healthwatch Hackney

2024

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

CONOLLY WARD

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Executive summary

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

The ward was visited twice, in November 2023 and April 2024. The second visit was necessary because during the first one we did not speak to enough patients to gather sufficient feedback for a comprehensive portrait of their experience on the ward.

To prepare for the visits, we reviewed information available on the East London Foundation Trust (ELFT) website, 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 14 patients (78% of the patients on the ward) who ranged between the ages of 22 and 60 (not all ages were given). We also spoke to four members of staff - a support worker, a life skill worker, the nurse manager and the clinical practice lead.

Key Findings on Patient Experience

Safety: The overall environment is heavily influenced by patients' behaviour; however, patients generally feel that staff are capable of handling challenging situations, which contributes to a sense of safety. On the other hand, incidents of theft undermine this feeling of security, adding stress and negatively impacting patients' recovery.

Patient – staff relationship: Patients generally have a positive relationship with the ward staff. Many feel listened to and respected, which helps them build trust and feel at ease. However, staff shortages can lead to patients feeling neglected and hesitant to seek help. Additionally, while some patients appreciate the presence of male staff, others feel uncomfortable and worried about their

privacy, indicating a need for greater sensitivity and respect for personal boundaries.

Cultural awareness and sensitivity: While the ward makes efforts to be inclusive, only a minority of patients felt their needs were adequately met. Positive experiences include patients being able to use their preferred personal care products and having access to religious leaders when needed. However, some patients raised concerns about a lack of awareness and sensitivity towards specific religious practices, such as the need for hair coverings and private prayer spaces.

Quality of food: Patients have mixed experiences with food on the ward. Some appreciate the quality and find the portions adequate, with a few even having favorite dishes. However, many are dissatisfied, citing the lack of culturally diverse meals and insufficient options for vegetarian and vegan diets. Due to these deficiencies, some patients are changing their eating habits, with vegetarians and vegans eating foods they would typically avoid, because their dietary needs are not met. Additionally, issues like insufficient portion sizes, chaotic mealtimes, and reports of mice in the kitchen further contribute to patients' dissatisfaction, leading some to rely on packaged foods or purchase food from outside.

Smoking and vaping: Patients' feedback reveals mixed experiences, influenced largely by their ability to leave the ward and by the staff's approach. While the ward is no-smoking, with only vaping allowed, patients with leave generally have a positive experience since they can go outside to smoke independently. However, for those who need to be accompanied by staff, the experience can be inconsistent, depending on how flexible the staff on duty are.

Access to mobile phones and the internet: While some patients have access to their own mobile phone and can use the NHS WiFi, others find it too slow or do not know how to gain digital access.

Visits: Many patients appreciate the flexibility in visiting hours and feel their needs are met. However, issues like lack of privacy, restrictions on visits, and an overpowering smell of urine deter other patients from having visitors.

Care plans and discharge: While some patients feel actively involved in their care planning, appreciate the focus on personal goals, and value the inclusion of family in discussions, others feel their input is overlooked or are unclear about their care

plan details. Discharge is often marked by lack of clear communication, leading to uncertainty and frustration.

Access to Independent Mental Health Advocates: While some patients have found the IMHA services helpful and easy to access, others are unclear about the availability or purpose of these services. The ward leaflet incorrectly includes information about The Advocacy Project, while the ward information guide correctly includes Rethink but not its contact information.

Feedback and complaints: Patients generally feel comfortable raising issues with staff and believe their concerns are heard, although not always effectively resolved. Awareness of formal complaints channels like PALS varies. The QR code for feedback outside the ward's office displayed "Survey closed" at the time of our second visit. No information about Healthwatch was observed in the ward, on the leaflet or the information guide.

Key Findings on Staff Experience

Staffing Levels: The ward faces staffing challenges, especially with the part-time occupational therapist and difficulties in recruitment. While one staff member felt staffing was adequate, most reported frequent shortages, leading to increased workload.

Teamwork and Support: Despite staffing issues, teamwork is strong, with staff feeling united in their goal of helping patients. They value the robust training provided by the NHS and feel comfortable seeking support from management.

Encouraging Patient Independence: Staff suggest increasing patient involvement in daily tasks like cooking and cleaning to help them develop life skills and prepare for life after discharge, easing the transition back home.

Recommendations

Based on our observations and conversations with staff and patients, 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 and give patients control over access. This will increase patients' sense of security and control over their personal belongings.

2. Improve food quality. Patients in the ward structure their time around food. It is important that mealtimes are enjoyable and create a positive food experience.
    - Review and adjust portion sizes to ensure all patients receive enough food to meet their needs.
    - Introduce culturally diverse meal options and improve vegetarian and vegan choices to cater to all dietary needs and preferences. Consider themed meal days that reflect various cultures represented in the ward.
    - Organise mealtimes to be calm and orderly, ensuring that cutlery is available and that the environment allows patients to enjoy their meals without stress.

Recommendations to Conolly Ward Manager

1. Improve measures for pest control. Make pest control everyone's daily responsibility by ensuring thorough cleaning of floors, storage areas and communal spaces to remove food sources and nesting sites that attract pests.
2. Use staff away days to review and enhance staff cultural and religious competencies.
3. Help staff improve their understanding and respect for patients from all backgrounds and support them to respond to patients' needs in a culturally sensitive way by building their skills on communication, empathy, active listening, cultural competence and unconscious bias.
4. Ensure male staff are trained to be sensitive to situations where female patients may feel uncomfortable or intimidated, and establish clear guidelines for maintaining patient privacy and dignity.
5. Where possible, offer female patients the option to interact with female staff members when discussing personal or sensitive topics, to foster a more comfortable and supportive environment.
6. Invite religious leaders from the community to facilitate training sessions that enhance staff understanding of religious practices. This will ensure that staff receive accurate and up-to-date information directly from authoritative sources.
7. Create a quiet, private space within the ward for patients to use for prayer and reflection, ensuring it is accessible throughout the day for those who

cannot leave the ward. Staff should respect the use of this space and allow patients reasonable time for prayer, using simple signage to indicate when the space is in use. This will support patients' spiritual needs without adding to staffing demands.

