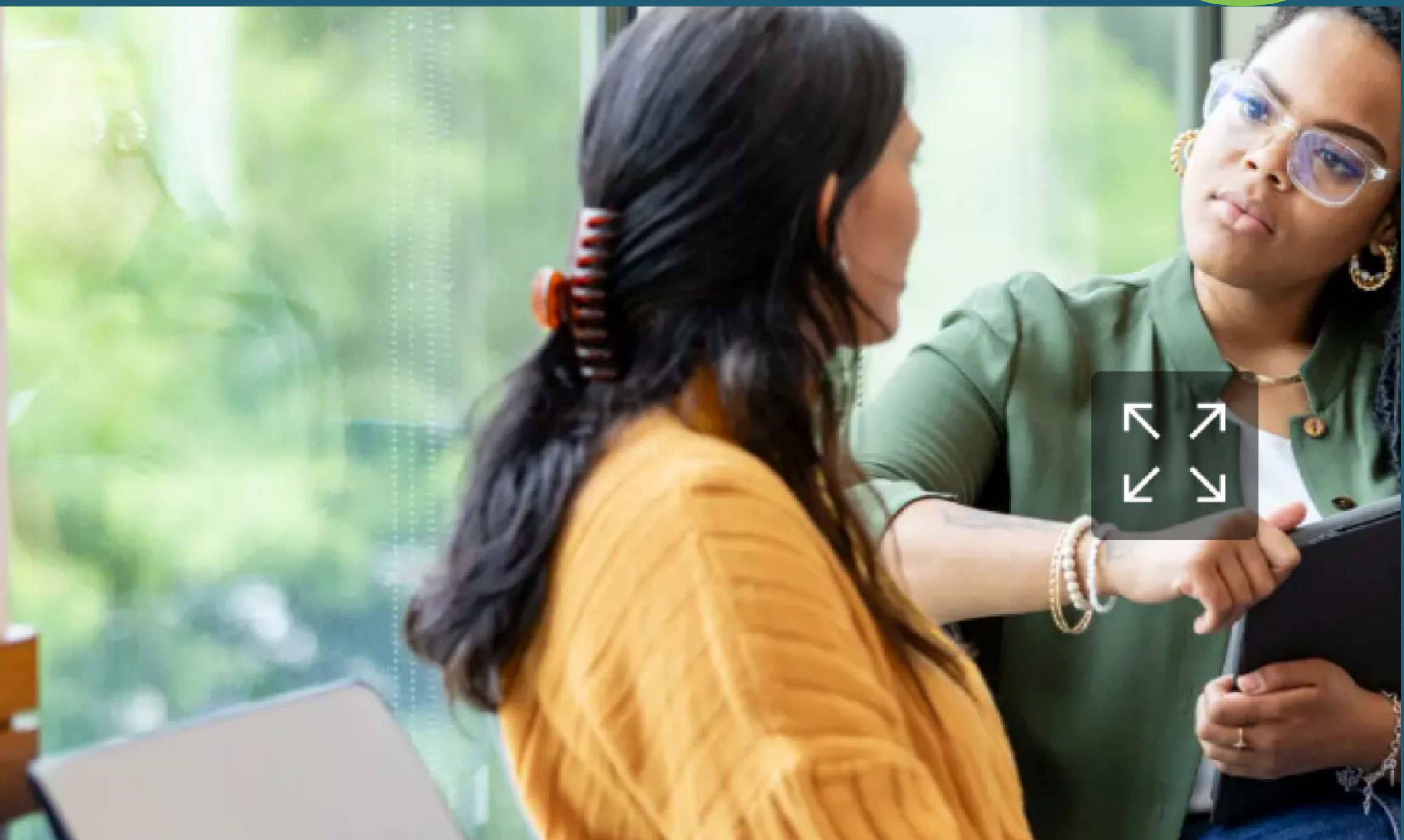
healthwatch Hackney

2024



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

BEVAN WARD

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Executive summary

Healthwatch Hackney visited Bevan ward to evaluate the quality of mental 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 relevant 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 10 patients (66% of the patients on the ward) who ranged between the ages of 29 and 54 (not all ages were given). We also spoke to three members of staff: one social therapist, one occupational therapy assistant (OTA) and one of the ward consultants.

