healthwatch Hackney

2024

ENTER AND VIEW OF EAST LONDON FOUNDATION TRUST MENTAL HEALTH WARDS:

RUTH SEIFERT WARD

Contents

Executive summary

Healthwatch Hackney visited Ruth Seifert ward to evaluate the health care, focusing on patient experience, staff feedback, and overall ward conditions. This report presents our findings and recommendations for improvement.

To prepare for the visit, we reviewed CQC reports, NHS mental health care standards, and existing patient feedback. Using this information, we developed three questionnaires for patients, staff, and the ward matron to explore various aspects of the service, including patient-centred care, cultural awareness, and communication. An observation checklist was also created to assess the physical environment and accessibility of the ward. After the visit, observations and questionnaire responses were compiled into a collection sheet for analysis.

During the visit, we spoke to 7 patients (50% of the patients on the ward) who ranged between the ages of 20 and 64. We also spoke to the Ward Matron and four staff members: one Nursing Assistant, one Nurse, one Domestic, and one Health Care Assistant.

Upon arrival, we asked the staff about which patients we could speak to regarding their experiences. We were advised not to engage with three patients, as some were considered a risk or vulnerable, while others had just been admitted. Additionally, some patients were unable or did not want to engage. Building a relationship conducive to them opening about their experiences in the ward was challenging, resulting in many short answers and few details.

Key Findings on Patient Experience

Safety**:** Overall, there is a generally positive view of the ward environment and the care provided, albeit tempered by individual preferences. The patients consistently describe the ward as “chilled” “quiet”, “calm” and “safe”. Staff are often referred to as “approachable”, which contributes to patients’ sense of safety and wellbeing.

Patient - staff relationship**:** Almost all patients shared that they feel heard by staff and are treated with respect and dignity. Given the ethnic diversity of the ward, this positive feedback is a testament to staff’s effort in proving culturally appropriate care.

Visits**:** Patients are generally satisfied with visiting times and appreciate the flexibility in accommodating visitors who work.

Activities: The ward enjoys dedicated staff and proactively offers occupational therapy leave to support diverse and enriching activities. Many patients shared willingness to participate in these activities and enjoyment in doing so.

Cultural awareness and sensitivity**:** The ward shows a proactive and inclusive approach to assessing and meeting patients' cultural and religious needs. Overall, most patients felt their needs were well cared for, while the few who disagreed were not able or did not want to provide additional details.

Quality of food: Patients shared mixed opinions about food. While some appreciate the various food options offered, others were dissatisfied with food quality and preferred alternative options such as home-made meals or food bought outside.

Smoking/Vaping**:** Patients are aware of the smoking and vaping policies and generally comply, indicating that they are satisfied with the current arrangements.

Access to mobile phones and the internet: All patients said that they have access to the internet and a mobile device but not all are satisfied with the speed of the WiFi.

Care Plans, Treatment, and Discharge: Overall, patients generally understand their care plans and families are involved as the patients wish. However, there is confusion about the discharge process, due to lack of coordination with the community team.

Feedback and Complaints**:** The ward has established mechanisms for patients to provide feedback and make complaints. While some patients are aware and feel capable of using these mechanisms, others do not feel as informed.

Advocacy and Advice: The ward's proactive approach through informative posters and staff referrals demonstrates efforts to support patient needs in advocacy and benefits advice. However, patient experiences and feedback vary. Some patients shared they have access and find the services useful, while others encounter

challenges in accessing or utilising independent advocacy and benefits advice effectively.

Challenges

Staffing and Workload: While most staff feel staffing levels are adequate, concerns were shared about workload, insufficient training, and less-than-ideal working conditions. There's a need to address these issues to prevent burnout and enhance staff well-being.

Communication with Community Teams: The ward matron expressed a desire for better communication with, and more frequent visits from care coordinators. Improving this relationship could enhance continuity of care and patient outcomes.

Facility Maintenance: Although efforts are made to maintain a pleasant environment, there are ongoing issues with the conditions of toilets and occasional reports of mice, affecting patient comfort and hygiene standards.

Recommendations to ELFT Senior Management

1. Improve food quality. Patients in the ward structure their time around meals. It is important that mealtimes are enjoyable and create a positive food experience.

Recommendations to Ruth Seifert Ward Manager

1. Improve measures for pest control. Make pest control everyone's daily responsibility by ensuring thorough cleaning of floors, storage areas and communal spaces to remove food sources and nesting sites that attract pests.
2. Promote benefits advice and advocacy services. Increase awareness of and access to services like benefits advice and Independent Mental Health Advocates (IMHA). Proactively ensure all patients know how to access advocacy support if needed and facilitate their involvement.
3. Strengthen the discharge process.
    - Proactively liaise with care coordinators in the community to increase their presence in the ward and ensure a more joined up approach.

- Enhance communication with patients about discharge and support available in the community.

4. Consider implementing staff's suggestion to organise a mini summer outing for patients to enjoy the benefits of being outdoors.

Recommendations to the Commissioner

1. Consider funding the refurbishment of the toilets, to ensure high standards of hygiene, enhance perceived cleanliness and promote patient dignity.
2. Consider funding completion of the sensory room. A fully equipped sensory room offers a safe environment for relaxation, sensory stimulation, and emotional regulation, supporting patients' mental health and wellbeing.

Recommendations to NHS Property Services

1. Improve pest control
   - Take decisive action to address issues with flies, mice and cockroaches, using professional pest control services.
   - Simplify reporting mechanisms for staff; ensure that incidents reported are followed up properly and staff is informed about actions taken and their impact.
2. Improve the wi-fi to ensure a stable and fast connection for all patients. Consider adding more access points to cover all areas of the ward and implement regular checks and maintenance to address any issues promptly.

Healthwatch Hackney's review highlights the importance of continuous improvements in various aspects of patient care and ward management. Addressing our recommendations is an essential step in enhancing the overall patient experience and ensuring optimal care delivery. By prioritising these areas, Ruth Seifert ward can create a supportive and respectful environment that meets the diverse needs of patients and promotes their wellbeing throughout their stay.

