healthwatch Hackney

2024

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

# BRETT WARD

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# Executive summary

Healthwatch Hackney visited Brett 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 with 8 patients (50% of the patients on the ward) ranging between the ages of 27 and 61. We also interviewed the ward manager, a social therapist, one junior doctor, the occupational therapist and two care workers.

## Key Findings on Patient Experience

Safety: Patients have varied feelings about their safety on the ward. Some feel secure and appreciate staff responsiveness to incidents, while others feel unsafe, especially around certain individuals. Issues like theft of personal items, including vapes, highlight challenges in maintaining a secure environment.

Patient – staff relationship: The quality of care varies due to differences in staff attitudes and skills. Staff shortages from sickness affect patient care and workload, particularly in situations requiring 1to1 care or seclusion. Despite these challenges, staff generally feel supported by their managers and value regular training opportunities.

Cultural awareness and sensitivity: Efforts are made to accommodate cultural and religious preferences, such as providing Kosher food and arranging religious visits. However, staff responses to these needs vary, leading to mixed experiences among patients.

Activities: The activities available on Brett Ward vary and some patients choose not to participate due to personal preference or lack of interest, despite staff encouragement. The activities are not always engaging or accessible, often failing to meet patients' preferences. Additionally, the schedules do not always accurately reflect the available activities.

Visits: Visits appear accessible, with positive feedback on ease of visitation and room availability for family and friends. However, discrepancies in understanding visiting hours were noted among patients.

Care plans and discharge: Patients have mixed awareness and satisfaction with their care plans, with some unaware of their contents or even the existence of a plan. Discussions about discharge were often uncertain. Several patients lack clarity on their discharge dates or face housing challenges upon discharge.

Feedback and complaints: Patients shared varying experiences with providing feedback and raising complaints, with some uncertain about how to do so effectively. While there are mechanisms like comment boxes and local complaint forms available, clarity and guidance on how to use these effectively are lacking for some patients.

Advocacy and advice: Awareness and access to advocacy services vary among patients, affecting their ability to navigate mental health care decisions effectively.

## Key findings on staff experience

The staff at Brett ward generally feel supported, listened to and valued by their managers. However, concerns about staff shortages, particularly due to sickness, impact their ability to provide consistent care and support to patients. Staff also highlighted the need for additional support to manage workload pressures and improve patient care.

## Challenges

Community Mental Health Team (Care Coordinators): Inconsistent engagement leads to unequal patient experiences and care gaps, affecting continuity of care.

Discharge and Housing: Patients are experiencing long waits to leave the hospital because of problems finding housing, made worse by different rules among different councils. This is affecting how quickly patients can move through the hospital and adding to the staff's workload.

Staffing Levels: While staffing is generally adequate, shortages during peak times affect patient care.

Patients Absconding: Absconding cases are rare but, when they occur, they strain staff resources due to limited police involvement and legal constraints, impacting patient safety and staff morale.

Building Maintenance: There are ongoing concerns about rodent infestations, with reports of mice chewing through walls and creating an uncomfortable environment for both patients and staff. There are also issues with slow response times from NHS Property Services for building maintenance requests, worsening problems. These conditions contribute to a stressful environment for both staff and patients.

## Recommendations to ELFT Senior Management

1. Accelerate the introduction of a fob entry system for patient rooms to enhance security, prevent theft of personal belongings and give patients control over access. This will reduce waiting times for staff assistance and decrease frustration. It will also increase patient's sense of security, dignity and independence.
2. Improve inter-ward support: Improve collaboration between wards within the unit to better manage staffing shortages and resource allocation. Foster a culture of mutual support where staff from different wards can assist each other as needed.

## 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.

## Recommendations to Ward Manager

1. Increase staffing levels: Address the ongoing issue of staff shortages by recruiting additional staff, particularly to support during peak times and cover unexpected absences. This would alleviate strain on current staff, ensuring adequate patient supervision and care.
2. Implement regular training and supervision: Implement regular supervision meetings and refresher training sessions for all staff. This would enhance consistency in care delivery and ensure all staff are equipped with necessary skills and knowledge.
3. Improve staff-patient interaction: Foster a culture of respect and responsiveness among staff towards patients. Ensure all patients feel listened to and valued, regardless of staff on shift or workload.
4. Enhance cultural competence: Utilise the staff away days to provide ongoing cultural competence training to staff to better meet the diverse needs of patients, including religious and dietary preferences. Ensure all patients receive equitable and respectful treatment in accordance with their beliefs and backgrounds.
5. Streamline discharge processes: Address delays in discharge planning by reinstating dedicated social workers for housing assessments. Ensure patients are supported in securing appropriate accommodation upon discharge to prevent unnecessary prolonged stays.
6. Improve access to benefits and support: Facilitate easier access to services through clearer guidance and proactive assistance.
7. Enhance feedback channels: Promote and improve existing feedback mechanisms such as the comments box and local complaint forms. Ensure patients are aware of how to provide feedback and feel empowered to raise concerns without fear of repercussion.
8. Promote advocacy services: Increase awareness and access to Independent Mental Health Advocates (IMHA). Ensure all patients know how to access advocacy support if needed and facilitate their involvement in care decisions.
9. Expand leisure options: Consider the cost per patient per day in the ward and increase the budget accordingly to enhance the variety and availability of leisure activities offered to patients. Ensure advertised activities are regularly scheduled and accessible to all patients, promoting engagement and well-being.