Key Findings on Patient Experience

Safety: Patients expressed mixed feelings about safety on the ward, with several reporting concerns about theft, aggression among patients and inadequate security measures, such as missing door locks. Overall, there was a sense of unease and dissatisfaction with the safety and atmosphere of the ward. Some patients felt that their concerns were not adequately addressed by staff.

Patient – staff relationship: Patients expressed mixed opinions about their relationship with staff. Some patients felt that staff were not very helpful and took a long time to address issues. Several patients noted that the quality of service depended on the individual staff member, with some being more attentive and caring than others. Despite some positive interactions with certain staff members, overall, there was a sense of frustration and dissatisfaction with the level of support and respect received from the team.

Cultural awareness and sensitivity: Patients expressed dissatisfaction with the catering meeting their cultural and religious needs. Dietary requirements were not always met and cleanliness issues in the kitchen were reported. Patients generally described food quality as poor, with complaints about taste and portion sizes. Patients also reported mixed experiences with vaping in the ward, access to mobile phones and the internet.

Activities: Patients had mixed responses regarding leisure activities in the ward, with some expressing dissatisfaction and others actively participating. Concerns were

raised about the frequency and availability of activities, with some patients noting that many listed activities did not occur regularly.

Visits: Visiting hours are limited to designated times between 4-6pm on weekdays and 2-6pm on weekends. Patient experiences with visitation varied, with some finding it easy for visitors to come while others faced difficulties, including restrictions.

Care plans and discharge: Patient feedback on care plans was limited. Some patients expressed uncertainty about the contents of their plans and others felt disconnected from their care coordinators. Family involvement in care varied. Some families were excluded at the patient's request, while others were involved but found the process stressful.

Feedback and Complaints: Patients shared varied experiences of giving feedback and raising complaints, with some feeling that their concerns were not listened to or addressed. While the ward consultant mentioned immediate handling of internal complaints, one patient reported making numerous complaints without receiving satisfactory responses, despite using AI software to aid in the process.

Advocacy and Advice: Patients have varied awareness and experiences of accessing Independent Mental Health Advocates (IMHA) and benefits advice. While two patients acknowledged the availability of IMHA services and were satisfied with their support, another patient expressed reluctance to engage with advocacy services due to past negative experiences. Additionally, one patient mentioned difficulties accessing benefits advice, highlighting potential gaps in support services.

Challenges

Absconding: Patients running away from the ward are infrequent but, when they occur, they present challenges to the team, particularly with recent changes limiting police intervention unless there is a significant threat.

Welfare checks: Staff are expected to conduct welfare checks and visit the patient's home, adding to their workload and impacting overall capacity, made it worse by legal constraints on intervening outside the hospital.

Dignity and privacy: Challenges persisted regarding maintaining dignity and privacy, especially for transgender patients, despite efforts to provide separate clinical spaces and encourage private conversations.

Recommendations to ELFT Senior Management

1. Food: Patients in the ward structure their time around food. It is important that mealtimes are enjoyable and create a positive food experience. ELFT Senior Management should ensure that cultural and religious dietary requirements are

met and provide adequate options for patients with specific needs. Improve the quality of food and address concerns regarding portion sizes and food hygiene.

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++s points to cover all areas of the ward and implement regular checks and maintenance to address any issues promptly.

Recommendations to ward manager

1. Safety: Address concerns regarding safety by fixing broken locks on doors, addressing theft issues among patients and implementing measures to control pests like mice and fruit flies. Ensure adequate heating in rooms to maintain a comfortable environment.
2. Staff – patient relationship: Utilise staff away days to train staff to respond promptly to patient needs and concerns, including addressing safety issues, resolving conflicts between patients and helping in a timely manner. Encourage staff to wear name badges and introduce themselves to patients to foster a sense of trust and accountability.
3. Communication: Encourage open communication channels between staff and patients, ensuring that patients feel heard, respected and involved in their care plans. Provide opportunities for one-on-one conversations with staff and address any instances of disrespectful behaviour from staff members.
4. Activities: Offer a wider variety of engaging activities for patients, considering individual preferences and needs. Review and implement activities suggested by patients themselves that promote mental well-being and provide opportunities for social interaction.
5. Discharge: Improve discharge planning processes, to involve patients in discussions about their care plans and post-discharge support needs.
6. Ward environment: Address cleanliness and maintenance issues by implementing regular cleaning schedules to maintain cleanliness in common areas and patient rooms. Ensure that essential facilities such as showers and washing machines are promptly repaired when broken.
7. Staff support: Address challenges faced by staff, such as managing escape cases and maintaining cultural awareness. Provide adequate training and resources to

support staff in their roles, including dealing with emergencies and respecting patients' dignity and privacy.