Healthwatch Hackney is positively engaged with the providers around the findings and recommendations in this report. We will re-publish later in the year to include reflections and responses from ELFT. This approach has been taken to allow ELFT time to meaningfully consider the recommendations and properly assess what actions they may take in response to them.

Healthwatch Hackney will monitor progress through feedback received from patients and families and follow up visits to sample wards.

Visit details

Service Visited	Ruth Seifert Ward (East London NHS Foundation Trust)
Address	City and Hackney Centre for Mental Health Homerton Row London E9 6SR
Matron	Lucy Goodey
Date and Time of Visit	24/06/24 at 12.30 to 3.00 pm
Authorised Representatives	Anam Ahsan Emmanuella Ampadu Megan Llave Sara Morosinotto
Lead Representative	Sara Morosinotto

What is an Enter and View?

Healthwatch Hackney undertakes 'Enter and View' visits as part of its programme of ensuring health and care services meet the needs of local residents.

These are required by the Health and Social Care Act 2012 and allow trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

Enter and View visits can happen if people share with us a problem with a service, but equally if a service has a good reputation. During the visits we observe how a service is delivered and talk with patients, their families, and carers. We also

speak with management and staff to get an impartial view of how the service operates and how it is experienced.

Following the visits, we produce an official 'Enter and View Report,' which is shared with the service provider, local commissioners, and regulators, highlighting what is working well and giving recommendations for improvements. All reports are available on our website.

Purpose of the visit

Our decision to visit the Ruth Seifert Ward was part of our planned strategy to review accessibility, delivery, and quality of mental health care in Hackney. We also wanted to follow-up on comments and feedback shared with us by patients and their families.

The primary objectives of the visit were to review the following:

- Patient-centred care practices, including dignity, respect, and involvement in care planning.
- Cultural awareness and sensitivity in patient care.
- Accessibility, safety, and condition of the physical environment.
- Communication and feedback mechanisms available to patients.
- Good practices and areas for improvement.

To gain a comprehensive understanding of mental health inpatient care in Hackney, this report is to be read in conjunction with the reports on Brett, Bevan, Gardner, Joshua and Conolly wards, the Mother and Baby Unit and with the overview report for recommendations across the seven wards.

Methodology

Preparation

To prepare for the visit, we conducted some background research, including reading CQC reports on Adult Mental Health services in City and Hackney, NHS

standards on mental health care and guidance on involvement of patients with mental health conditions.

We also collected and reviewed existing feedback shared with us by patients and their families and friends about inpatients' experience of mental health wards.

Data collection

The information gathered in the preparation stage guided the development of 3 questionnaires, for patients, for staff and for the ward matron. The questions for staff mirrored those asked to patients, which enabled us to capture both perspectives and aimed at exploring various aspects of the service.

We also developed an observation checklist, to assess the physical environment, accessibility and safety measures. This allowed us to evaluate whether the ward is safe, accessible, and adequately equipped to meet the needs of all users, including those with disabilities.

Lastly, we reviewed information materials available on the ward, including leaflets, welcome pack, how to make a complaint, the use of interpreters and compliance with the Accessible Information Standard.

After the visit, each Authorised Representative inputted their observations and answers to the questionnaire in a collection sheet. This allowed for thoroughness and accuracy when recording our findings, minimising the risk of errors and omissions. It also made it easier to analyse the data and identify patterns.

Data analysis

All data was subject to qualitative analysis. We conducted a thematic analysis of all responses to the questionnaires to identify patterns and recurring themes. Notes from the observation checklists were also reviewed to identify strengths and areas for improvement.

Ethical considerations

We planned the visit to minimise disruption to the ward's routine operations. We notified the ward vie email five days prior to the visit and sent them an online version of the notification leaflets with the request for those to be distributed to patients and shared in the communal areas.

Observations and interviews were conducted in a manner respectful of the patients and staff's time and space. Before engaging in the questions, all participants were informed about the purpose of the visit, the nature of the questions and their right to withdraw at any time. Participants' identities were kept confidential, and data anonymised during collection.

Limitations

The patients we spoke to on the day of our visit were all being treated for an acute episode of mental illness. Therefore, not all patients were able to fully engage in the conversation.

Patients' responses will naturally be subject to the care they have personally experienced and may also be shaped by their diagnosis and severity of illness. Additionally, our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and who contributed at the time. Therefore, whilst qualitative analysis in this report allowed us to identify key themes, responses may not be able to be generalised.

Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they will inform their lead who in turn will inform the service manager.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to ELFT Freedom to Speak Up: Raising Concerns website, where details can be found of how to raise concerns in confidence.

Acknowledgments

Healthwatch Hackney would like to thank the team at Ruth Seifert Ward for accommodating our visit and encouraging patients to talk to us. We would also

like to thank our Authorised Representatives, who assisted us in conducting the visit, and our intern Megan Llave for her significant contributions to this report.

About the service

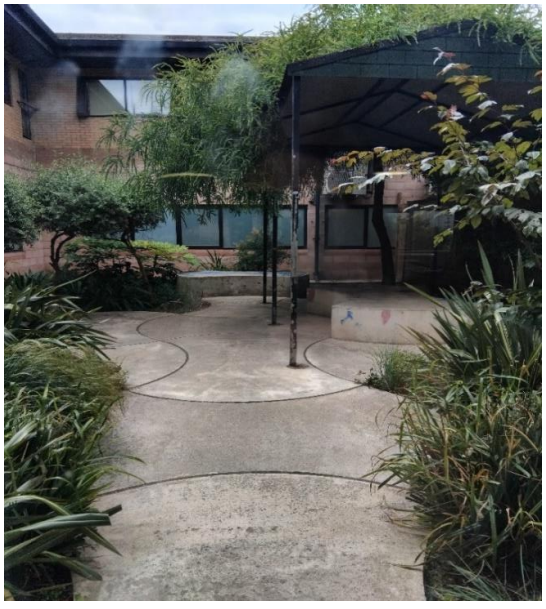
Ruth Seifert is an adult, 14- bed acute ward that specialises in the treatment, care, and support for men in City and Hackney experiencing their first episode of psychosis.