8. Ensure the daily and weekly activity boards display current, accurate information about ward activities. Make sure this information matches the signs outside each activity room.
9. Consider implementing staff's recommendation to promote patients' independence through daily activities. Encourage patients to engage in daily tasks such as cooking, cleaning, and laundry while on the ward. This will help them develop essential life skills and prepare for the transition back home. Implementing structured activities where patients can participate in these tasks will foster independence, boost their confidence, and ease the adjustment to managing responsibilities outside the ward. This approach will not only support their mental health recovery but also enhance their readiness for life beyond the ward.
10. Explain to patients why children cannot visit the ward and offer a suitable alternative, such as a video call. Clear communication will help patients understand the reasoning behind the policy, reducing confusion and frustration.
11. Improve communication on discharge to reduce patient confusion and frustration.
    - Communicate discharge plans clearly and consistently, updating patients regularly to avoid confusion.
    - Be transparent about any potential delays or barriers to discharge, and provide realistic timelines and options.
12. Ensure that staff is more proactive to support patients with understanding of and access to the various services available to them. These include:
    - Digital access, by proactively providing clear instructions, support, and resources for internet use.
    - Rethink, PALS and IMHA, by proactively informing patients about these services through leaflets, updates and routine conversations.
    - Sharing contact information, ensuring it is readily available to all patients without them having to ask, to promote independence and make it easier for patients to seek help when needed.
13. Improve patient feedback processes by updating and sharing contact details of all services that can support a patient with their complaints.

- Reopen the survey linked to the QR code by the office to ensure patients and visitors can leave their feedback.
- Update the ward leaflet to replace information about The Advocacy Project with details about Rethink, including contact information, as following:

  Phone: 0808 801 0525 (Monday to Friday, 9.30 am – 4.00 pm)
  Email: advice@rethink.org
  By post: Rethink, PO BOX 18252 Solihull B91 9BA
- Include Rethink contact details in the ward information guide, too, for easy access.
- Include in the ward information guide PALS' contact details, as following:

  Phone: 020 8510 7315
  Textphone: 07584445400
  Email: huh-tr.PALS.Service@nhs.net
- Include in the ward information guide Healthwatch Hackney information and contact details, as following:

  Phone: 0808 164 7664
  Email: info@HealthwatchHackney.co.uk

Recommendations to the Commissioner

1. Ensure an adequate level of staffing, including an occupational therapist (OT) and life skills worker. Staffing shortages and overwork affect the quality of patient care and contribute to feelings of neglect. Ensuring sufficient staff and reducing workload would improve patient interactions, reduce waiting times for assistance, and prevent patients from feeling like they are burdening staff, thereby enhancing their overall experience.
2. Consider increasing the budget per patient for activities to allow for a wider variety of engaging and meaningful activities, including weekend options if possible, and the purchase of better-quality materials for creative activities, which patients find particularly therapeutic.
3. Consider reviewing the job description for Occupational Therapist and Life Skills Worker roles, recognising the value of lived experiences and encouraging applications from the local community.

4. Recognise that candidates for these roles may not search for jobs on the NHS platform, and therefore advertise in a wider variety of places, both online and offline, in the local community.

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 reliability and coverage of the ward's Wi-Fi network and ensure that all patients have access to it. Consider adding more access points to cover all areas of the ward and implement regular checks and maintenance to address any issues promptly.

Healthwatch Hackney's review highlights the importance of continuous improvements in various aspects of patient care and ward management. Addressing 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, staff at Conolly 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

Visit Details	
Service Visited	Conolly Ward
Address	City and Hackney Centre for Mental Health Homerton Row London E9 6SR
Managers	Matron – Maham Shahzad Ward Manager – Mary McGovern
Date	First visit: 29/11/2023 Second visit: 18/04/2024
Authorised Representatives	First Visit: Sally Beaven, Catherine Perez Phillips Second Visit: Catherine Perez Phillips, Lucie Siebenaler
Lead Representatives	First visit: Kanariya Yuseinova Second visit: Sara Morosinotto

What is an Enter and View?

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

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

Enter and View visits can happen if people share with us a problem with a service, but equally if a service has a good reputation. During the visits we observe how a service is delivered and talk with patients, their families, and carers. We also speak with management and staff to get an impartial view of how the service operates and how it is experienced.

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

Purpose of the visit

Our decision to visit Conolly 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, Joshua, Garnder, Bevan and Ruth Seifert wards, the Mother and Baby Unit and with the overview report for recommendations across the seven wards.

Methodology

This section details what we did, why and how.

Preparation

To prepare for the visit, we conducted some background research, including reading information available on the East London Foundation Trust (ELFT) website, 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

To ensure the best possible representation of patients' experience of Conolly ward, we decided to visit it twice as during the first visit we were unable to capture enough feedback from the patients.

We planned each visit to minimise disruption to the ward's routine operations. We notified the ward vie email five days prior to the visits 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 will be directed to ELFT Freedom to Speak Up: Raising Concerns website, where details can be found of how to raise concerns in confidence.

Acknowledgments

Healthwatch Hackney would like to thank the team at Conolly Ward for accommodating our visit and encouraging patients to talk to us. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit, and our intern Megan Llave for her significant contributions to the report.

About the service

Conolly Ward is an 18-bed inpatient mental health unit that offers psychiatric assessment and treatment to adult women from City and Hackney. The ward is located on the first floor of the hospital. The signs directing to the ward are clear until you reach the lift on the ground floor, where the signs become faded. After getting to the first floor, it is hard to find the ward, leading to confusion and the need to ask for directions. At the time of both our visits, the ward was full, with all 18 beds occupied. We were told that there are eight staff members on a regular shift but that the ward sometimes experiences staff shortages.

When we arrived for our first visit, the staff were busy with the morning huddle but they took the time to make us tea. The CBeebies show was on TV and we

were told that patients choose what they would like to watch. Immediately we noticed a strong, overpowering smell of urine on the ward. This was the result of a patient urinating on the sofa. Physical causes to the patient's incontinence had been explored and addressed. Staff reported that there was little they could do to address the smell issue. The smell was still present in our second visit, although it did not feel as overpowering.

The ward has recently been refurbished, with six new sofas, two puffs and three sets of tables and chairs. There were three round tables with enough heavy chairs, armchairs and couches to accommodate all the patients. The corridors are wide and the communal area is spacious. The walls had been repainted and on the wall in the corridor leading to the patients' bedrooms there is a mural of hope.

Several other paintings and murals have been added to the walls at the entrance of the ward, including a barcode saying, "bring art to life.” The barcode takes to an app that uses artificial intelligence to provide an immersive art experience.

A nurse said that the first aid kit and defibrillator were available in the treatment room. We observed fire alarms on the ceiling in the main corridor and two big and two small fire extinguishers in the staff room.