Healthwatch Hackney's review highlights the importance of continuous improvements in various aspects of patient care and ward management. Addressing recommendations on staffing, training, patient safety, care, engagement and access to benefits and support both in the ward and prior to discharge are essential steps in enhancing the overall patient experience and ensuring optimal care delivery. By prioritising these areas, the team at Brett 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 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 | Brett Ward<br>(East London NHS Foundation Trust) |
| Address | City and Hackney Centre for Mental Health<br>Homerton Row<br>London<br>E9 6SR<br>United Kingdom |
| Matron | Samson Uwimana |
| Date & Time of Visits | 1 November 2023<br>9.30 am – 12.30 pm |
| Authorised Representatives | Kanariya Yuseinova<br>Catherine Phillips Perez<br>Deborah Cohen |
| 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 Brett 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 Bevan, 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 collected and 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 found of how to raise concerns in confidence.

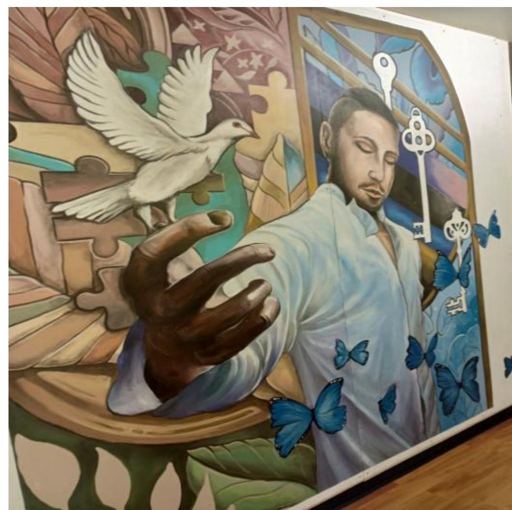
# Acknowledgments

Healthwatch Hackney would like to thank the team at Brett 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

Brett Ward is a 16-bed inpatient mental health ward for men, located at Homerton University Hospital and serving residents of South Hackney. At the time of the Enter and View visit, 15 of the 16 beds were occupied with one bedroom decommissioned due to damage from a previous patient who found drawing on the walls therapeutic due to his illness. The ward manager emphasised that patients shouldn't be blamed for actions caused by their mental health conditions.

The ward appeared clean, spacious, and well-furnished with enough tables, chairs and sofas for the patients. Some walls have murals and there is a TV in the communal area. The atmosphere felt relaxed. The ward includes two activity rooms and seven shared bathrooms, three of which have showers.



The facility offers various activities for patients, including table tennis and PlayStation. An occupational therapist leads smoke-free breaks to help patients reduce their smoking. Cooking sessions are held in the occupational therapy center, which has a gym. Patients have access to an air fryer and a smoothie maker in the kitchen. Patients' access to fresh air and the gym is limited. There is a shared garden with another ward that requires an escort to visit. Patients from Brett Ward can use the gym on specific days arranged with Joshua Ward, and sometimes at other times with approval.

There is a high risk of patients absconding due to the building layout and knowledge of exit routes. Such incidents, though rare, occur every few months and pose significant challenges. When a patient absconds, the security team locks the doors, activates a pinpoint alarm, and mobilises a rapid response team, though fire exit doors cannot be locked. Patients sometimes push past staff to leave.

Brett Ward often takes in patients from other wards, usually Joshua Ward, when there are no available beds. Currently, four patients on Brett Ward are supposed to be in Joshua Ward and they might be discharged before a bed there becomes available.

## Staffing level

From Monday to Friday, 9 am to 5 pm, the ward is usually staffed by 3 nurses, a psychologist, and 2 support workers. On Wednesdays, however, there are 3 support workers and only 2 nurses.

"*Two years ago, we had 2 nurses and 2 support workers. We told the matron at the time that this wasn't enough staff to safely support the ward and patients. During weekdays, one nurse is often busy with ward rounds and follow-up. This means that we are left with 3 staff. If one person goes on break and another one takes patients out on leave, then we are left with one person. If the radio goes off because of an emergency, there won't be anyone to respond. This was really unsafe. Similarly, night shifts were also a problem with only 2 nurses and 1 support worker. It just takes one person to cancel and an emergency to happen."*

A life skills facilitator is on the ward every weekday, either from 7:30 am to 8 pm or 8 pm to 7:30 am. Extra shifts on weekends are available if requested. There's a schedule for weekday activities, with flexible options for weekends, like watching TV or playing on the PlayStation.