At the time of the visit, the ward was at full capacity, with all fourteen beds occupied. We were told that it is normal for the ward to be at full capacity, although on occasion one or two beds might be free.

The team meets daily for a handover meeting.

"Every day we have a handover meeting, from the night shift to the day shift. In this meeting we have an open discussion about each patient, what happened and what needs to happen. Each patient has their discussion points so in this sense the conversation is structured but then we have time for unstructured conversation too."

Additionally, staff meet weekly for reflective practice, where they discuss issues, reflect on their work and identify areas for improvement.



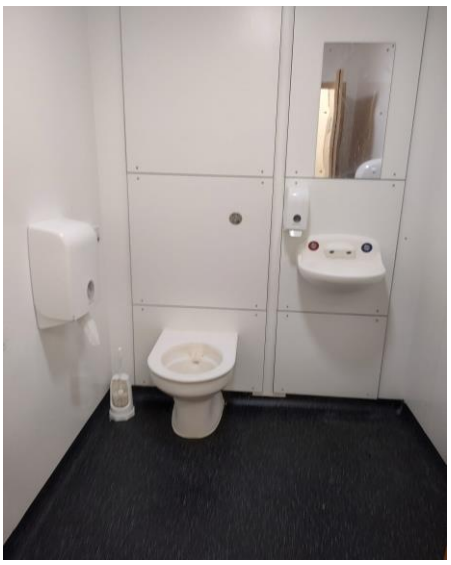
The ward is located on the ground floor of the hospital and has access to its own garden, which has a pavilion, seating, and lots of trees and plants. We were told that the outside area is usually open for patients to access at their own leisure, except for at night when it is locked because they do not have CCTV. CCTV has been requested and the request "is being processed".

The common area has a spacious, well-lit, open layout with four couches and two chairs. Smaller couches are spread at various points in the corridor leading to the patients' rooms, too, creating a homely and relaxing feeling and an environment where patients can sit just outside their bedrooms. Additionally, there is a pool table that has been repurposed for magazines and newspapers. A Healthwatch poster announcing our visit was laid on the table, too.

To the right of the main area, there are a bookshelf with games and books and a TV; to the left there are an open kitchen and dining area, with four tables and thirteen chairs.

The ward ceiling was decorated with handmade animal figurines, that add a touch of color without feeling overpowering. One of the walls in the eating area is covered by a kingfisher mural in the tones of green and blue. During our visit we noticed several patients observing the mural intently.

There are five toilets, one shower/toilet, and two staff toilets in the ward. The Authorised Representatives noticed that the toilets “smelled clean”. However, we also noticed yellow and brown stains around the toilet bowl. The ward manager informed us that it is an ongoing problem, but "they are stained, not dirty and they do not get blocked as in other wards”. There were no signs for the toilets on the walls, only on the doors.



The ward has a sensory room, created by staff, featuring two chairs, mats, a projector, and a bean bag. The room is used as a relaxing and calming space for the patients, although the matron admitted it is not used as much as it could be due to lack of funding which meant that its furnishment could not be completed to a satisfactory level.

Located at the back of the ward there is a gym, with various machines. We were told that patients are offered classes by an instructor that visits the ward daily.

The visitors' room has two pink couches, one chair, and several paintings. Nearby were a storeroom, domestic store, Multi Disciplinary Team meeting room, and doctor office. We saw the activities room, which offers computers, music, and group and one-to-one sessions.

When we first arrived at the ward, the patients were about to have their lunch, so the ward matron gave us a tour of the facility. As we walked in, we noticed multiple boards with various posters including information about East London Foundation Trust, CQC, infection control, how to give feedback and RETHINK. We

also noticed that the notification of our visit was shared on the whiteboard and in various other places throughout the communal area.

As lunch was being served, staff played music on the speaker while some patients watched a football match on TV.

Staffing levels

On a normal shift, there are two nurses and three health care assistants, which was the case at the time of our visits. However, if there are patients who are on "one-to-ones", the ward would increase its staff. Additionally, the ward has a 9 am–5 pm life skills worker who coordinates activities there. The matron told us that she is conscious they are lucky to have an activities coordinator - all wards should have one but not all do.

On the day of our visit, there was a junior doctors' strike, leaving the ward without a doctor during the morning safety huddle. The matron told us she led the meeting herself and planned to relay the main discussion points to the doctors upon their return. This prompted a conversation about what plans are in place to support patients over the holidays, during strikes and in case of sickness. The matron showed a proactive approach to managing her staffing levels:

"We know we are short-staffed until September and we have already reached out to other wards for help. I am going to write to the bank staff to see if we can get a bank staff member for 2 months. Our staff are also good at picking up extra shifts."

The matron was candid about the challenges faced in maintaining sufficient staff levels, acknowledging that they often feel stretched. She also recognised how the unpredictable nature of the ward requires flexibility, adaptability and continuous planning.

"It depends on the day and the patient. We can plan and we do plan, but the nature of the ward and the job is that at the end of the day you never know what's going to happen. You can try and predict but it's fluid and changeable. One minute it's ok, the next it isn't, and we have to be ready to respond to that."

Patient profile

The ward caters for patients aged 18 to 65. Originally, the age limit was 35 but this has been raised to 65.

During our visit, we spoke to seven patients aged twenty to sixty-four years old. Five of them said they lived in Hackney, one didn't, and another one did not comment. Two patients told us they identify as African, one as Mixed African, one as Black Caribbean, one as British, one as Bengali, and one described themselves as Brown. During our visit, we observed a notable predominance of Black patients in the communal area; in fact, we only saw one White person. This was a stark reminder of how the Mental Health Act disproportionately affects Black people, who are more likely to be detained under the Act.

Four of the patients said that English is their first language and three said it was not. The patients who don't speak English as their first language told us that this has not been a barrier to understanding or accessing services. The ward matron explained that for new patients an interpreter is brought in daily as the staff gets to know them and develop their care plan. She also shared that they use the language line for reviews and, if necessary, Google Translate. She added, "We make do and do what we have to do in the moment that is right for the patient."