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'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 Bevan 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 progress through feedback received from patients and families and follow-up visits to sample wards.

Visit details

Service Visited	Bevan Ward (East London NHS Foundation Trust)
Address	City and Hackney Centre for Mental Health Homerton Row London E9 6SR United Kingdom
Matron	Samson Uwimana
Date & Time of Visits	14 December 2023 9.30 am – 12.30 pm
Authorised Representatives	Kanariya Yuseinova Catherine Phillips Perez Lucie Siebenaler
Lead Representative	Kanariya Yuseinova

What is an Enter and View?

Healthwatch Hackney has a legal power to visit health and social care services and see them in action. This power to *Enter and View* services offers a way for Healthwatch Hackney to identify what is working well with services and where they could be improved.

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 a 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 Bevan Ward was part of our planned strategy to review accessibility, delivery and quality of in-patient 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 care in the Borough, this report is to be read in conjunction with the reports on Brett, Connolly, Garnder, Joshua and Ruth Seifert 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 relevant 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 reviewed existing feedback shared with us by patients and their families and friends about in-patients' 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, including:

- Patient-centred care
- Cultural awareness and sensitivity
- Communication and feedback
- Ward environment and facilities
- Interactions between staff and patients
- Good practices
- Suggestions for improvement

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 the visit were all being treated for an acute episode of mental illness and therefore not all had the capacity 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 are 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 Bevan 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 writing this report.

About the service

Bevan Ward is a 15-bed, male-only secure psychiatric admission ward with higher staff levels to provide intensive secure care to men usually suffering from acute psychosis.

At the time of the Enter and View visit, all 15 beds were occupied, although during the morning staff huddle it was said that one patient had absconded whilst on leave and had yet to return to the ward.

The ward appeared big and spacious with enough tables, chairs and sofas to accommodate the number of patients. There were three tables with heavy chairs for patient safety. The tables and chairs were not clean on the day of the visit.

Different murals covered some of the walls throughout the ward, some walls were covered in graffiti and/or drawings done by the patients. There was a TV in the communal area surrounded by three double-seater sofas, two of which were badly ripped.

The ward has two activity rooms, seven shared bathrooms, three of which had showers.

The facility offers various activities for patients, including a gym, music, art therapy and an XBOX gaming console.

Patients have limited access to fresh air. Only some patients are given leave, which is limited to a maximum of 15 minutes per day. These patients can be escorted outside to have a cigarette or go to a nearby shop. It was noted that the time it takes to leave the hospital building restricts the patient's leave time.

The risk of patients attempting to escape is high due to the public building layout and patients' awareness of exit routes. Doors are closely monitored. On the day of the visit, one patient pushed a female staff member and walked into the office. We were told that the patient had done this several times before.

Staffing level

A poster was observed with information about safe staffing. The poster showed that minimum staffing levels should include three registered mental health nurses, three social therapists and one Band 4 staff member (9am-5pm).

The social therapist we spoke to said that they often felt the staffing level was adequate. They remarked that, on the day of the visit, there was no staff supervising the seclusion rooms or on one-to-one observation of patients, which they believed took some pressure off staff.

Another staff member said: "*I feel that more staff could be beneficial so that they can better facilitate patients' needs and leave. This will also increase the safety of the ward".*

The ward consultant we spoke to had recently returned to work following an extended period of sick leave. She said that she felt staffing levels were better than before with lots of new staff members and two students, despite two members of staff being off sick on the day of the visit.

Another member of staff also told us they are given the opportunity to choose if they want to work overtime. A weekly shift normally consists of four days a week, but staff can choose whether they work more hours. This member of staff began working as a bank staff but are now on a permanent contract.