Every 8 weeks, the ward has an Away Day, that team members rotate to attend. On these days, 2 team members remain on the ward while the rest are covered by bank staff. Bank support workers are also used during night shifts.

Visiting hours for friends, relatives and carers are from 12 pm to 5 pm, but staff can allow visits outside these hours if necessary.

## Ward routine

Safety huddles happen several times a day, with a main session at 9:30 am when doctors are present. They start with checking how staff are feeling using a traffic light system. Team

members share their emotions, and if someone needs support, the team works together to provide it.

During the huddle, they discuss patients who need extra attention and make plans to support them. They also talk about how recently discharged patients felt about their care.

The Multidisciplinary Team (MDT) includes an Occupational Therapist, Pharmacist, junior doctors, nurses, support workers, care coordinators and the South Hackney Community Mental Health team, who join on Mondays. MDT meetings on Mondays cover every patient.

The ward psychologist facilitates sessions with the team to discuss work-related feelings and challenging cases. These sessions provide a protected, safe space for open discussions, including raising serious concerns or complaints, which are shared with the manager if needed. The psychologist tells the manager if something needs urgent attention, balancing between expressing frustrations and addressing important issues.

Ward rounds are every weekday except Wednesday.

## Night checks

At night, patients are checked in their rooms at least every hour. However, this can vary depending on the patient, with some needing checks every 30 or 15 minutes. These checks continue 24 hours a day.

" *For the last two years we've been using these very good torches that light up the whole room without waking the patient up. For the ones we used before, we received many complaints from patients who said the light disturbed them.*"

# Patient profile

During our Enter and View visit, we spoke with 8 patients aged between 27 and 59. Of them, 5 lived in Hackney, 2 in Tower Hamlets, and 1 in the City. Three patients were White British, and the others were Indian, Bangladeshi, Black African and Jewish, respectively. One patient did not disclose their ethnicity.

One patient mentioned that English was not their first language, but this had not affected their understanding of or access to the service.

## Admission

The ward manager explained that there are various reasons and ways for patients to be admitted to the ward, including community concerns, consultant reviews of patient wellbeing, being brought in by the police under Section 136 or self-admission.

Concerns about patients can arise from the community. If a patient was previously under the care of the community mental health team, their consultant might have decided that hospitalisation was necessary due to worsening mental health. Patients can also be brought in by the police if they are considered a danger to themselves or others, using the Section 136 protocol, now called a health-based place of safety. Additionally, patients might arrive after

presenting themselves at A&E or contacting the crisis line for help, leading to their admission to the ward.

During our Enter and View visit, not all patients wanted to or could share the reasons for their admission. One patient told us he had been transferred from Ruth Seifert ward the night before, where he had been for several weeks, having initially been admitted under Section 136. Another patient explained that he had been on Joshua Ward for two weeks before coming to Brett Ward. One patient mentioned going to A&E and being admitted after waiting only an hour. Another patient was admitted through A&E because he was suicidal. One patient said he was found in another borough but provided no other details. Another patient recounted his journey to admission and seemed confused as to why he was admitted. He told us,

*"I was looking at cars and I am allowed to look at cars. But then the police came to me and asked if I was getting mental health support. And the next thing I know, I was brought here."*

*Similarly, another one stated: "I don't know why I am here at all. I take the same medication as the ones I was taking while in the community. I don't need to be taking someone's space. It can be well used for someone else in need. But they just don't let me go."*

The ward manager informed us that only one patient was experiencing their first admission that day. Some patients had last been admitted a year or two ago.

"*Some patients, unfortunately, haven't had the best of luck transitioning back into the community when they were discharged. And they came back quite soon after being discharged."*

Patients are assigned to wards based on their residence in Hackney. Brett Ward serves South Hackney, while Joshua Ward mainly serves North Hackney. Occasionally, South Hackney residents may be placed in Joshua Ward and vice versa, when there are no available beds. At the time of the visit, 4 patients in Brett Ward were supposed to be in Joshua Ward. Patients at Brett Ward but assigned to Joshua Ward will be transferred once space becomes available. Consultants for these patients are based in Joshua Ward. If concerns arise, the Brett Ward team contacts the consultant, who prioritises reviewing the patient. However, the consultant does not participate in ward rounds or safety huddles, unless necessary. Despite this, patients may spend their entire hospital stay on a different ward and be discharged before a bed becomes available in their designated ward.