The patients' demographic reveals a diverse population in terms of age, ethnicity and language, reflecting the multicultural nature of the community served by the ward, which requires a versatile and culturally competent approach to patient care.

Admission

Patients are usually referred to the ward by the EQUIP team in the community. Many are transferred from other wards upon identifying their first episode of psychosis. Sometimes patients arrive under Section 136 (place of safety), or they present themselves to A&E and are subsequently admitted.

Patients are admitted if they experience their first episode of psychosis, but are looked after for 3 years afterwards, meaning that if they experience another

episode they would be readmitted at Ruth Seifert. After 3 years, if they relapse, they are admitted to one of the other wards in the unit.

Each patient is risk assessed within 24 hours from admission. Following the risk assessment, the reason for admission is explored and the required level of observation is discussed. Within 72 hours (about 3 days) to a week from admission, the team will develop a more detailed plan. The ward uses the Dialogue + platform that allows patients to score themselves, ensuring the patient's voice is listened to and taken into consideration. Patients are reviewed regularly, either weekly or more flexibly depending on their individual situation.

We asked patients if they wanted to share how they were admitted to the ward.

"Someone brought me here. I have also been to different mental wards such as Hamlet Hospital and I was finally transferred here."

"I was injected, I fell asleep and next thing I knew I woke up here."

Another patient said that the police brought him there.

Two more patients shared their admission stories with us:

"I started kicking the door of my brother's room continuously and later poured water on the laptop. So, my mother dropped me off at the hospital."

"I got into a fight with my dad, and I stopped taking my medication as advised by my doctor."

A patient, who mentioned this is his second admission, said he was admitted voluntarily on the advice of his care coordinator. He experienced psychosis and there had been nearly a year between both admissions.

Length of stay

The ward manager told us that the average stay is four to six weeks, but some have been in the ward longer, and some stay only for a few days.

Two patients told us that they have been admitted for one month. One of them mentioned that it is their first time at the ward. Another patient shared that this was their first admission and they have been in the ward for one or two weeks.

Similarly, one patient said it was their first visit and they had been there for five days.

Two patients shared that this is their second admission. One reported a ten-week stay and the other said he had been there for six months.

“I was admitted to the ward 6 months ago and this is my second visit. I have been admitted to the ward for the first time in January 2023.”

Another patient who has been at the ward for seven months told us, "I feel like I've been here forever” and added that he expects to stay at Ruth Seifert indefinitely.

Findings: Patient Feedback and Healthwatch Hackney observations

During the visit, we spoke to 7 patients (50% of the patients on the ward) who ranged between the ages of 20 and 64. We also spoke to the Ward Matron and four staff members: one Nursing Assistant, one Nurse, one Domestic, and one Health Care Assistant.

Patient safety

How is the ward during the day? How is the ward at night? Do patients feel safe?

We asked patients questions to understand their experiences and perceptions of overall well-being and sense of safety in the ward. Most patients shared positive responses.

“Everything is okay”.

“Everything is working well”.

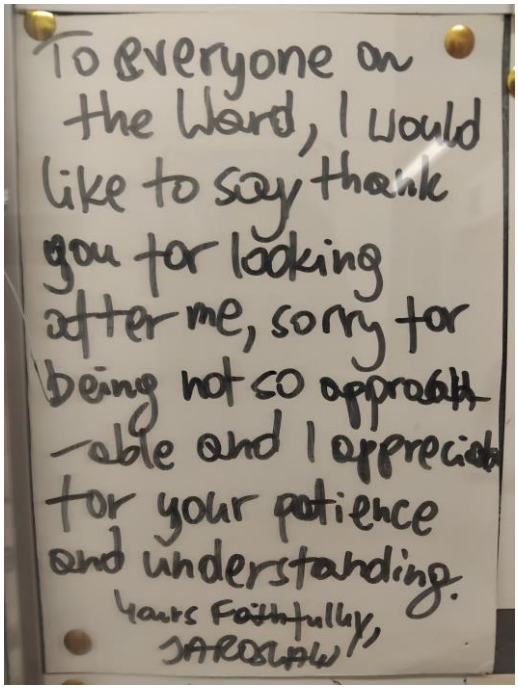
“Everything is good. It's home here, its home, it's family. All is good”. The Authorised Representative noticed that this patient was visibly distressed by the music playing on speaker.

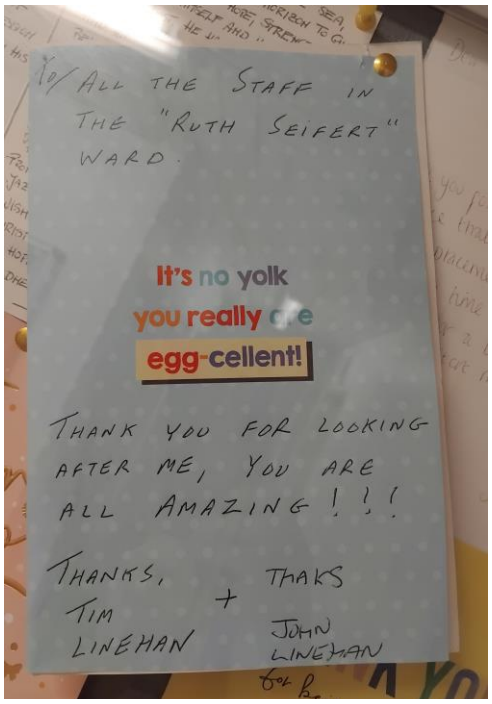
Three patients said that they do feel safe at the ward. One of the patients said that he feels safe during the day and at night, and it feels calm. However, he added that it depended on which patients are brought in.