The ward has five toilets. Although there are no signs directing people to the toilets, there are signs on the toilet doors themselves. Upon checking, we found that one toilet was closed and two toilets are too narrow for a wheelchair user to enter and move around in. However, the shower room is wider and accessible, with a functioning shower activated by pressing a button. The three accessible toilets looked clean and tidy, although one had a slightly damaged mirror, with scraped glass. All toilets have an emergency alarm button.

Patient profile

Patients’ age typically range from 18 to 65 and they are primarily from South Hackney.

In our two visits, we spoke with 14 patients altogether (72% of the patients in the ward), aged between 22 and 60. Of these, ten said that they resided in Hackey and one in Finsbury Park, the other three did not want to disclose where they live. Three patients did not disclose their ethnicity. The other 11 identified themselves as follows: four Black, two Black Caribbean, a Black African, an Asian, two White British and one White.

Eight of the patients told us that English is their first language and three said it was not, although all stated that this had not been a barrier to understanding or accessing the service. The ward manager said that interpreters are available over the phone and in person to support patients that might experience a language barrier.

Admission

The clinical practice lead told us that the most common reasons for admission include schizophrenia, bipolar symptoms, psychosis and depression. At the time of our second visit, she said that half of the patients currently on the ward had been there at least once before and some return multiple times.

"If you stay here long enough you get to know some patients".

Nine patients shared their admission stories with us, uncovering how patients arrive at the ward through diverse pathways, including transfers from other hospitals, referrals, police interventions, and personal decisions based on medical advice. Some patients come through emergency services, due to acute episodes like overdoses or severe health crises.

One patient told us that she had been transferred from another hospital. She shared: "I felt very apprehensive arriving because everything was new. It was welcoming though, they showed me around". This highlights how her initial fear was eased by the ward's environment.

Another patient described an incident where they fell out of bed and became catatonic, making it impossible for them to walk and receive their medication. The healthcare service "decided it was more convenient to bring me to the ward for close monitoring and care".

After becoming medically stable, a patient waited 8 days for a bed to become available in the ward. She commented that this was "very difficult" as she wasn't allowed to leave and felt treated as a risk to other patients despite feeling she was a risk only to herself.

Two patients arrived at the ward following advice from medical professionals. One of them was advised by the community psychiatrist, the other one by her doctor. They both presented themselves and were admitted on the same day. A third patient was admitted through A&E where they had been taken following an overdose.

Another patient was admitted for their own safety due to violent behavior. They stated: "I was on the street. I was not safe. I was a victim".

Another patient was brought in by the police after they stopped taking their medication.

Finally, a patient shared that she became ill after her mother passed away, reflecting the significant impact of grief on her mental health.

Length of stay

The clinical practice lead told us that length of stay can vary from a few days, If a patient is admitted in acute crisis, to a year.

The duration of stay for the patients we spoke to during our two visits ranged from three days to five months. Three patients mentioned that this was their first time at the ward, while seven out of 13 said they had been admitted at least once before. For three of them, this was their second admission, and four patients shared that they had been in a mental health facility "several times before".

One patient stated that they have been there since June 2023, with a previous stay just two weeks before her current one. Another patient said that she has been there for a couple of months and had been admitted a few times before.

Three of the patients we spoke to were initially admitted to Gardner ward before being transferred to Conolly when a bed became available. One of them said she was transferred from the Acute Care Unit (ACU) to Gardner, and then to Conolly. Another patient said she had only been at the ward for two nights but had been at the Priory and then Gardner before being moved to Conolly. On the other hand, another patient, who usually stays at Gardner, was placed in Conolly this time due to a lack of space in Gardner. Reflecting on the impact of being transferred from a ward to another, a patient commented that she felt she "has been thrown around like a teddy bear".

Findings: Patient Feedback and Healthwatch Hackney observations

In our two visits, we spoke with fourteen patients altogether (72% of the patients in the ward), aged between 22 and 60. Additionally, we interviewed the Clinical Practice Lead, two health care assistants and a nurse.

Patient safety

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

Eleven patients answered our questions about safety in the ward.

Overall, patients agree that "staff know how to handle tricky patients" and can manage difficult situations well, which helps build a sense of safety. However,

episodes of theft create ongoing concerns and affect patients' sense of security, which can add stress with a negative impact on their journey to recovery.

Two patients told us that their safety depended "on who is in the ward", and notably on the behavior and stability of other patients, as a patient's disruptive behavior can impact the overall ward environment and sense of safety. One patient said, "Sometimes there's someone that doesn't fit well on the ward. If there's someone that is disruptive to other patients, are they in the right place?" This can make it difficult to focus on their recovery, as they can feel unsettled or unsafe.

Similarly, another patient said that she does not always feel safe, depending on who is on the ward. She told us about another patient who went into everyone's rooms when they weren't there and stole their personal belongings. As a result, she felt she must carry all her possessions around with her in bags when she is out of her room. Another patient also commented on this issue:

"The girls here nick your clothes sometimes. That means it's hard to do laundry for fear of your clothes getting stolen so you have to grab some new bits from Primark. But sometimes they don't let you out for the first few weeks, so I just end up wearing the same clothes without washing them."

Another patient also told us they experienced episodes of theft when they left their phone on charge in the staff room:

"Twice I found my phone in another patient's pocket after I asked a staff member to ring my number."

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?

Feedback on interactions between staff and patients reveals that the relationship is overwhelmingly positive.

Patients consistently described staff as “good”, “kind”, “helpful”, “approachable”, “nice”, “great” and “supportive”. Patients told us that they can have casual chats with staff and receive emotional support. They generally feel listened to and treated with dignity and respect.

“Nice team, they listen and are helpful.”

"Quite a lot of them are really good, you can approach them for a chat. One of them has come outside especially for a chat which was helpful."

Some patients have developed good rapport with certain members of staff and appreciate the personal connection. They feel comfortable with specific individuals, which helps build trust.

"Lucy, Hollie, Sophie, all really kind. I get a 'magic hug' if I'm feeling down."

"Elliot is great".

One patient shared with us that the staff are “supportive” and “informative”. She told us that they have helped her “with a variety of things such as finance, getting a job, caring for myself, my wellbeing and safety, and my social skills”.

Another patient talked highly of the staff and said they have coped with her OCD very well; she added that the staff put her in the quietest room, and she has the only ensuite bathroom. Similarly, another patient said, “Nurses are good, they treat me with kindness, dignity and respect. They look after me and give me my medication.”

