot afford to visit them. Staff said that they could arrange for patients to use the smart TV meet relatives online. They gave an example of arranging this for relatives that had moved away from the UK.

Feedback from Patients

We spoke to six patients in total. Some of them had been patients on the ward more than once and had been on other acute wards at the Whiteleaf Centre – Sapphire Ward (male only) and Ruby Ward (female only). We asked them about their experiences on the ward.

Except for one patient, all the people that spoke to us said that they felt safe and were happy with the care that they received. Positive aspects of staying on the ward included:

- Friendly and attentive staff
- Going for walks and shopping trips to town
- Choice of TV lounges
- Access to garden

- Making friends

The staff are good listeners. Planning meetings lift me up for the day.

Patients were mainly positive about food although one said that there could be more variety:

It's always soup and sandwiches for lunch.

Another said:

It's alright sometimes and sometimes not great but can't knock it.

There were mixed opinions about involvement in decision making. One patient was not sure about their level of involvement while another two said that they were not involved at all, three said that they were involved.

Not properly [involved], would like to have a say.

Things that could better

We asked patients what improvements they thought could be made on the ward.

One patient said that they would like more time to go on computers to look at YouTube (more than the 2-hour limit). They also said that they would like more opportunities for physical activity. They told us that they go for walks but would like to use the gym. They said that they could not use the gym because of staff sickness (personal trainer).

Another patient told us that they would like access to a hairdresser on the ward especially for dying hair. They said that they enjoyed doing nails with friends.

We were told that the table tennis net was broken for the table in The Hub. This patient suggested getting a new net to improve access to activities:

Sort table tennis out, I like to play. I would play if it was fixed.

Another improvement suggested by a patient was more 1-to-1 talking time with staff.

Concerns from one patient

One patient told us that they did not feel safe on the ward and put a chair against their bedroom door at night for security. This patient felt that:

- Staff were not receptive and could be brash sometimes
- Makes decisions about their own care but not listened to, does not know when doctors are around. Does not receive much care apart from getting tablets
- Left alone when calling for help
- Told off by staff if they want to get up for a drink during the night

They said that they would like a call bell in their bedroom (for personal safety), and that they could hear other patients calling out for help during the night.

Feedback from Staff

We spoke to two members of staff about their experiences of working on the ward. Both were satisfied with their roles and working environment. Good aspects of being on the Opal Ward were:

- Enough staff to meet the care needs of patients
- Healthy and positive environment
- Encouraged to do learning courses. Training opportunities for international nurses to develop their skills
- Good rapport with management
- No worries or anxieties coming to work

Challenges were:

- When people enter the section 136 suite (de-escalation room), the atmosphere on the ward is disrupted. This can put pressure on staffing levels
- Being on a mixed ward, staff need to be aware of allegations that could be made against them by patients

Safeguarding procedures

We spoke to the Senior Matron and Deputy Matron in a confidential room to learn more about security on the ward following a conversation with a patient that did not feel safe. We were told that:

- There were no security cameras in communal areas on the ward. Also, bedrooms did not have Oxevision cameras
- Night checks were done on both male and female corridors every 1-2 hours during the night. Two nurses and three healthcare assistants are usually on night duty
- There are levels of observation. **Level 3 and 4**, this would determine how often patients are checked during the night
- All safeguarding concerns made by patients are recorded in clinical notes. There is a record of any safeguarding allegation involving staff even if the staff member was not working on the shift when the allegation was made

Level 3: Enhanced observation with the patient kept within line of sight; **Level 4:** In exceptional circumstances close care is used with the patient kept within arms-reach.

Source: <https://www.england.nhs.uk>

We asked these staff if they would like security cameras in communal areas to keep both patients and colleagues safe. They said that they had not heard about security cameras on wards as common practice but one had heard about the roll out of body cameras in some hospitals. They did not confirm whether this was an initiative that they would welcome.

Acknowledgements

Healthwatch Bucks would like to thank Oxford Health Foundation NHS Trust, patients and staff for their contribution to the Enter and View Programme.

Disclaimer

Please note that this report relates to findings observed on a specific date. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

If you require this report in an alternative format, please contact us.

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