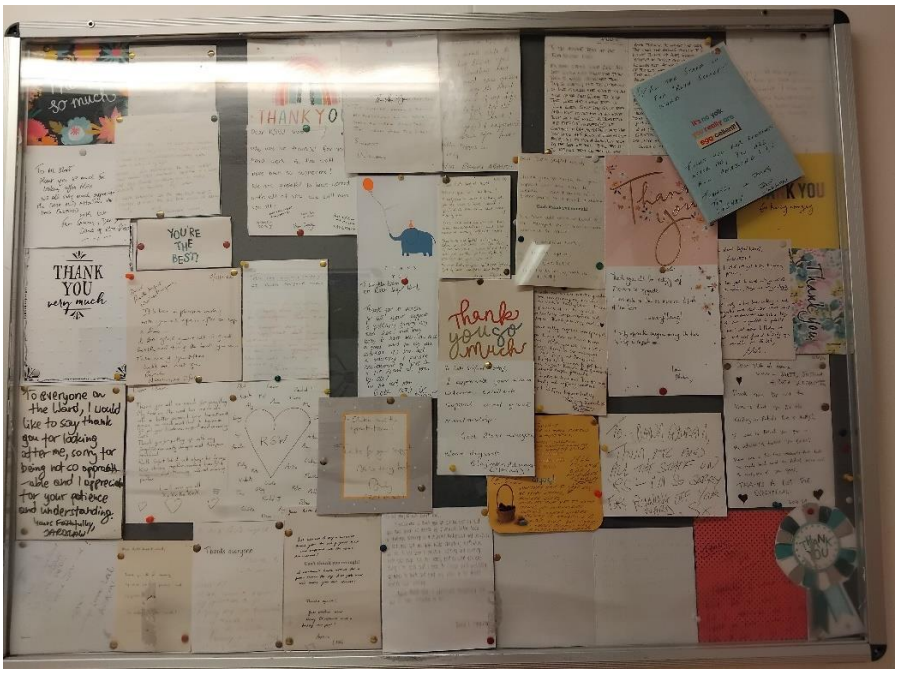
“Yes, I feel safe.”

“It is quiet, the staff are responsible, and I do feel safe.”

It is worth noting that by the entrance to the ward there is a noticeboard displaying thank you cards and messages of appreciation by previous patients.







These comments reflect a generally positive view of the ward environment and the care provided, albeit tempered by individual preferences. The patients consistently describe the ward as "chilled", "quiet", "calm" and "safe". Staff are often referred to as "approachable", reinforcing the idea that supportive and responsive staff contribute significantly to patients' sense of safety and wellbeing.

Patient – staff relationship

How do patients find the team here? Are they approachable? Do patients feel listened to and well looked after here? Do staff listen to patients' views and concerns? Do patients feel treated with dignity and respect?

Six out of seven patients shared positive responses to our questions. Several patients told us that they feel heard and treated with respect and dignity by staff.

"Yes, they are approachable. I feel listened and treated with respect and dignity."

"The team is good; I feel heard and treated with respect and dignity."

"The team is good; I have made some friends and I feel listened to."

Additionally, a patient that said he feels well looked after and listened to by staff.

Only one patient said that staff members do not listen to him but he was unable to give any further details.

Overall, almost all patient responses indicate a positive perception of the team's responsiveness, respect, and care, highlighting a supportive and empathetic environment, which facilitates recovery.

Patient cultural and religious needs

Do patients have access to a priest, imam, religious professionals, places of worship and religious materials; hair and other products supplied for ethnic minority personal care needs or specialised needs?"

The matron told us that patients' cultural and religious needs are assessed when patients join the ward and cared for thereafter. She added that spiritual leads from all faiths that come in regularly or upon patients' request.

"Father John comes round regularly, and we have a gentleman from the Jewish community who comes regularly and see if anybody wants a chat with him. Otherwise, patients ask, and we arrange it for them."

This demonstrates an inclusive approach and willingness to respond to the diverse patients' needs.

During our visit we observed a notice board dedicated to spirituality and religious care, which included information by the Department for Spiritual, Religious and Cultural care and a faith calendar.

Patient responses reveal a mixed perspective on the adequacy of cultural and religious care. While five patients indicated that their needs are generally met, they were unable to provide specific examples or elaborate further. Conversely, two patients said their needs have not been cared for. One of them said that he is Muslim, and his religious needs are not met. Both patients were not able to elaborate further.

Food quality

What do patients think of the quality of food? Are their dietary requirements (if any) catered for?

The matron shared with us that the ward offers a variety of food options, including Halal, Kosher, vegan and gluten free.

"There is nothing we cannot offer; the patients only have to ask."

This approach reflects sensitivity to cultural and dietary requirements, allowing patients to request specific options as needed. However, patient feedback on the quality of food provided reveals a mixed response.

While two patients said the food is "good" and two said that "it is okay", three patients were dissatisfied with the food quality and one of them stated a clear preference for buying their own food or eating home-cooked meals.

"I generally have food from outside or home-cooked food."

One patient said the food quality is "mediocre", noting that while the variety changes, their personal preference leans towards simpler dishes like rice and chicken.

"They serve things like chicken, rice, vegetables and sausage and eggs on weekends, but it is mediocre."

Overall, while the ward strives to cater to diverse dietary needs, patients' perception of food quality varies, suggesting a gap between what's on offer and patients' individual preferences.

Smoking and vaping

Are patients allowed to vape/smoke on the ward? How is this arranged?

The ward matron confirmed that smoking is prohibited, but vaping is permitted. She also mentioned that the ward has banned all vapes with oil due to past issues with them being mixed with illegal substances. This reflects a proactive approach to maintaining a safe environment.

We spoke to three patients about smoking and vaping in the ward. One patient explained that while vaping is allowed inside the ward, smoking cigarettes is not. He added that if a patient wants to smoke, they need to inform the staff and may be escorted outside if necessary.

Additionally, one patient mentioned that he does not smoke, while another said that he smokes but had not done so for the past five days.

Access to mobile phones and the internet

Do patients have access to the internet and mobile phones? If yes, how does this work?

The ward matron said that patients are allowed to use mobile phones and have access to the ward's WiFi. Additionally, patients could transfer a call from their phone to the phone booth if they want some privacy. She noted that while the phone booth is not used much, it remains available should patients wish to use it.

Six of the patients said they had access to a phone.

"Yes, I have my own smartphone."

One patient said that they can use their phones and Wi-Fi. He added that everyone has the privilege to have a phone. Another patient confirmed they have access to a phone but described the quality of the WiFi connection as "too crappy".