Conolly ward has both male and female staff. The presence of male staff in a female ward is significant as it can contribute to a balanced and inclusive care environment, offering different perspectives and support options for patients. However, this can also lead to challenges, as some female patients may feel uncomfortable or intimidated by the presence of male staff due to personal, cultural, or past experiences. These interactions can impact the staff-patient relationship, with some patients feeling reassured and supported by male staff members, while others feel uneasy and struggle to establish trust.

A patient expressed discomfort with the presence of male staff, due to her personal or religious beliefs, making interactions with them challenging. This

patient felt “intimidated” by male staff “peeking through the door” to check on her, describing instances where she felt her privacy was compromised.

There were also reports of “inappropriate and unacceptable” behavior by male staff, such as “laughing amongst themselves when patients walked around the ward naked”. A patient told us that when concerns were raised, responses from female staff often emphasised the necessity of male staff due to staffing shortages, leaving patients feeling their discomfort was not adequately addressed.

"You have to cope with males because we are short of staff."

Additionally, another patient reported feeling uncomfortable discussing personal or sensitive topics with male staff, leading her to wait for female staff members, which sometimes limited her engagement in the ward’s activities.

“Even talking about this with males is very absurd to me. So I often wait until a female staff member becomes available. This is why I haven't been leaving my room for a very long time.”

On the other hand, another patient shared that she appreciates having a male staff member and commented how this helped her overcome general discomfort around men, building trust and offering reassurance. She told us, “I think it's really good that there is a man that works here that I can feel comfortable with. I don't usually feel comfortable with men, so he helps me remember that there are good men out there that you can trust.”

These contrasting experiences suggest that while some male staff can foster a supportive and comfortable environment, there are concerns about maintaining respect for personal and cultural boundaries.

Another recurring issue highlighted by a third of the patients we spoke to is the shortage of staff and resulting overwork. This resonates with what the clinical practice lead told us on our second visit. While they try to have extra staff on shift, this is not always possible and, when it happens, they are in the office catching up with their paperwork, not on the ward with patients.

“We try to be super-numerous to allow staff to do all the paperwork they request of us. It’s a lot and we don’t always have the time to do it. Sometimes we are not

fully staffed. When that happens, we rely on bank staff or borrow staff from other wards. If we don't manage to get anybody, we communicate that we are short for the day".

Five out of the 14 patients we spoke to expressed concerns about the lack of sufficient staff, which often makes some patients feel that they are not receiving adequate attention or time. Some even feel hesitant to seek help, fearing they might be bothering the already overburdened staff.

"The problem is that they are just so busy. Sometimes I have spent a day without speaking to a member of the nursing team."

"Sometimes because they are short of staff, it may feel like if you approach them you actually harass them. They can get annoyed."

"I wish there was more permanent staff".

"They are helpful and try to support you as much as possible but just don't have enough time for everyone".

"I only have 30 minutes leave. I rely on this break, but then it affects me so negatively. And if there is no staff to assist me, I can't go."

Staff shortages seem to affect ward rounds, too, with a patient stating that she felt "rushed". Additionally, two other patients shared that they had been wanting to speak to a doctor for some time but their request was not satisfied. A patient commented, "I've been requesting to speak to the doctor for four days now and I've never heard anything back. Today he came to see someone else on the ward and did not even come to see me. This is not fair". Another patient said, "I want to be able to talk to a doctor."

Patient cultural and religious needs

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

The clinical practice lead explained that the ward makes efforts to be inclusive, such as celebrating occasions like Eid. She also mentioned that while the ward supplies basic hair and skincare products, patients are encouraged to bring their own preferred products from home.

13 out of 14 patients gave us feedback about their cultural and religious needs. Of them, only 3 felt that their needs were well catered for.

One of them mentioned being able to use the products she preferred for her body care.

Two more patients, who also felt their cultural and religious needs were met, spoke specifically about their religious needs. One of them shared,

"Since I was admitted, I had one visit [by a religious leader]. I have not felt the need for another visit, but I am confident that if I need to, this will be arranged for me by the ward team."

Similarly, another patient commented that religious leaders regularly visit the ward, although she chooses not to engage with them.

However, patients raised some concerns about the lack of awareness and sensitivity towards religious practices and personal needs such as covering one's hair or having private space for prayer.

"My hair scarf, together with some other stuff, got stolen from my room and nothing has been found. No staff asked me if I needed a scarf to cover my hair. They know that this is usually how I am but still no one took notice of that."

"I do pray while here but even then I have to cover my back. They don't want me to spend a very long time in my room so I tend to pray in the communal area."

These examples highlight the need for greater sensitivity and accommodation of individual needs to ensure all patients feel comfortable and respected, regardless of their background.

Food quality

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

The clinical practice lead told us that food preferences are discussed with patients upon admission. She also said that they can order "all sorts of food, like kosher, halal and so on".

Patients' experiences with food and eating in the ward appear mixed.

Four patients expressed a desire for more culturally diverse food options, noting that the menu primarily consists of typical British foods like mash, chicken, and chips, which do not cater to all cultural or dietary preferences.

"There's not enough variety. Having different cultural foods would be good. I eat a lot of mash, chicken and chips when I'm here. All very British food, no cultural variety."

"There aren't enough cultural choices, like Caribbean food".

"It would be nice to eat some of my culture's food, you know? Not this beige stuff. Even the curry isn't proper curry, if you know what I mean, it's still British".

These views are shared by some staff, too. A staff member who commented about patients' meals told us, "Kosher and halal food are provided but the food need to be more diverse to meet the needs of people who don't fall into these groups, like people of African or Caribbean heritage".

Three patients shared with us their disappointment about the availability of vegetarian and vegan options, with some patients resorting to adapting to a different diet because of the lack of alternatives.

"I am vegetarian but recently I started eating halal meat because there are no vegetarian options."

"I end up eating vegetarian stuff because no vegan options are often available."

“Sometimes there is no vegan option and sometimes the staff doesn’t know what is in the food. So I now became a vegetarian. Sometimes the vegetables are also overcooked."

Portion sizes are also a common issue, with three patients feeling that the portions provided are not sufficient to meet their needs.

"The portions are not enough, the proportion for all patients is also not enough. You can't have 4 sandwiches and 12 yogurts for 18 patients. There is always a complaint about the food. It is just not enough and also not tasty."

"The food's not always tasty. Portions are a bit stretched.”