## Length of stay

The length of stay at Brett Ward varies widely among patients. Many have been admitted before.

One patient told us his last admission was about a month ago, while another mentioned he was last admitted 40 years ago. Despite having a healthy marriage, a steady job and a supportive family, a recent episode caused him to return to the hospital.

*"I was diagnosed with schizophrenia 40 years ago, at the age of 25, and was treated. I then returned to the world of work and was employed for many years. until a recent episode."*

The ward manager explained that some patients manage to stay away from psychiatric in-patient care for several years, while others struggle to transition back into the community after discharge and may return soon after. She noted that a significant reason for this is the lack of strong support networks outside the hospital.

# Findings: Patient Feedback and Healthwatch Hackney observations

During the visit, we spoke to 8 patients (50% of the patients on the ward) who ranged between the ages of 27 and 59. We also spoke to the ward manager, a social therapist, one junior doctor, the occupational therapist and two care workers.

## Patient safety

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

Patients had mixed opinions about safety on the ward, with 2 patients declaring they felt safe and 4 others stating they felt "*threatened*" or "*unsafe*". Some mentioned that their sense of safety depended on the presence of certain other patients and they felt the need to hide in their rooms if those individuals were around. One patient said some people wanted to fight him and someone had painfully squeezed his arm upon arrival. Another patient found the ward too noisy, while someone else described it as "*pretty quiet*" at night.

*"Some other patients make me feel threatened."*

*"The ward has a relaxed feel to it and staff nip any incidents in the bud."*

## 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 had mixed opinions about the staff.

Two patients said the quality of service depended on the staff member involved.

*"Some staff are unhelpful, others are better. The nice ones do listen. I get treated with dignity and respect by the nice staff members."*

Two patients felt the staff were "*unhelpful*" and "*reluctant to do their job*"; their tasks took longer than they should, such as opening the washroom after the ward rounds and

administering medication. One of these patients had been waiting for over a month for a home visit to collect some belongings.

Three patients gave a positive response, saying that staff are approachable and they can talk to them, although one of them felt there weren't always enough staff around, especially at night.

*"Everybody here is really nice. I am very happy to be here. Doctors are good and I feel listened to."*

## 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?"

Only one patient responded to this question, stating that his cultural and religious needs were met by the staff. He mentioned that he could have the food he wanted. Another patient told us that he did not have any specific cultural needs so this did not apply to him.

One patient expressed a sense of resignation, saying,

*"Doesn't matter what I say, I can't change anything, they just do what they need to do."*

During the visit, we observed a Rabbi visiting the ward. We were informed that he would come in whenever required by patients.

The ward manager recounted a recent incident involving a Jewish patient that led to a serious complaint and required the involvement of the spiritual team. The patient's parents insisted that their son only consume Kosher food while on the ward. However, despite the availability of this food, the patient still had the option to choose non-Kosher food. The ward manager remarked,

"*If the patient wanted to eat something from other food available, we could only warn them that the rest of the food is not Kosher but we can't stop them having it. We can't police their faith*."

## Food quality

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

The ward provides a variety of food options to patients, with menus displayed on the ward. Vegan, Kosher, Gluten free and other dietary or culturally appropriate options can also be provided upon request.

Overall, patients generally found the food to be acceptable, although two patients mentioned that they found it bland. One patient expressed a desire for more sandwich options. Two patients noted that the coffee flasks were refilled only once a day in the morning and were not refilled until the next day. Patients have the option to ask staff to purchase food for them from the shop and those with leave can buy their own food from nearby shops.

The ward manager informed us that the team had raised concerns about the need for better quality and variety of food and recent changes to the menu reflect this feedback. Some patients and members of the care team participated in food tasting sessions. *"The food is more edible than it was before"* the ward manager remarked. However, 2 patients seemed to disagree, as they described the food as being "*bland*" and "*tasteless*".

*"The food could be better and more tasty."*

## Smoking and vaping

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

Four patients who responded to this question mentioned that they are only allowed to vape on the ward. A patient told us that he was able to buy cigarettes or vapes from the shop.

Another patient recounted an incident where two of his vapes were stolen while he had fallen asleep on the sofa in the communal area. The Authorised Representative asked a member of staff about the procedure following such an incident and was told that it was difficult to track

these vapes because many patients had the same brand. This was attributed to a vape vending machine located outside of the ward selling this particular brand.

## Access to mobile phones and the internet

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

Two patients who responded to this question said they did have access to a mobile phone and internet. One of these patients mentioned that telephones are charged in the office, which may help reduce the risk of theft when left unattended.

Another patient reported having access to a mobile phone but mentioned being unable to afford a smartphone with internet access. This patient shared with us that there was not a ward computer accessible to patients.