Activities

Which leisure activities do patients take part in? How do they find these activities?

The ward matron told us that they have a gym instructor that comes in every day to provide classes for patients. We noticed that the instructor, Dennis, was there during our visit, but no class was happening at that time - because it was lunchtime. The gym appeared tidy and well maintained.

Additionally, we learnt that all patients have occupational therapy leave to do activities outside the ward. The matron mentioned Core arts and Core sports being run by a local charity. She said that in Ruth Seifert they try to give leave to every patient to enjoy external activities. She also said she is aware that, unlike other wards, she has the privilege of having an occupational therapist and an activities coordinator as a part of their staff, which allows the ward to offer a rich variety of options for activities.

Five of the seven patients who spoke to us told us that they do take part in activities. Of them, three patients said that they take part in various activities, including the gym and gardening.

One patient said that he goes to the gym and plays pool. When we asked about the gym, he informed us that the gym instructor does classes like weights or bike riding. He also added that he enjoys walking outside; since he is a voluntary patient, he can walk by himself.

Another patient said that he likes to do drumming and does it once a week.

Visits

Is it easy for family/ relatives/ friends or carers to visit patients?

Visiting times currently are between 3 pm and 8 pm, as shown on the board and in the welcome pack, with some flexibility to accommodate for people working.

"We have a fairly young patient here and his mum comes to visit almost every day. We try to accommodate that."

Additionally, families can phone in at their own convenience and ask for information about the patients, which is shared only with the patients' consent.

Five patients answered our questions about visits. Three of them shared with us that they do get visits. One said they do not have family here and another said they do not have anybody visiting them. One patient said that his cousin visits him. He added that they can call in for a visit, and that it is easy to schedule and/or ring for a visit. Another patient, who has leave permission, commented, "I visited my family yesterday; I have some leave during the day but it's compulsory to stay at night."

The Authorised Representatives observed that the patients appeared satisfied with the current visiting arrangements.

Care plans, treatment and discharge
Patient and family involvement

Does the patient know what is a care plan? If yes, what do they think of their care plans? Do they feel involved in discussions and are their concerns taken into account? Is the patient's family involved in discussions about their care in the way the patient wants?

When asked about patients' care plan, the ward matron commented:

"Within 24 hours from admission each patient is risk assessed, reason for admission is explored and the required level of observation is discussed. Over the next week we produce a more detailed plan. We use the Dialogue + platform that allows patients to score themselves. This is done within 72 hours to a week from admission. Reviews happen weekly or more flexibly depending on patients and their situation."

Four patients said they did have a care plan, one said it was not needed. Of those with a care plan, only was patient was able or willing to elaborate further. He said that his care plan involves treatment and medication. He added that his concerns and discussions are considered, and the care coordinator and head staff are involved.

Three patients reported that their families are involved in their care as they would like, while two patients responded negatively. One patient shared that they do not want to keep their parents involved in their care. Another patient, admitted to the ward before, said his family was involved for his first visit but not as much in his second one.

Have there been any discussions about discharge, especially in relation to housing? Is there any support the patient wants to get to help them stay well after discharge? Social care support, physical activities?

The responses to the questions about discharge indicate varying levels of awareness and engagement among patients regarding their discharge plans and post-discharge support.

One patient was unsure and showed lack of clarity about his discharge. Two other patients mentioned that they have not had any discussion, while three others said that they had some conversations about life outside the ward. Of them, one shared that their discharge process is currently underway, and he hoped to be released soon. Another patient mentioned they have appealed for discharge and are awaiting a response, with plans to attend university in September.

"Hopefully I can be released."

“Yes, I have asked for appeal, waiting for the response to go to university from September.”

Feedback and complaints

How do patients share feedback and raise complaints? How do they feel about the process?

During our visit, we observed several posters around the ward that gave information about how patients could share their feedback and complaints, and a “you said, we did” notice board.

We asked patients if they know how to make complaints and offer feedback, whether they feel listened to and how their suggestions are followed up by the team. Patients had mixed responses to these questions.

Three patients said that they did know how to make a complaint or share their feedback/concerns. One patient said they did but added that “they should communicate and listen better”; he did not elaborate further.

Two patients said that they did not know how to.

The matron informed us about how the feedback and complaints are dealt with.

“If we receive a negative comment or feedback, we have several things that can be done. First, complaints are discussed in our community meetings; if needed, they are forwarded to the manager or matron - we sit down and talk. We use the "you said we did" format on the noticeboard so that everyone knows complaints and feedback are being dealt with and how. If a complaint is external, for example from a family member or a care coordinator, then it's more formal and it requires investigation and unpicking. We make sure we share what we have learnt from the complaint. In the last 2 years we have had one such significant complaint.”

Access to Independent Mental Health Advocacy and benefits advice

Do patients have access to an Independent Mental Health Advocate (IMHA)? Are patients aware of this service? Have they used it? What do they think of it?

We received mixed responses from the patients we spoke to.

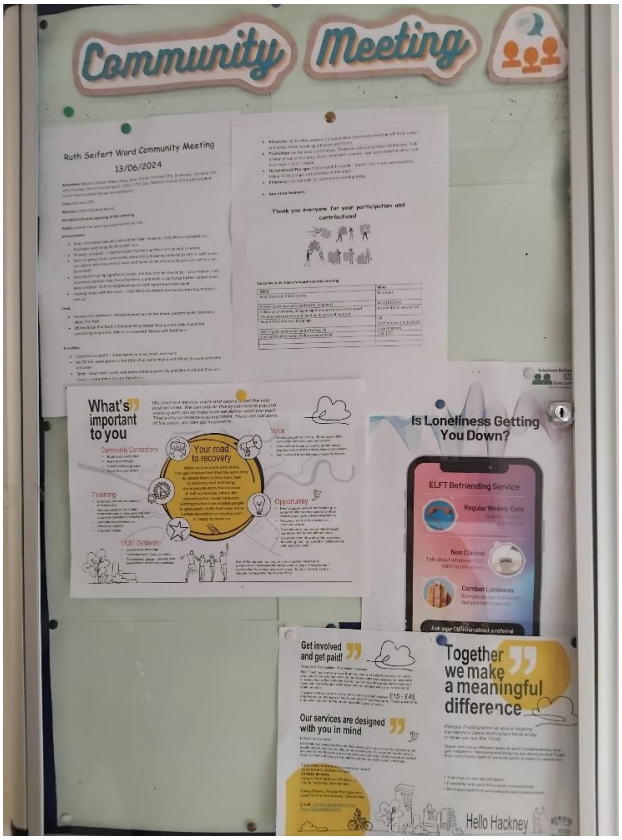
Of the six patients who answered these questions, four said that they did have access to the service; one patient said they didn't, and another said it is not needed. None of the patients were willing or able to elaborate further.