"The food is good and often tasty but not enough as a portion”.

Additionally, a patient told us that mealtimes can be “chaotic” and “challenging”. She told us, "Mealtimes are not structured due to patient outbursts. The quality of the food is OK and different food needs are accommodated. But sometimes there is a shortage of cutlery, so I have to eat with a spoon instead.”

Finally, a patient shared with us that they spotted mice in the kitchen, which led her to limit her food choices to packaged food or food from the grocery store. She commented, “I have seen mice in the kitchen and this means that I only eat food that is in packets, like sandwiches and halal meals. I also buy food from the grocery store, which costs me a lot of money”.

Despite these criticisms, four patients found the food generally acceptable and have developed personal favorites.

“Food is ok, good portions sizes and can ask for more when everyone has been served. Food compared to the Priory is better. You get to choose from a choice of three main dishes”.

"Sometimes I eat, sometimes I don't. Beef and rice dish is nice and the Kosher food."

"Food is ok, especially the desserts."

"Food is not good, not bad. I eat what I want and enough of it."

Smoking and vaping

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

The clinical practice lead told us that Conolly is a no-smoking ward – only vaping is allowed. If patients have leave to smoke, they are taken outside. For those who vape, there is a vaping station. She added that smokers are encouraged to vape, to get off cigarettes.

Seven out of 14 patients gave us feedback on smoking and vaping on the ward. Based on this feedback, their experience is mixed.

Patients with leave told us that their experience is generally positive because they can leave the ward independently.

“I go to the park a couple of times a day for a cigarette because I am able to leave the ward on my own”.

“I vape, I go out 4 times a day to smoke”.

“I am allowed two 30-minute leaves a day”.

For patients who must be accompanied by a staff member, the ability to smoke depends heavily on the staff on duty. Patients commented that some staff are more accommodating, allowing them to go out early for a smoke, while others enforce stricter rules.

"Depending on the staff, some might let you out at 6 am for a smoke, others say you have to wait for after meds. Some staff might be nice and say they will give meds early so you can go and smoke."

One patient expressed frustration over the lack of access to vapes and cigarettes, particularly when they don't have the means to purchase them or the permission to leave the ward to buy them. This limitation can worsen feelings of frustration or anger, which may be misinterpreted by staff as aggression. She commented, "I'm a smoker. They used to provide vapes. Now if you have money you have to get your own. If you don't have leave to go to the shops you literally can't vape or smoke and that makes you feel so much worse. If you feel angry because you

need a smoke they note you down as aggressive, but I'm not it's literally nicotine withdrawals."

Access mobile phones and the internet

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

The clinical practice lead told us that patients use their own phone and have access to NHS Wi-Fi. They have a ward iPad and computer in the resource room, too, but these sometimes are smashed by patients and they have to be replaced. The ward also has access to "Stay Connected" budget for patients to stay connected with their family and friends.

Four out of the 14 patients we talked to said they do have access to a phone and internet connection, and their experience is positive.

"The Wi-Fi is good enough to be able to stream films on my phone".

"I use my phone to play music and I use WhatsApp. The Wi-Fi is good at the moment".

Only one patient was not satisfied with the Wi-Fi, saying that it was "too slow".

However, 2 patients told us they do not have access. One commented, "I don't have access to the internet and I don't know how it works but I would like to. I have a smartphone and I can use it."

Overall, it appears that while internet access is generally available and works well for some, there are still patients who either cannot access it or find it insufficient, highlighting the need for more consistent and inclusive access to digital resources.

Activities

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

Based on the feedback provided, patient experiences with activities on the ward vary.

Patients told us that they participate in a wide range of activities, including music, arts and crafts, yoga, pampering, painting, weaving and pottery. During our two visits, we observed five activities: a nature collage in the garden, painting, dance movement psychotherapy, a community meeting and a psychology group.

During our second visit, one of the Authorised Representatives joined the painting activity, where staff told her that there was a budget of £50.00 a week for all activities.

All patients but one shared positive experiences, also highlighting their satisfaction with the variety on offer.

"I am happy with the number of activities."

One patient told us, “It's quite easy to get into groups, they do knock on the door and invite you. We asked for yoga classes and now they provide them, so they do listen and make sure we get the groups that we want."

Another patient mentioned especially enjoying the creative activities and told us that in general the offer had improved compared to previous years. She commented, "Leisure activities are better than last year. We went out to bowling recently, which was good."

Additionally, patients have developed personal favorites, which, at the time of our visits, included yoga, weaving, painting, pottery and pampering. Having a variety of engaging options can significantly enhance patient wellbeing and sense of satisfaction and achievement on the ward.

However, not all feedback was positive. One patient told us that they do not find the activities engaging. She told us, "I only attend activities for the sake of attending. I don't enjoy them and I don't find them engaging. If I was at home I would never spend time on anything like that." Additionally, three patients pointed out issues with the availability and scheduling of activities. Notably, they told us that activities don’t always happen as planned, and the absence of weekend activities is a source of frustration.

“An issue is that nothing happens at the weekends. There doesn’t tend to be much to do because of a lack of staff”.

Finally, in both our visits, we noticed some inconsistencies in the scheduling and labelling of activities. For example, a room labeled for yoga was instead hosting a painting activity. Information about the day’s planned activities was being written on the wall by a staff member, but these did not match the activities listed on the printed schedule displayed on the staff room window nor the labels on the activity room doors.

Overall, while there is a variety of activities available and some patients have positive experiences, there are areas for improvement, particularly regarding weekend offerings, the consistency of activity schedules, and ensuring that activities are engaging for all patients.

Visits

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

The clinical practice lead said that the visiting hours are from 2 pm to 8 pm but they “try to use common sense and be flexible”.

Ten out of 14 patients shared with us feedback about visits. Of them, seven receive regular visitors.

Six patients reported positive experiences with visits, feeling that their needs are accommodated. Of them, one patient mentioned that their family brings their dog, and they are allowed to walk the dog in the garden, escorted by a staff member. This patient feels that “these visits significantly help with my mental health”.

Another patient appreciates the ease of visiting, saying, "Visiting is very well facilitated." This patient can go off the ward with their visitors, although they note a lack of privacy in the visiting rooms, as “one doesn't have a door and the other is opposite the staff office which means there isn't much privacy”.

Four other patients who shared their positive experience told us that they receive regular visits from their family members and were appreciative of the flexibility applied to visiting hours. Patients with leave are allowed to leave the ward with visitors.