## Activities

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

The ward manager told us that there was no gym within Brett ward but spoke about an arrangement with Joshua ward and their gym instructor. Patients from Brett Ward have access to supervised gym visits at Joshua Ward on Tuesdays and Thursdays, with the possibility of arranging visits on other days. One patient mentioned that he visited the gym every day.

Another patient described the activity board as "*a fantasy*" and gave an example of never witnessing the smoothie-making activity taking place.

Two patients mentioned that they had never participated in the activities offered at Brett Ward, with one patient stating that this was a personal choice. The other patient remarked that while staff were encouraging, they were not pushy about patient participation.

## Visits

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

All three patients who discussed visits with us mentioned that it was easy for people to visit them in the hospital. However, there were some discrepancies in their understanding of visiting hours.

One patient mentioned being granted unaccompanied leave and preferring to go out, as the sole visitor room on the ward can become crowded. Another patient informed us that visitors can come until 8 pm and he can accompany them to the park or the visitor room.

One patient said that he was not in contact with his family.

## Care plans, treatment and discharge

## Patient and family involvement

### Does the patient know what a care plan is? If yes, what do they think of their care plans? Do they feel involved in discussions and are their concerns taken into account?

The ward manager informed us that all patients currently have care plans in place. The ward uses an online form called Dialogue Plus, which contains detailed patient information, mostly provided directly by the patient. Upon discharge, the community mental health team will have access to this form and will be responsible for updating the information accordingly.

However, two of the patients we spoke to about care plans mentioned they did not have one. Another patient believed there was a care plan for him but he was unaware of its contents. Similarly, a patient understood what a care plan was but was unsure if he had one.

One patient told us that he was not happy with his care coordinator, stating that she was not assisting him. He feared falling through the system without her help, impacting his ability to reunite with his wife upon discharge.

*"I am not happy with my care coordinator. She is not doing anything and is definitely not caring about me. How can I change her? I don't want to fall down the system again when I get discharged. She is not helping at all. I have a family and want to reunite with my wife who is back in India. If I don't get better or I fall again, she will not be able to come here."*

It is worth noting that the Lead Authorised Representative suggested this patient discuss his concerns with his doctors during ward rounds and contact his GP.

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

Only two patients answered this question.

One of them said that his wife was involved in his care and was happy with this. Another patient told us he has no contact with his family.

### 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?

Six patients discussed their discharge plans with us. Five of them told us they were uncertain about their discharge dates. One patient believed it was too early to discuss discharge, while another expressed concerns about lacking accommodation upon discharge, stating he had nowhere to go. Another patient mentioned having no information about discharge but was worried about failing a life skills assessment, which could impact his ability to live independently

with a kitchen and thus be reunited with his wife. Finally, one patient informed us he was due to be discharged the next day, but Hackney Council had informed him they no longer had a responsibility to care for him. He was told he would be discharged to sheltered accommodation for two weeks. He also mentioned urgently needing to swap his flat in Hackney but housing associations had not assisted him in resolving this issue.

## 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?

Patients have access to a comments box and a local complaint form for sharing feedback. The ward manager informed us that patients can also voice their concerns during community meetings or ward rounds or they may verbally share concerns with the ward manager or any other staff members. Depending on the nature of the issue, some complaints may be further escalated.

However, the only patient who discussed feedback and complaints with us mentioned that he was unsure how to provide feedback or make a 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?