During our visit, we noticed there were many posters around the ward with information on Independent Mental Health Advocacy and how to access it. As she stood by one of these noticeboards, an Authorised Representative was approached by a patient who asked about RETHINK. The Authorised

Representative told the patient about the service and guided him through the information on the board. The patient asked how he can contact them to make an appointment and our Authorised Representative dialled the number on his phone. Later, the patient told us that they had not been able to reach Rethink and they would ask staff for assistance to try again.

Are patients able to access benefits advice if needed?

The ward matron shared that Ike, the benefits advisor, is "useful, helpful and accessible", and they can always email him for queries. He has been there for a few weeks and joins the community meetings where patients can arrange a meeting with him. The matron is confident that patients are aware of the advice and added that if they think a patient doesn't know about how to access benefits, staff proactively refer them to Ike.



Five patients answered our questions about accessing benefits. Of them, four said they can access benefits advice if needed. One patient said that it is not needed. None of the patients were willing or able to provide any additional information.

It is worth noting that during our tour of the ward, we observed posters in the communal area with information on how to access benefits advice.

What changes would patients like to see?

Overall, patients had few suggestions for improvement.

Two patients said that the food quality should be improved.

One patient told us that there should be better internet speed in the ward.

Another patient said they should communicate better, but he did not elaborate further.

Findings: Discussion with staff

During our visit we spoke to the Ward Matron, a Nurse, Nursing Assistant, Domestic, and a Health Care Assistant. This section reports on the key findings from these conversations.

Staffing levels

We asked staff if they feel there are adequate staffing levels in this ward. Three out of 4 staff confirmed that numbers are sufficient, suggesting that they meet the operational needs of the ward.

“Yes. The team is fun and chilled, we all do our bit.”
“Yes, there is adequate staffing level and it’s well managed.”

Similarly, most staff feel that they have enough time to do their role, which aligns with the general consensus about adequate staffing.

“Yes, everyone does their bit.”

However, one staff member disagreed, stating that staff "are bent out” because “there is a lot to do, little training, less than ideal working conditions and the roles

are not attractive". They added, "There is never enough time. We are consumed with paperwork, and we are not able to have one-on-one conversations with the patients."

What works well?

The matron praised the ward's staff and environment, noting they have the same number of staff as other wards but fewer patients. She spoke highly of the staff's experience and highlighted the most recent efforts to embed the systems and make everything flow.

"The staff have changed over the years, but they are all lovely and we have worked hard in the last 6 months to embed everything properly and make it flow. There's a lot of experience in this ward. We got the basics right and everything follows and falls into place. Staff are working hard and doing most things to a good standard. Sometimes we forget that, and we should recognise it more. The team are very proud of the work they do, and they are good at it. We have parties, we celebrate birthdays, and we get lots of positive feedback."

"Work doesn't feel taxing and there's lots of experience on ward. Much of what works well is the ward running properly, maturity with nurses and learned importance of certain roles".

Also, she added that a plus side is that the ward has a "just-right" environment.

"Some wards are too small, some too big, which means that patients can feel too restricted or not enough contained and therefore unsafe. This ward is just right."

"We also have an outside space, which is very nice. We make every effort to keep our environment nice."

Three staff members highlighted effective patient and staff communication as a key strength, including their skills in de-escalating situations and making patients feel comfortable.

"We listen, we actually pay attention to what they say, and we use body language to show we are with them, and we are listening. We try to use simple words and

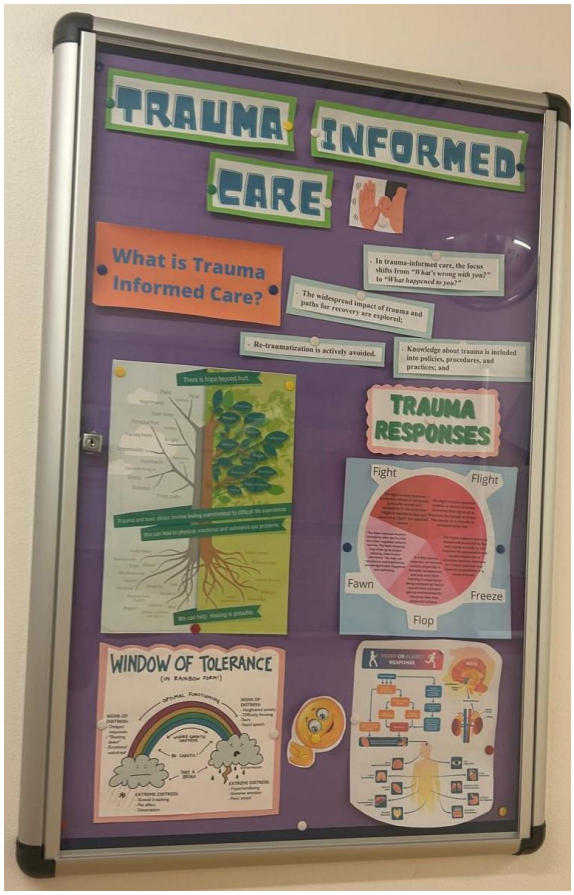
go at the patient's speed. I have learnt to use my voice to chill the atmosphere if it gets tense and I know when I need to let go and try again later."

"We are extremely good at communicating - with each other and with the patients."

These comments match what we heard from patients, who shared that they mostly feel listened to and treated with dignity and respect.