"I am allowed visitors every day and I appreciate it".

"My mother visits me often. Staff are accommodating".

On the other hand, four patients experience challenges or limitations regarding visits. Of them, one patient has not seen her children in 2 months, as they are not allowed on the ward, and she does not have permission to leave. She shared her feelings with us: "As a Mum, that's really hard." She also told us that nobody explained to her why she could not see her children, although she added "I suspect it's for their protection".

Three patients prefer not to have visitors or choose to limit visits. One patient finds the overpowering smell of urine off-putting and does not wish to invite visitors for this reason. Another patient mentioned that they had asked people not to visit because of the ward environment. Another patient prefers to stay in contact with their loved ones through other means, such as WhatsApp.

Overall, some patients find the arrangements supportive and beneficial to their mental health, while others face challenges due to restrictions or the ward environment. These mixed experiences suggest that more tailored visitation policies and improvements to the ward environment could help better meet the needs of all patients.

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

The clinical practice lead told us that all patients in the ward have a care plan. The plan is divided in 2 parts – "their views" and "our views". The part about "their

views" reflects conversations between the professionals and the patients, were patients express what they think they need and what they would like to be included in their care plan. She added that not all patients have engaged in this part. Where family is involved, they are actively included in the conversations and creation of the plan.

This suggests a structured and collaborative approach to care planning, emphasising patient involvement and family inclusion. Dividing the care plan into "their views" and "our views" allows patients to express their needs and preferences, promoting a sense of agency and participation. The inclusion of family in care planning discussions where relevant further emphasises a holistic approach, considering the patient's support system in their treatment. Overall, the approach appears thoughtful and patient-centered.

12 out of 14 patients answered our questions about care plans, revealing mixed experiences regarding personal and family involvement and their level of understanding of their care plan.

Nine patients told us they have a care plan, two did not and one said they did not know.

Of those with a care plan, four patients told us that they felt involved in it and were regularly updated. One patient mentioned being able to write their own care plan, which was well-considered, while another said they are kept up to date and feel involved in their care.

"I was very involved in writing my care plan."

One patient expressed satisfaction with their care plan's focus on supporting their goals for independence.

"My care plan puts lots on emphasis on gaining life skills such as independence, including financial one, looking after myself and finding somewhere to live. I do not want to stay tied to the benefit system and my care plan is helping me to achieve my independence".

She added that her parents used to be involved in her care plan but are not anymore.

Two patients felt that their input was not sufficiently considered in their care plans. One patient commented, "They don't always listen. You know yourself really well so you are trying to tell them what you need but they sometimes don't listen and think they know better, but they don't know me like I know me." Another patient echoed this sentiment, noting that it sometimes feels like decisions about care plans are made before discussing them with patients, although they acknowledged that they do feel listened to at times.

"Sometimes it feels like they've already made their mind up about your care plan then they talk to you about it, but I think sometimes they do listen."

Two patients told us that they do not have a care plan. One of them explained that this was because they had recently joined the ward. The other one added that they have no family members that could be involved in creating their care plan.

Another patient told us that they chose not to engage with it and did not want to find out any details about their care.

Finally, one patient was unsure as to whether they have a care plan in place or not. She added that her mother usually speaks to the doctors.

Overall, while some patients feel positively engaged and involved in their care planning, others feel unheard and lack clarity or awareness about their care plans.

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?

The clinical practice lead told us that, on the day of discharge, a meeting is held with a consultant, nurse, the patient and, where possible, their family. She added that patients have a clear follow-up plan in the community, providing them with a two-week supply of medication and arranging for ongoing prescriptions through their GP. Additionally, they have a 72-hour follow-up procedure, where they contact the patient within 72 hours of discharge to check on their well-being. If there are any concerns, they direct the patients to appropriate crisis services such as A&E, a crisis café, or a community team for further support.

Nine patients answered our questions about discharge. Of them, 3 said they had conversations about leaving the ward, 5 did not and one patient asked to end the conversation at this point, highlighting the emotional impact of the topic.

Patient feedback reveals that their experience with discharge is marked by uncertainty, lack of clear communication and, in some cases, frustration.

Two patients who had had conversations about discharge expressed confusion and frustration over inconsistent or vague information regarding their discharge plans. One patient mentioned receiving different information from various professionals, noting, "I've been getting told all different things by the doctor, social worker, etc. They seem to keep having separate meetings, they need to talk to each other." Another patient highlighted the lack of detailed information, particularly regarding moving between different sections and the process for appeals. She told us, “They tell you things broadly, there’s no detailed information”.

Another patient, who also had discussed discharge, told us, “I was in supported housing but cannot return as I need a higher level of supported care. This is currently not available. I could be discharged if this was available, but they told me it could be months before a place becomes available”. Her comment highlights the structural barriers to discharge faced by some patients.

Five patients told us that they had not had any conversations about discharge. One patient commented, "No discussion about discharge," despite having been on the ward for some time. Two other patients expressed a desire to leave the ward soon, sharing hopes like wanting “to be home for Christmas” or “to be out, in the community”.

This absence of discussion can leave patients feeling in limbo and unsure about their future.

One patient said that she should be in Gardner ward so the consultant from there comes once a week to see her. She said this arrangement means that she has fewer opportunities to discuss her discharge.

Finally, another patient said they had not had any conversations about discharge because they had been admitted only recently.

Overall, patients' experiences with discharge vary, but common themes include a need for better communication, more consistent and detailed information, and support in navigating the discharge process.

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 clinical practice lead told us that patients are given information about IMHA upon admission. Following our second visit, we reviewed the ward leaflet and found that The Advocacy Project is still incorrectly included as the independent advocates provider. As we reviewed the ward information guide, we found that Rethink was correctly included but no contact details were added. Instead, the leaflet reads “Speak to staff to get referred”. This not only reduces patients’ empowerment and control over their mental health, but it creates additional tasks for an already over-burdened staff.

Six patients answered our questions about accessing an Independent Mental Health Advocate. Their feedback reveals a mixed experience.

Two patients seemed uncertain about the availability or purpose of the service. One patient told us, "Not sure, I think someone came round that talked about it," indicating a lack of clear communication or awareness. Another patient, when asked specifically about Rethink, said, "I never heard of Rethink and never needed to use this service," suggesting that not all patients are informed about or have had the opportunity to engage with advocacy services.