The Occupational Therapy Assistant (OTA) said that he felt he had enough time to do his work. He works four days a week and runs two activities a day. He mentioned that he felt very supported and comfortable with his manager. The OTA had only been working there for three weeks at the time of the visit and found it less challenging than his previous job at a forensic ward. This staff member also told us that he found the activities useful and successful and said that running them in the activity room made it easier to separate the two environments for those that did not want to join.

"The new staff are keen - this is good as staff can develop bad habits which are hard to change."

"It's a good team that is sociable, for example, they celebrate staff birthdays and include patients in these celebrations."

"The team is great and works together well."

"I feel very supported by my bosses, and listened to by them, if I wanted to make a suggestion."

Ward routine

Safety huddles occur multiple times a day, with a focused session in the morning between 9:30 and 10:30am when doctors are present. There are two additional huddles at shift changes. These meetings are followed by ward rounds.

The Authorised Representatives attended the morning safety huddle on the day of the visit. Here, each patient was discussed with a focus on prioritising conflict resolution and patient issues.

Patient profile

Five out of the ten patients who engaged with us told us they lived in Hackney. One patient told us that they were living in a house in Hackney but were ordinarily resident in Westminster.

Two patients told us that they were White British, two were Black British, one was Black Caribbean, and one was Romanian. Five patients told us that their first language was English. One patient's first language was not English, although he said this had not been a barrier to understanding or accessing this service.

Admission

Not all patients wanted or were able to tell us about the reason for their admission.

One patient told us that this was his third admission in 2023. Each time, he had been taken away from his accommodation in handcuffs by police without being given any explanation. He said he has repeatedly been accused of criminal offences he had never committed and added,

"On admission, I was never given any papers about the section or my rights. Nothing."

Similarly, another patient said he was brought in by police without any clear explanation of the reason for his admission.

Another patient told us that he had been arrested and put in prison for a day before being admitted to the ward. Another one told us they were brought in through A&E and put into seclusion for several days. The patient stated,

"*Can you believe that? I felt like an animal".*

Another patient said he was brought in by police following an emotional breakdown. Another one explained that upon a psychiatric assessment done in prison he was admitted to the ward in late September. Another patient explained that he experienced a manic episode causing him to jump from a window and the police being called. Initially an informal patient, an altercation with a member of security resulted in him being put on a section.

Length of stay

There was a wide range of lengths of stay at Bevan Ward, from a few days to 2 months. For many of the patients, this was not their first admission.

One patient told us they had they been at Bevan Ward for two months after being sectioned. Another patient, who had been on the ward for three and a half weeks, commented that Bevan Ward was the worst in the hospital, contrasting it with the

calmer Joshua ward. He also noted that Bevan Ward has the most seclusion rooms. Reflecting on his frustration, he commented,

"How can you get better in a place like this?"

Another patient had been on the ward for less than a week and had a history of admissions due to manic episodes, with his last admission being two years ago. One patient, who had been on the ward for four weeks, recounted a previous 10-month stay. He stated that he was discharged to supported housing due to homelessness. He expressed disappointment, stating,

"I didn't like it there. It started good but then they stopped caring."

Findings: Patient Feedback and Healthwatch Hackney observations

During the visit, we spoke to 10 patients (66% of the patients on the ward) who ranged between the ages of 29 and 54 (not all ages were given). We also spoke to three members of staff: one social therapist, one occupational therapy assistant (OTA) and one of the ward consultants.

Patient safety

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

Patients shared mixed opinions about safety in the ward. The prevalent opinion is that the ward does not appear to be safe.

One patient told us that the lock on his door had been missing since his admission in October, resulting in thefts by other patients. This patient also reported that "*there are mice and fruit flies all over the ward"* and that rooms were not very warm. It is worth noting that some patients were seen wearing outdoor coats, whilst others were in t-shirts and shorts.

During the visit, a patient suddenly became very aggressive and threatening to other patients. Whilst this incident occurred, the patient in conversation with an Authorised Representative suddenly became visibly distracted and frightened, lowering his eyes to avoid eye contact with the agitated patient. This patient repeatedly apologised for the other patient's behaviour, explaining that it was extremely difficult to recover his health in such environment. He explained that being surrounded by this type of behaviour

often resulted in making his mental health worse. He said he did not feel like he belonged on the ward and said he was wasting a bed space.