Additionally, during our tour of the ward, we observed a notice board with information on providing trauma-informed care. In the noticeboard, we read:

In trauma-informed care, the focus shifts from "What is wrong with you!" to "What happened to you?



This approach emphasises attentive listening and validating patients' experiences. It helps patients feel seen, genuinely heard, respected, safe and supported. This contributes to an overall sense of security and well-being. It builds trust and promotes healing in the long term.

Finally, two staff shared how they felt comfortable approaching management or sharing suggestions during team meetings.

"Yes, managers are good, they listen."

"Yes, everyone's input is welcomed."

These comments suggest positive team dynamics and a supportive working environment, which is important for maintaining staff morale and effectiveness.

What could be improved?

We asked staff their ideas for improving the ward and, while most had positive comments, some suggestions were made, too.

Two staff mentioned that there are mice in the ward, although it was noted that the situation is managed better than in other wards and they feel they are "on top of it".

The ward matron said that the relationship with the community team could be improved. Care coordinators are busy and they do not visit the ward as much as she would like, leading to a feeling of disconnect with them. Additionally, she said the toilets could be improved.

"The toilets are nicer compared to other wards but still not at the same standard I would want if my family were staying here."

Another staff member suggested that a mini summer outing for the patients should be held.

"There's a lot of information out there about the benefits of being outside. If a patient can manage, it's good for their physical and mental health."

One staff member told us that there should be more time for staff breaks and pay conditions should be improved. They felt their pay was low for the demanding work in mental health wards.

Recommendations and service provider's response

Based on the analysis of all feedback obtained, as well as on the Authorised Representative's observations and discussions with staff, Healthwatch Hackney would like to make the following recommendations.

Recommendations to ELFT Senior Management

Improve food quality. Patients in the ward structure their time around meals. It is important that mealtimes are enjoyable and create a positive food experience.

Recommendations to Ruth Seifert Ward Manager

1. Improve measures for pest control. Make pest control everyone's daily responsibility by ensuring thorough cleaning of floors, storage areas and communal spaces to remove food sources and nesting sites that attract pests.
2. Promote benefits advice and advocacy services. Increase awareness of and access to services like benefits advice and Independent Mental Health Advocates (IMHA). Proactively ensure all patients know how to access advocacy support if needed and facilitate their involvement.
3. Strengthen the discharge process.
    - Proactively liaise with care coordinators in the community to increase their presence in the ward and ensure a more joined up approach.
    - Enhance communication with patients about discharge and support available in the community.
4. Consider implementing staff's suggestion to organise a mini summer outing for patients to enjoy the benefits of being outdoors.

Recommendations to the Commissioner

1. Consider funding the refurbishment of the toilets, to ensure high standards of hygiene, enhance perceived cleanliness and promote patient dignity.
2. Consider funding completion of the sensory room. A fully equipped sensory room offers a safe environment for relaxation, sensory stimulation, and emotional regulation, supporting patients' mental health and wellbeing.

Recommendations to NHS Property Services

1. Improve pest control
    - Take decisive action to address issues with flies, mice and cockroaches, using professional pest control services.
    - Simplify reporting mechanisms for staff; ensure that incidents reported are followed up properly and staff is informed about actions taken and their impact.
2. Improve the wi-fi to ensure a stable and fast connection for all patients. Consider adding more access points to cover all areas of the ward and implement regular checks and maintenance to address any issues promptly.

Healthwatch Hackney is positively engaged with the providers around the findings and recommendations in this report. We will re-publish later in the year to include reflections and responses from ELFT. This approach has been taken to allow ELFT time to meaningfully consider the recommendations and properly assess what actions they may take in response to them.

Closing remarks

Healthwatch Hackney's review highlights the importance of continuous improvements in various aspects of patient care and ward management. Addressing recommendations regarding safety, staff performance, communication, food quality, activities, discharge planning, ward environment, and staff support are essential steps in enhancing the overall patient experience and ensuring optimal care delivery. By prioritising these areas, the team at Ruth Seifert ward can create a supportive and respectful environment that meets the diverse needs of patients and promotes their well-being throughout their stay.

Healthwatch Hackney will monitor feedback from patients and families and conduct follow-up visits to a sample of wards.

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Appendix: Summary of detaining Sections

Section 2 - Refers to patients who can be kept in the hospital for up to 28 days for assessment and treatment. A Section 2 cannot be renewed and patients can either stay in the hospital informally, be discharged or be transferred to a Section 3 for further treatment.
Patients on Section 2 have a right to appeal their detention to a Tribunal during the first 14 days of their admission and can also appeal to Mental Health Act managers at any time.

Section 3 - Patients on this section can be kept in hospital for up to 6 months. This section is usually applied to people who are well known to mental health services or patients who have been transferred from a Section 2. A Section 3 can be renewed for a further 6 months and subsequently for 1 year in further renewals.
Patients on Section 3 have a right to appeal to a Tribunal once during the 6-month period. If the section is renewed, patients have a right to appeal once during the second 6 months and then once over the 12-month period in subsequent renewals. Section 3 patients can also appeal to Mental Health Act managers at any point during their detention.
Applications for Sections 2 and 3 must be made by an Approved Mental Health Professional (AMPH) or the patient's nearest relative and be approved by 2 doctors.

Section 37 - A Magistrates' Court or the Crown Court can apply for this section for people who are in prison but need to be in hospital for treatment of a serious mental health problem.

Section 41 – This is a hospital restriction order which may be added to a Section 37 by the Crown Court to safeguard the interests of the general public.

Section 136 – This section gives police emergency powers to use when the officers think the patient has a mental disorder and needs immediate help. The patient can be taken to a place of safety (which could be the patient's home, a friend's house, hospital or a police station) for a mental health assessment. Patients can be detained in a place of safety for up to 24 hours. Sometimes this be extended for another 12 hours. Following an assessment, the patient may be discharged or be detained in hospital under a different section of the Mental Health Act. Patients have the right to be told why they have been detained and be helped to get legal advice if they ask for it. Patients can get treatment for their mental health, but only if they want it.

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