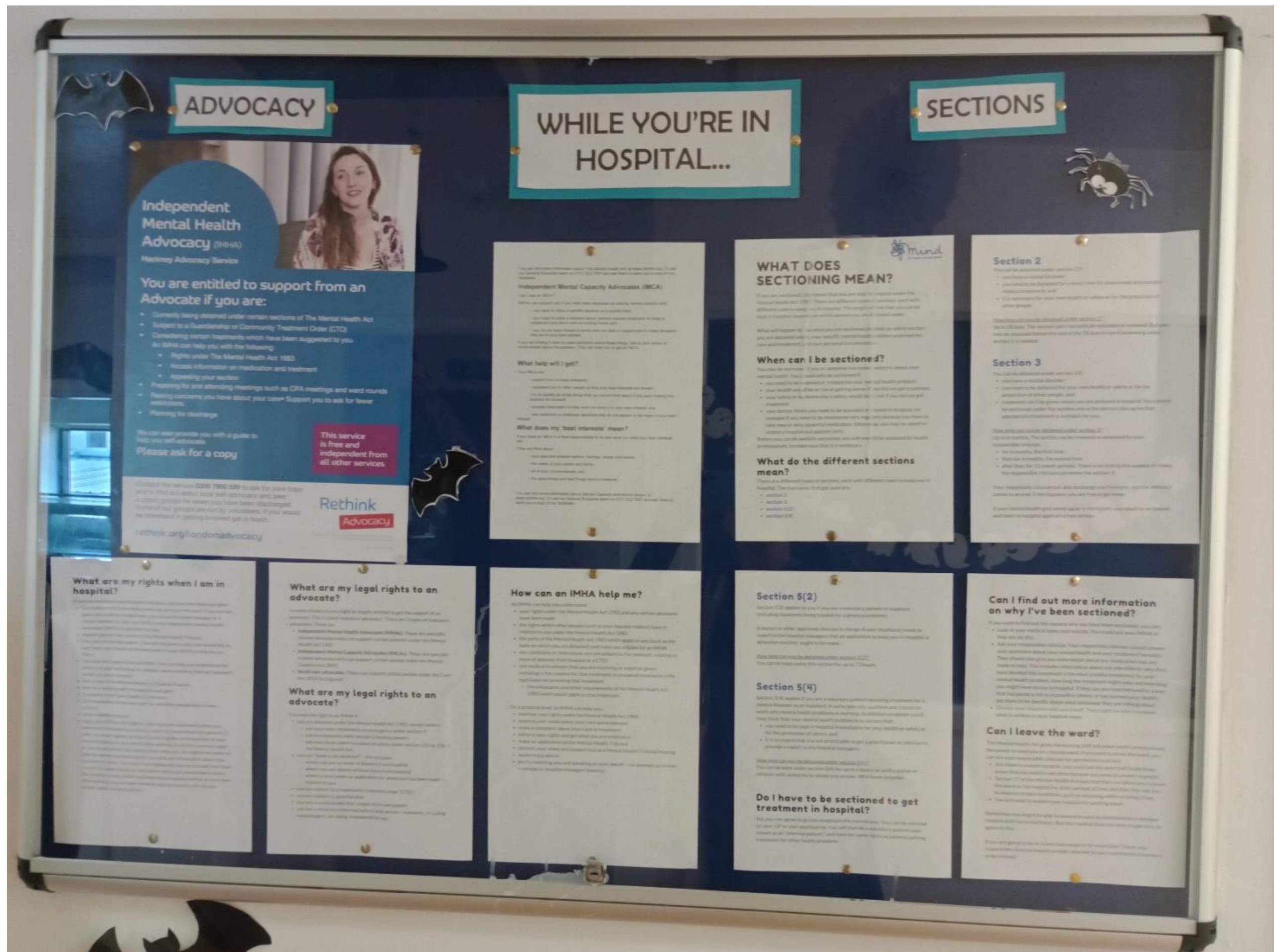
Of the six patients who spoke to us about an independent mental health advocate (IMHA), three said that they did have access to one and were aware of the service; two patients told us that they knew about the IMHA service but had not needed to access it. One patient mentioned that he was unaware of the service but had needed advocacy. An Authorised Representative directed this patient to information about RETHINK on a notice board in the ward.

During discussions with staff, we were informed that recently one of the new IMHA advocates refused to visit the ward due to concerns about patient violence. Despite support offered by Brett Ward to the advocate, they still declined attendance. We were told that the issue will be raised with RETHINK.

### Are patients able to access benefits advice if needed?

The three patients who responded to this question told us that they were unable to access benefits advice when needed. One patient mentioned struggling to obtain advice and organise a Freedom Pass for travel, stating that when they asked the office for a letter, the staff simply "*shrugged their shoulders*." Another patient required advice about Personal Independence

Payment but was unable to access it. The last patient who spoke to us about benefits advice stated that they needed access to advice but faced difficulties in obtaining it.




# What changes would patients like to see?

Only 3 patients provided suggestions for improvement, which included better quality food and access to tea and coffee throughout the day.

Additionally, one patient expressed a desire to return home.

# Findings: Discussion with staff

All staff members who spoke with us during the visit praised the Brett ward team for being supportive towards both colleagues and patients. Staff felt generally listened to and supported by their managers. They mentioned receiving regular, relevant training and felt comfortable approaching management if they needed further training.

However, concerns were raised about staff shortage, often due to sickness, which can impact patient's leave and strain staff resources, especially when patients require 1:1 care or seclusion. Nearly all staff members suggested that additional support and team members are needed to ensure they have enough time to fulfil all their responsibilities, including

administrative tasks, within the allocated time. Specific suggestions included hiring an additional domestic worker and aiding the occupational therapist.

Another suggestion for improvement made by staff was to enhance communication with patients upon admission.

### How supported do you feel?

At the time of our Enter and View visit, the ward manager had been in post for a week, following over a year and a half working on the ward as part of the management team. Previously serving as the primary nurse, she now finds her new position busier and more challenging. Her typical day starts at 9 am, with tea alongside patients in the Bay Area, followed by checking on a specific patient who requires regular assessments not done before 9 am.