One patient told us that he repeatedly had problems with another patient and said that police had been involved. He described the other patient as *"dangerous and a womaniser"* and had once shown his genitals to a female nurse. The patient also said that other patients often insult him, which upsets him.

Another patient said that he does not feel safe at all, that some staff do not wear name badges or tell him their names. He told us, *"The hospital is the worst that I have been in, it is worse than my worst nightmare".*

Other patients have similarly described the ward in negative terms:

"The ward is erratic, manic and loud."

"This place is not good at all. It is like a prison."

"It is not the safest. My clothes and other belongings were stolen - my bank card and wallet. It is not very quiet too during the day and at night."

"It is alright but not very safe. Three weeks ago, a visitor came in and he sneaked in one of the rooms pretending he was a patient. At night he came into my room and started staring at me. It was only then that the nurses realised they didn't know who he was".

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?

Patients shared mixed opinions on staff performance. The prevalent opinion was that staff were not very helpful and took a long time to resolve issues.

"They are alright. They listen but it takes a very long time to take action. It took them three weeks to arrange my 15 minutes smoke break. That long."

Three patients shared that the quality of service depended on which staff member was involved.

"Some are very polite and generous and treat you with interest and care. Other staff are just here to get paid and go home."

"Staff sometimes listen but they don't help to find solutions. It depends on who you speak to. It takes time for action."

“The staff were helpful at times. Some choose not to engage intentionally. Not really helpful.”

One patient stated that there are no opportunities for one-to-one conversations with staff and said, *“If I ask them something, they say "fuck off".”* When the Authorised Representative asked if this was the exact language used, the patient confirmed it was.

Another patient was recently accused of attacking a White member of staff but stated that in fact he was the one being attacked. The patient said that *“Two other staff came to "rescue" their colleague”.*

One patient described an inappropriate incident involving a nurse from a supported housing association. He reported the incident to 12 staff members, but no one believed him. He felt they were trying to manipulate the situation to make it seem like the nurse was just doing her job.

One patient expressed that he felt he was treated with dignity and respect by some staff, such as a former patient, but not by most staff.

Another patient stated that he felt overpowered by the staff as they “*forced him to stay”.* He added,

“There is lots of “doing it tomorrow or later” but it doesn't happen.”

Patient cultural and religious needs

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

Six patients said that their cultural and religious needs were not being met. Of them, only two were able to elaborate further.

One of them told us that he has been asking to have a haircut for three weeks but this had not been yet arranged for him.

The other patient mentioned that he eats Halal food but said the food is bad. He mentioned that the staff get bigger portions of the same food and eat all the tuna sandwiches. This patient also stated that there were flies in the kitchen, with no mechanism for killing them.

Two patients did not want or were not able to answer this question.

Food quality

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

Overall, patients thought that the food was poor.

Three patients mentioned that they preferred takeaways. There was a poster in the ward stating that takeaways were permitted only during certain hours.

"I never eat here. I only order takeaway. So many fruit flies that are attacking the food."

Patients described the food as *"terrible", "disgusting"* and *"not very nice".* Two patients mentioned the vegetables being particularly inedible, stating,

"I don't know what they do to the vegetables but it's disgusting. It gives me diarrhoea."

One patient explained that the cooked breakfast was the best meal the patients received, although this was only available a few times a week. This patient also explained that he often left his meals as late as possible as there was a higher chance of getting extra servings.

Conversely, three patients mentioned that there sometimes wasn't enough food and that it was difficult to get bigger or extra servings. One patient mentioned that staff members eat before the patients which resulted in less food for the patients. Despite this, a social therapist on the ward told us that staff are not allowed to eat patient food and that instead they bring food from home.

Three patients pointed out that there was a problem with flies on the ward. This was noticed by an Authorised Representative, too, who saw flies land on a patient's plate of food.