However, there are instances where patients have interacted with IMHA services positively. One patient noted, "She comes to the community meeting. She is good and people can see her and talk to her," showing that when advocacy services are present and visible, they are appreciated by patients. Another patient confirmed

receiving information, stating, "Yes and they showed me their leaflet". A third patient said, "Yes, I have accessed the service and they helped me".

Overall, while some patients benefit from advocacy services and find them helpful, there is a need for more consistent communication and information dissemination to ensure all patients are aware of and understand how to access independent mental health advocacy, should they wish to.

Are patients able to access benefits advice if needed?

Seven patients answered our questions about benefits advice, revealing a mixed picture, with some patients receiving support and others not needing it.

Four patients told us they received some form of support with their benefits. Two of them explicitly mentioned Leslie as their benefit advisor and commented, "I know I can speak to Leslie if I need to" and "she is very good". However, a patient also highlighted that she is the only benefit advisor available, which can make it challenging to speak to her.

Two patients told us they had not received support with accessing benefits but this was because they did not need it.

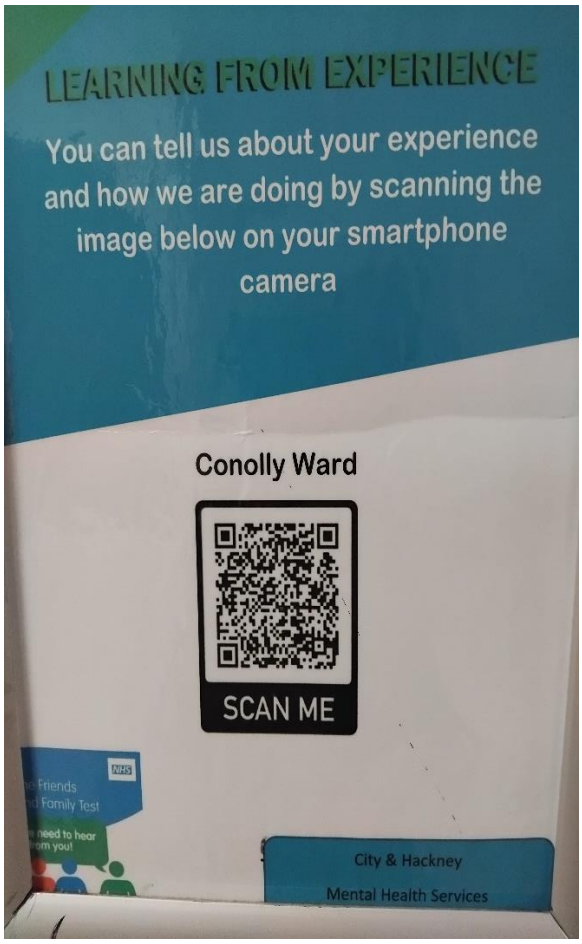
Finally, another patient had an upcoming appointment scheduled to discuss benefits advice.

Feedback and complaints

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

The clinical practice lead told us that they have a complaint form that patients can fill in and hand to the ward manager or a clinical practice lead like herself. When a complaint is made, they always discuss it with the patient to seek a resolution and log it on their system. She added that, if the patient asks, they give details of PALS, too.

During our second visit we noticed a QR code on a wall, with a message inviting patients and visitors to leave their feedback about the ward. However, upon scanning, it displayed “Survey closed”. Additionally, we did not see any information about Healthwatch in the ward, nor on the leaflet, or the information guide.



Eight patients answered our questions about complaining and giving feedback.

Two patients told us they feel comfortable raising issues with staff and believe their concerns are heard and addressed. One patient told us, "Yeah, I can talk to the staff if I've got an issue, they do listen and try to help," indicating a sense of trust and openness in communication. Another patient said that complaints made to the ward nurse are listened to, suggesting that this is an effective avenue for raising concerns.

However, one patient reported less satisfactory experiences. She spoke to the ward manager about issues with the toilets but noted that "nothing has changed," suggesting that while complaints may be heard, they are not always acted upon effectively. This lack of follow-through can lead to frustration and a sense that feedback is not valued or impactful.

Some patients are aware of formal channels for complaints and feedback, such as PALS (Patient Advice and Liaison Service), but there is variability in this awareness. While one patient explicitly mentioned PALS, another stated, "No, I don't know how to do that," highlighting a gap in communication or understanding about how to formally lodge complaints or give feedback.

What changes would patients like to see?

Patients shared with us a variety of ideas to improve their experience in Conolly ward.

Several suggestions were made to improve the physical environment of the ward, including ensuring cleanliness of the toilets, addressing the smell of urine and providing a functioning water tap.

Some patients mentioned the need for better accessibility features, such as panic buttons that work correctly in each room and handrails in toilets and showers to accommodate those with physical disabilities. This would ensure "a safer environment for all patients, especially those who may be unsteady due to medication".

Patients expressed a desire for more individualised attention, emphasising the importance of staff understanding each patient's unique conditions and needs. This could involve life skills staff spending more time with patients and relaying important information to doctors to provide more personalised care.

"They should try and look at patients as individuals, not just as their diagnosis".

Seeing patients as individuals rather than just their diagnosis could lead to better overall care and understanding.

Another patient expressed a desire for more outdoor activities as they feel this would contribute to their overall mental and physical well-being.

Finally, another patient suggested they should be involved in designing the welcome leaflet for new admissions because "we have been here, we know what to write".

Findings: Discussion with staff

During our visit we spoke to four members of staff - a support worker, a life skill worker, the nurse manager and the clinical practice lead. This section details our findings from these conversations.

Staffing levels

Staff told us that activities in the ward are led by a full-time life skills worker and an occupational therapist (OT) on a part-time basis. The OT role "should be a full-time one but they are having problems with filling the post". The ward also has a psychologist in training but she is shared with Gardner ward and is supported by the lead psychologist, albeit not on a daily basis.

Only one staff member felt that staffing was adequate. Instead, another one commented that "90% of the time there is not enough staff". Although every effort is made to find cover either through additional shifts, borrowing staff form other wards or utilising bank staff, often we are short", meaning that they "must work back-to-back".

One staff we spoke to thinks that this is due to difficulties with recruiting.

Another staff member told us, "Staffing is at an OK level now, but some days we are short and we don't have time to do everything".

Teamwork and support

Despite these difficulties, all staff we spoke to in both our visits told us that teamwork is valued and everybody is united by the same aim of helping patients to improve their mental health.

"We work well as a team to support each other including when people are on leave. We all have the same goal of supporting patients to get better."