The ward manager expressed great appreciation for the support she receives from her managers and the team at Brett Ward. However, she feels less supported by the rest of the unit. She raised concerns about the lack of support and resistance from colleagues in other wards when extra staff are needed at Brett, despite the Brett team's willingness to spare staff for other wards when requested. Staff shortages have been a recent issue and these concerns have been raised with higher management.

"*But I feel that I don't have any other choice but to send members of the team to other wards."*

### What do you think is the relationship between patients and your staff? Do you think your staff is trained enough and passionate enough to support patients?

The quality of care can vary significantly depending on which staff members are on duty, suggesting variability in staff performance, attitudes and competence.

"*Depends on who is on the shift…. That sounds bad, but I think we're all humans and the same at the end of the day.*

Many patients return after discharge. Familiarity with returning patients allows staff to provide more personalised care, as they can recognise early signs of issues and respond proactively. On the other hand, familiarity can lead to unrealistic expectations from patients, which might strain staff-patient relationships and lead to potential disappointments or conflicts. This dynamic can complicate care, as patients may expect special treatment or feel entitled to more attention than is feasible.

*"We know most of our patients from previous admissions, which obviously isn't the greatest thing, because it suggests that the discharge didn't go well, and they come back to us. But having that experience of knowing them makes looking after them a lot easier because we are able to recognise any issues before an accident. […] But sometimes over-familiarity is not great too. Because patients start having too high expectations from staff."*

# Findings: Challenges

## Community Mental Health Team (Care Coordinators)

There is a notable inconsistency in the level of support and engagement provided by Care Coordinators. While some are highly proactive and involved, others are unresponsive and disengaged. This variability can lead to unequal patient experiences and potentially compromise the ability to coordinate care and manage patient needs. Patients who receive attention from diligent Care Coordinators benefit from better continuity of care, as these coordinators are familiar with their histories and needs. Conversely, patients with unresponsive coordinators may feel neglected, leading to potential gaps in care, increased anxiety, and a higher likelihood of readmission due to inadequate follow-up.

"*We have some colleagues who are exceptional, they visit their patients during admission, and they know their patients well. But we have some to whom we send multiple emails, and we receive no response.*"

Inefficient communication can delay interventions, hinder care planning, and create frustration among both staff and patients. It can also lead to a breakdown in trust between different components of the healthcare system, which is essential for providing integrated and patient-centred care.

## Discharge and housing

"*Housing is one of the reasons I can't enjoy my promotion. I must chase up housing issues so that patients can get discharged and this can be very frustrating especially when there are more than one council involved. They will throw the ball between each other."*

Over the past six months, discharge and housing have become significant issues for both patients and staff, often delaying timely discharges due to patients having nowhere to go.

We were told that the process was smoother when the team included four social workers dedicated specifically to housing. These social workers would accompany patients to their homes to assess conditions, address housing issues with the appropriate council and chase necessary repairs. However, due to a lack of funding, the number of social workers in this role has been reduced to just one. The current setup not only affects patients' ability to leave the hospital but also adds stress to the staff, who now face increased challenges in managing patient discharge.

## Staffing levels

The current staffing levels at the ward, though adequate, reveal some vulnerabilities when support is needed for other wards. This interdependence can strain resources and affect patient care.

Concerns were also raised about the welfare officer, who is the sole person responsible for supporting patients across the entire unit. In her absence, staff are stretched thin and forced

to perform roles they may not be fully equipped for, further impacting the overall effectiveness and quality of patient support.

## Patients absconding

Abscond cases are rare but challenging for the team. A recent policy change now restricts police involvement to welfare checks unless there is a significant threat. This adds to the staff's workload, as they must locate missing patients in addition to their regular duties. Staff must visit patients' homes and canvass the area, too, which increases their workload and stretches their capacity, potentially impacting the quality of care for other patients.

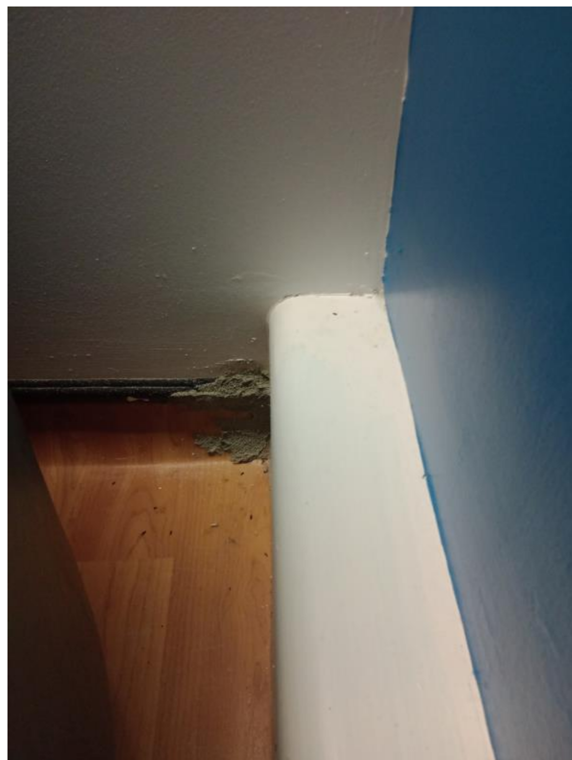
Moreover, the legal constraints preventing staff from physically intervening outside the hospital add another layer of complexity. These constraints can leave staff feeling powerless in situations where immediate action might be necessary to ensure patient safety.