Smoking and vaping

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

The ward consultant said vapes were a common source of complaints. There is a vape vending machine on the ward but patients who cannot afford them are provided with vapes by staff. This echoes what we heard from several patients, who told us that free vapes can be given out to patients by the ward staff, particularly when a patient is

agitated, to calm them down. One patient, however, said these free vapes were difficult to access.

Six patients that responded to these questions commented that they are allowed to vape on the ward. It is of note that almost every patient on the ward was vaping at the time of our visit.

Some patients are allowed leave to smoke. This is up to 15 minutes per day, either accompanied or unaccompanied, depending on the patient's Section. One patient who was entitled to 15 minutes leave said that this was not enough. The location of the ward on the first floor results in it taking approximately five minutes to leave the building, leaving patients only around five minutes of time outside. The same patient said that, on some days, there is no available staff to accompany them outside, restricting these patients from their entitled leave.

One patient who has not been given leave as he was transferred from prison was unable to smoke cigarettes so vaped instead, but said it was not the same.

Another patient said that he only vaped when in hospital as it helps with his anxiety.

Access to mobile phones and the internet

Do patients have access to the internet and mobile phones? How does it work?

Three patients who responded to this question said they did have access to a mobile phone and the internet. However, one patient said he did not have access to a phone and was seen repeatedly asking other patients, staff members and Authorised Representatives to use their phone to listen to music and/or watch videos.

One patient was seen watching videos of women in underwear on his phone during the conversation with the Authorised Representatives. The same patient told us that he used his phone primarily to watch porn in his room.

Another patient showed the Authorised Representative many YouTube videos of him on his phone during the conversation. He repeatedly said that he was *"a special patient because no other patient was on TV like him."*

One patient said he had a phone but did not have credit nor money so was unable to use it. He said this prevented him from contacting independent mental health advocates and benefit advisors.

Another patient told us he had bought a smartphone using benefits money and that he did not have a phone to begin with.

Activities

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

The Occupational Therapist Assistant (OTA) mentioned that he proposed some new activities and will need to submit an impact report for review and approval. He stated, *"We have to demonstrate the positive impact of any activity that we run."*

Eight patients responded to these questions, with mixed responses.

A patient said that *"there are no activities that are good for me anyway".* Another patient told us he felt he was not welcome in the activities and *"Other patients do not want me there because this creates stress and anxiety for all."*

One patient told us he takes part in the music and art therapy sessions, although he did not participate in the session that occurred during the visit. This patient also mentioned that he uses the ward gym 3-4 times a week and that martial arts and exercise are a good way to help release the anger and bad energy and keep a clear head. He said,

"I was supposed to have a gym session yesterday and the anxiety took over and I missed the gym opening and I couldn't go."

Another patient said he takes part in some activities but was not interested in most of what was on offer. He suggested a walking activity but acknowledged this was unlikely due to the high risk of absconding and restrictions placed by Sections. This patient shared that he enjoyed playing chess against staff, too.

One patient said he takes part in the music jamming session which is run by an external facilitator. This patient also said that most activities on the board do not happen.

Another patient said that he takes part in most activities and especially enjoys art therapy but did not participate on the day of the visit. Another patient was watching the art therapy session from the doorway of the activity room. An Authorised Representative suggested he joined in, which he did. Another patient also watched the art therapy session but did not participate. This patient showed an Authorised Representative the XBOX console and said he could play every day.

Visits

Visits: Is it easy for family, relatives, friends or carers to visit patients?

Visiting hours on Bevan ward are from 4 pm to 6 pm between Monday and Friday and 2 pm to 6 pm on Saturday and Sunday.

One patient who responded to this question said it was difficult to have visitors whereas three patients said it was easy for visitors to come to the ward.

One patient told us that his mother often visits him. However, the previous day she had not been allowed on the ward. He was not given an explanation and said he was ignored when he asked staff members for one. Another patient also said his mother visited him often but visiting times are very strict. Similarly, another patient said that his visitors are only allowed to visit for 30 minutes despite being told there is a two-hour slot.

A patient told us that his friends and family visited him very often, which made him happy.

Another patient said he chose not to have visitors, while two other patients told us they did not have anyone to visit them.

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?

Only one patient who responded to these questions told us he did have a care plan.