Additionally, staff generally feel comfortable with approaching management to receive support or discuss an issue. They unanimously commented that training

also helps them “do their job to the highest standard”, because “the NHS offers robust training”.

Encouraging patients’ independence

One staff told us that they wish the ward could support patients’ independence more. She believes in the importance of encouraging patients to take a more active role in their daily routines while on the ward. Many patients currently don't need to handle basic tasks such as cooking, cleaning, or laundry. She argued that, while this provides a supportive environment, it can make the transition back home challenging, as they suddenly face responsibilities they weren't accustomed to managing.

“I think patients should be encouraged to do more for themselves. They don't have to do anything when they are on the ward, but when they go home it's a big adjustment. Things like cooking, picking up mess, putting clothes in the laundry, cleaning the toilet."

By introducing small, manageable tasks like cooking a simple meal, tidying their space, or helping with laundry, the ward can help patients gradually build the skills and confidence they need for a smoother adjustment when they leave. Empowering patients in this way not only fosters independence but also contributes to their overall sense of well-being and readiness for life beyond 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 and give patients control over access. This will increase patients’ sense of security and control over their personal belongings.

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

    - Review and adjust portion sizes to ensure all patients receive enough food to meet their needs.
    - Introduce culturally diverse meal options and improve vegetarian and vegan choices to cater to all dietary needs and preferences. Consider themed meal days that reflect various cultures represented in the ward.
    - Organise mealtimes to be calm and orderly, ensuring that cutlery is available and that the environment allows patients to enjoy their meals without stress.

Recommendations to Conolly Ward Manager

1. Improve measures for pest control. Make pest control everyone's daily responsibility by ensuring thorough cleaning of floors, storage areas and communal spaces to remove food sources and nesting sites that attract pests.
2. Use staff away days to review and enhance staff cultural and religious competencies.
    - Help staff improve their understanding and respect for patients from all backgrounds and support them to respond to patients' needs in a culturally sensitive way by building their skills on communication, empathy, active listening, cultural competence and unconscious bias.
    - Ensure male staff are trained to be sensitive to situations where female patients may feel uncomfortable or intimidated, and establish clear guidelines for maintaining patient privacy and dignity.
    - Where possible, offer female patients the option to interact with female staff members when discussing personal or sensitive topics, to foster a more comfortable and supportive environment.
    - Invite religious leaders from the community to facilitate training sessions that enhance staff understanding of religious practices. This will ensure that staff receive accurate and up-to-date information directly from authoritative sources.
3. Create a quiet, private space within the ward for patients to use for prayer and reflection, ensuring it is accessible throughout the day for those who cannot leave the ward. Staff should respect the use of this space and allow

patients reasonable time for prayer, using simple signage to indicate when the space is in use. This will support patients' spiritual needs without adding to staffing demands.

4. Ensure the daily and weekly activity boards display current, accurate information about ward activities. Make sure this information matches the signs outside each activity room.
5. Consider implementing staff's recommendation to promote patients' independence through daily activities. Encourage patients to engage in daily tasks such as cooking, cleaning, and laundry while on the ward. This will help them develop essential life skills and prepare for the transition back home. Implementing structured activities where patients can participate in these tasks will foster independence, boost their confidence, and ease the adjustment to managing responsibilities outside the ward. This approach will not only support their mental health recovery but also enhance their readiness for life beyond the ward.
6. Explain to patients why children cannot visit the ward and offer a suitable alternative, such as a video call. Clear communication will help patients understand the reasoning behind the policy, reducing confusion and frustration.
7. Improve communication on discharge to reduce patient confusion and frustration.
    - Communicate discharge plans clearly and consistently, updating patients regularly to avoid confusion.
    - Be transparent about any potential delays or barriers to discharge, and provide realistic timelines and options.
8. Ensure that staff is more proactive to support patients with understanding of and access to the various services available to them. These include:
    - Digital access, by proactively providing clear instructions, support, and resources for internet use.
    - Rethink, PALS and IMHA, by proactively informing patients about these services through leaflets, updates and routine conversations.
    - Sharing contact information, ensuring it is readily available to all patients without them having to ask, to promote independence and make it easier for patients to seek help when needed.
9. Improve patient feedback processes by updating and sharing contact details of all services that can support a patient with their complaints.

- Reopen the survey linked to the QR code by the office to ensure patients and visitors can leave their feedback.
- Update the ward leaflet to replace information about The Advocacy Project with details about Rethink, including contact information, as following:

  Phone: 0808 801 0525 (Monday to Friday, 9.30 am – 4.00 pm)
  Email: advice@rethink.org
  By post: Rethink, PO BOX 18252 Solihull B91 9BA
- Include Rethink contact details in the ward information guide, too, for easy access.
- Include in the ward information guide PALS' contact details, as following:

  Phone: 020 8510 7315
  Textphone: 07584445400
  Email: huh-tr.PALS.Service@nhs.net
- Include in the ward information guide Healthwatch Hackney information and contact details, as following:

  Phone: 0808 164 7664
  Email: info@HealthwatchHackney.co.uk

Recommendations to the Commissioner

1. Ensure an adequate level of staffing, including an occupational therapist (OT) and life skills worker. Staffing shortages and overwork affect the quality of patient care and contribute to feelings of neglect. Ensuring sufficient staff and reducing workload would improve patient interactions, reduce waiting times for assistance, and prevent patients from feeling like they are burdening staff, thereby enhancing their overall experience.
2. Consider increasing the budget per patient for activities to allow for a wider variety of engaging and meaningful activities, including weekend options if possible, and the purchase of better-quality materials for creative activities, which patients find particularly therapeutic.
3. Consider reviewing the job description for Occupational Therapist and Life Skills Worker roles, recognising the value of lived experiences and encouraging applications from the local community.

4. Recognise that candidates for these roles may not search for jobs on the NHS platform, and therefore advertise in a wider variety of places, both online and offline, in the local community.

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 reliability and coverage of the ward's Wi-Fi network and ensure that all patients have access to it. Consider adding more access points to cover all areas of the ward and implement regular checks and maintenance to address any issues promptly.

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

Closing remarks

Healthwatch Hackney's review highlights the importance of continuous improvements in various aspects of patient care and ward management. Addressing recommendations regarding safety, staff performance, communication, food quality, activities, discharge planning, ward environment, and staff support are essential steps in enhancing the overall patient experience and ensuring optimal care delivery. By prioritising these areas, 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 progress through feedback received from patients and families and follow up visits to sample 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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