The uncertainty about a patient's whereabouts during these absences can cause significant stress and concern among staff, impacting overall morale.

## Building maintenance and rodent infestation

The NHS Property Service is responsible for building maintenance. Once a problem is reported, its urgency will be assessed, although resolution can be slow.

A persistent issue has been rodent infestations. Pest control is supposed to come daily to change traps placed in the kitchen, manager’s office and staff room but we were told they had not been in for two days before our visit. We were shown a patient room (with permission) where a mouse had chewed through a hole in the corner. Although the hole was filled, the mouse then created another hole in a different corner.



The ward manager shared that she has a phobia of mice due to a traumatic experience, which makes her job harder. She sometimes avoids using the toilet for her entire shift due to fear and always has a colleague with her during ward checks.

We were also told that many patients feel disgusted and fearful of the mice, too. A recent incident was recounted where a patient, initially admitted to A&E, was reassigned to Brett Ward. The patient screamed the entire way, begging not to be taken there, saying. "*Hearing that, this patient screamed the whole way through, begging us not to take her there saying "Please don't take me there, it is full of mice and rats. I'm not going to sleep, please, please, I'm begging you. I'll do anything just don't take me there."*

# Suggestions for improvement

Staff suggested several improvements to enhance performance and patient satisfaction.

Firstly, they recommend holding more regular supervision meetings with team members across different wards within the unit. This would help ensure consistent support and address any issues promptly. A recent CQC inspection revealed that staff supervision had not been conducted in some wards for approximately six months. To address this, it was suggested to increase the staffing levels within the unit to prevent the need for staff to be frequently moved around.

Secondly, staff highlighted a need to streamline training, making it more efficient and effective. Induction programs for new starters should be made more interactive to better prepare them for their roles.

Finally, the team highlighted the importance of providing more support and investment in housing and community support teams. This would help ensure that patients receive better support upon discharge, reducing the likelihood of their return to the ward.

# 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. Accelerate the introduction of a fob entry system for patient rooms to enhance security, prevent theft of personal belongings and give patients control over access. This will reduce waiting times for staff assistance and decrease frustration. It will also increase patient's sense of security, dignity and independence.

2. Improve inter-ward support: Improve collaboration between wards within the unit to better manage staffing shortages and resource allocation. Foster a culture of mutual support where staff from different wards can assist each other as needed.

## 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.

## Recommendations to Ward Manager

1. Increase staffing levels: Address the ongoing issue of staff shortages by recruiting additional staff, particularly to support during peak times and cover unexpected absences. This would alleviate strain on current staff, ensuring adequate patient supervision and care.
2. Implement regular training and supervision: Implement regular supervision meetings and refresher training sessions for all staff. This would enhance consistency in care delivery and ensure all staff are equipped with necessary skills and knowledge.
3. Improve staff-patient interaction: Foster a culture of respect and responsiveness among staff towards patients. Ensure all patients feel listened to and valued, regardless of staff on shift or workload.
4. Enhance cultural competence: Utilise the staff away days to provide ongoing cultural competence training to staff to better meet the diverse needs of patients, including religious and dietary preferences. Ensure all patients receive equitable and respectful treatment in accordance with their beliefs and backgrounds.
5. Streamline discharge processes: Address delays in discharge planning by reinstating dedicated social workers for housing assessments. Ensure patients are supported in securing appropriate accommodation upon discharge to prevent unnecessary prolonged stays.
6. Improve access to benefits and support: Facilitate easier access to services through clearer guidance and proactive assistance.
7. Enhance feedback channels: Promote and improve existing feedback mechanisms such as the comments box and local complaint forms. Ensure patients are aware of how to provide feedback and feel empowered to raise concerns without fear of repercussion.
8. Promote advocacy services: Increase awareness and access to services like Independent Mental Health Advocates (IMHA). Ensure all patients know how to access advocacy support if needed and facilitate their involvement in care decisions.
9. Expand leisure options: Consider the cost per patient per day in the ward and increase the budget accordingly to enhance the variety and availability of leisure activities

offered to patients. Ensure advertised activities are regularly scheduled and accessible to all patients, promoting engagement and well-being.

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 Brett 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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