Another patient mentioned that his care coordinator did not do anything and he had to approach them himself in order to have a conversation. The patient felt that there was no contact nor interest in him. He also told us he needed help cleaning his flat but this was only arranged once in a few years.

One patient was due to have a conversation about his care plan later that day.

Another patient told us*: "I have no idea what is in my care plan, and I would like to see it."*

Is the patient's family involved in discussions about their care in the way the patient wants?

One patient told us that his family was involved in his care on previous admissions but are not anymore. He told us that it causes his family too much stress.

"Can you imagine what it must be like for a mum to see her son in out of the system for 21 years. She cries in the toilet. It can't be easy."

Another patient said he tries to keep his family out of it.

Have there been any discussions about discharge, especially in relation to housing? Is there any support that the patient would like to get to help them stay well after discharge?

Staff mentioned that there was sometimes a pressure to discharge a patient in order to admit another patient. Additionally, as most patients are admitted to acute wards via A&E, it was mentioned that there were no step-down beds to discharge patients to.

"At this time, there are no step-down beds on acute wards available which can lead to delays in recovery and discharge."

Three patients that we spoke to about discharge said they had not discussed their discharge plan. One of these patients said the medical code of conduct states that planning for discharge should happen as soon as an autistic person is admitted and this has not happened.

One patient told us that he was due to be given leave the following week and was hoping to be discharged following that.

Another patient said he was yet to have a conversation about his discharge plan but was due to have a meeting that afternoon. He hoped to be discharged before Christmas, which was ten days after the day of Healthwatch's visit.

Another patient explained that he was transferred to the ward from prison and said that his court trial was awaiting two psychiatric reports before he could discuss his discharge or a possible transfer. He had had his first court hearing the day before our visit.

Another patient said he was being dismissed to the rehab team but was not sure when this was happening.

Another patient repeatedly spoke about a man who was keeping money from him which was preventing him from being discharged. The patient said the man in question never responded to any queries about a possible discharge. This patient told us that the doctor had suggested he go to an open ward and added,

"I am being pushed out of the system but cannot leave the system by myself. I take my medication; I should be able to leave."

Feedback and complaints

Do patients know how to feedback? Have they done it? If yes, what happened and what was the outcome? How does staff deal with feedback and complaints?

The ward consultant told us that internal complaints are dealt with immediately or through the manager.

Three patients reported that they did know how to make a complaint or share feedback, although one patient, talking about staff, said that *"they never listen, they don't care."* Similarly, two other patients stated that, *"They don't listen to whatever I raise."* One of them shared that he had made over 100 complaints and had never received appropriate feedback. He used ChatGPT (AI software) to help him make these complaints. The only appropriate feedback he had received was regarding lost/stolen property. This patient said that he has had property worth £1,000 stolen from him by other patients. There is now a fob system to lock doors to help prevent theft which was installed a week before our visit. He commented,

"When I raise it as an issue it is never taken forward. But if someone else accuses me, they are all over me."

Despite this, one patient said that he knew how to give feedback and that his feedback was responded to.

Another patient commented that whilst he knew how to make a complaint and give feedback, he chose not to because he did not want to.

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?

The ward consultant explained that all patients on Bevan ward at the time of our visit were on sections and therefore had to have their rights read to them by a nurse every week, which happened on an individual basis.

Two patients who spoke to us about Independent Mental Health Advocacy (IMHA) said that they knew about the service and had access to an advocate. Similarly, another patient told us that he knew about RETHINK, the advocacy service provider, and was happy with his worker. Likewise, another patient said he knew about IMHA services and had applied for compensation following an incident with a nurse from which he felt *"mentally, physically and psychologically impacted"*.

One patient asked the Authorised Representative for help with his claims. The patient was asked if he knew about RETHINK and was shown a poster with its contact information. Upon seeing the word "advocacy" on the poster, he immediately did not want to engage. He said they had the same service at the prison and they were very unhelpful. It was explained that this was a different advocacy service and they may be

able to help him. He said he did not have enough phone credit but was suggested to ask the staff to help him contact RETHINK.

Are patients able to access benefits advice if needed?

Only two patients answered this question.

One of them said that he had not been able to access benefits. The other patient mentioned that they are paying him the wrong amount and that the benefit advisor had not come to see him.

What changes would patients like to see?

Six patients shared their suggestions for improvement.

Several patients mentioned that the cleanliness of the wards needed to improve. The patients suggested that the ward be cleaned more often, especially the tables in the day area and the toilets. One patient said that hand soap is often missing from the toilets and that staff do not listen to him when this is reported. Another patient said that his room is only cleaned once a week which he thinks is not enough.

The Authorised Representatives noted that the tables in the day area were dirty upon arrival (around 9:30am) and grew progressively dirtier as patients ate at them throughout the day.

One patient suggested the following improvements:

- a fly lamp in the kitchen
- a more positive attitude from staff
- the possibility to lock all rooms (locks are often broken)
- more cooking facilities
- improved ward maintenance
- hot drinks available without having to ask staff
- resolve mouse problem with proper recording of each incident by staff
- process patient compensation claims

Another patient reported that the shower had been broken for one or two days. One shower had no light, and the other shower had no water pressure. He stated, *"I just want to be clean".*

Two patients stated that the washing machine had been broken for several days or a week, so they were unable to wash their clothes.

One patient suggested more security staff to be able to provide more support for patients. It was understood that the patient had meant social therapists. This patient also suggested more staff to accompany patients for their 15 minutes of leave.

Another patient suggested that the sofas should be replaced or repaired as two out of three of them were badly ripped.

Another patient suggested that it should be a mixed-gender ward; however we understand that this would be against all guidance in relation to mixed sex wards.

Findings: Challenges

Patients absconding

Patients rarely abscond but, when they do, it poses a challenge to the team, especially following the introduction of the Right Care, Right Person policy, whereby police will only attend an incident if there is a significant threat. The reliance on police response and the uncertainty of patient whereabouts during an escape create challenges for staff. Staff are also expected to visit the patient's home and canvass the area. This creates additional work for them and affects the overall capacity. Challenges also occur due to the legal constraints preventing staff from physically intervening outside the hospital.

Dignity and privacy

The ward consultant told us that they had a transgender patient in the hospital who wanted to be transferred to a male ward but has recently asked to be transferred back. There is a trans-awareness group and a separate clinical room that can be used in emergencies. Nonetheless, when there is an emergency, it is often difficult to maintains patients' dignity.

When patients speak about private things in a public area, such as the ward's day room, staff try to encourage them to go to a more private space. Nonetheless, the ward consultant explained that there are not enough private rooms, so corridors are sometimes used.

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

1. Food: Patients in the ward structure their time around food. It is important that mealtimes are enjoyable and create a positive food experience. ELFT Senior

Management should ensure that cultural and religious dietary requirements are met and provide adequate options for patients with specific needs. Improve the quality of food and address concerns regarding portion sizes and food hygiene.

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.

Recommendations to ward manager

1. Safety: Address concerns regarding safety by fixing broken locks on doors, addressing theft issues among patients and implementing measures to control pests like mice and fruit flies. Ensure adequate heating in rooms to maintain a comfortable environment.
2. Staff – patient relationship: Utilise staff away days to train staff to respond promptly to patient needs and concerns, including addressing safety issues, resolving conflicts between patients and helping in a timely manner. Encourage staff to wear name badges and introduce themselves to patients to foster a sense of trust and accountability.
3. Communication: Encourage open communication channels between staff and patients, ensuring that patients feel heard, respected and involved in their care plans. Provide opportunities for one-on-one conversations with staff and address any instances of disrespectful behaviour from staff members.
4. Activities: Offer a wider variety of engaging activities for patients, considering individual preferences and needs. Review and implement activities suggested by patients themselves that promote mental well-being and provide opportunities for social interaction.
5. Discharge: Improve discharge planning processes, to involve patients in discussions about their care plans and post-discharge support needs.
6. Ward environment: Address cleanliness and maintenance issues by implementing regular cleaning schedules to maintain cleanliness in common areas and patient rooms. Ensure that essential facilities such as showers and washing machines are promptly repaired when broken.

7. Staff support: Address challenges faced by staff, such as managing escape cases and maintaining cultural awareness. Provide adequate training and resources to support staff in their roles, including dealing with emergencies and respecting patients' dignity and privacy.

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, we 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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