healthwatch Hackney

2024

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

GARDNER WARD

Contents

Executive summary

Healthwatch Hackney conducted a review of Gardner ward to evaluate the quality of mental health care, focusing on patient experience, staff feedback, and overall ward conditions. This report presents our findings and recommendations for improvement.

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

During the visit we spoke to 11 patients (around 60% of the patients on the ward) who ranged between the ages of 21 and 61 years old. We also spoke to the matron, the ward manager and the lead consultant of the ward.

Key Findings on Patient Experience

Safety: Patients generally felt safe and appreciated the regular night checks. However, some felt uncomfortable and intimidated, primarily due to disruptions caused by new or distressed patients. Additionally, issues with disorganisation around morning medication and theft of personal items were noted, leading some patients to avoid common areas to feel safer.

Staff – patient interactions: Patients generally found the team at Gardner Ward to be helpful, friendly and approachable and appreciated their teamwork and ability to schedule appointments with doctors. However, some patients felt the ward was understaffed, leading to reduced attention from staff, cancelled leave, and occasional feelings of intrusiveness. Despite these issues, several patients shared positive comparisons of Gardner Ward with other wards, mentioning individual staff members who provided exceptional support.

Cultural awareness and sensitivity: Three out of four patients felt their cultural and religious needs were catered to, with more positive experiences compared to other wards. One patient described feeling discriminated against for wearing a headscarf in a different ward but felt respected and supported at Gardner Ward. The ward manager confirmed that cultural needs are assessed upon arrival and that appropriate food and religious accommodations are available. There were mixed reviews on the quality and variety of food, with some patients satisfied and others wishing for more culturally diverse options.

Activities: Patients have mixed opinions on the activities. Some of them enjoy options like pampering and arts and crafts and appreciate staff's efforts to include them. However, others found the activities too basic and inconsistent, preferring more physical options like the gym and aerobics. Additionally, the scheduling of activities was criticised for being poorly organised, with some days having no activities at all.

Visits: Most patients found arranging visits easy, although visiting hours were considered too limited, which one patient found frustrating. Another patient was particularly distressed about not being able to see her children for two months, without receiving an explanation about it.

Care plans and discharge: The ward utilises Dialogue Plus for creating care plans. Although challenges such as the patient's mental state can delay the process, the ward aims for patient involvement within 72 hours of admission. While some patients reported having care plans, half felt unheard and said they lacked input into decisions. Family involvement in care varied, with only two patients feeling their family was adequately included. Discharge procedures varied, with phased discharges sometimes recommended. Housing presents a significant challenge, often resulting in patients being discharged to temporary accommodations such as bed & breakfast or out of the borough.

Feedback and Complaints: Patients are generally aware of how to provide feedback and make complaints. The multiple channels available include direct communication with staff, weekly community meetings and the Patient Advice and Liaison Service (PALS). Since January 2023, three complaints were made and handled through phone calls and PALS. Patients felt listened to and appreciated efforts to address their concerns.

Benefits Advice: Access to benefits advice is available. Some patients received assistance with Personal Independence Payment (PIP) claims and told us they know whom to talk to for further advice.

Advocacy: Independent Mental Health Advocacy (IMHA) services, provided by RETHINK, have improved in visibility and participation. Patients are informed about these services during admission and community meetings.

Key Findings on Staff Experience

Support and workload: Although the workload can be overwhelming at times, staff feel well supported by management. A strong team dynamic helps manage these pressures.

Staff are committed to accommodating patients' preferences to maintain dignity and privacy. Weekly consultations with patients provide a platform for them to voice their thoughts.

Key Findings on Ward Conditions

Building Maintenance: Issues such as leaks and mice infestations have been reported. Maintenance delays, ongoing construction work and restricted access to outdoor spaces due to building work are significant concerns.

Challenges

Recruitment: Recruiting staff for a female-only ward is challenging due to the emotional strain associated with such roles.

Community Mental Health Team Coordination: Care coordinators' availability for in-person meetings has decreased post-pandemic, affecting the quality of patient support.

Recommendations

1. Advice and information:
    - The welcome pack should be reviewed and updated to make it more accessible to patients. This includes the font size and style.
    - Information about Independent Health Care Advocacy Service needs to be updated.
    - Information about Healthwatch Hackney should be included in the welcome pack and in the discharge pack.
    - The QR code on the second page of the welcome pack leads to a closed survey. This should be updated with a new link or deleted.
    - The new welcome pack should be co-designed with patients.
2. Patient property: A fob door access system should be installed without delay to ensure safety of patients' property.
3. Patient support: The trust should enhance patient support through increased staffing levels.
4. Patient satisfaction with staff members: The staff away-days should be used to explore positive interactions taking place between patients and staff and learn from them.
5. Vaping: Patients should be informed of the vaping policy. Additionally, staff should consider how patients vaping on the ward is handled and measures should be taken accordingly. This will ensure that non-smoking patients are not exposed to the smoke from the vapes.

6. Activities: The team should ensure that patients are aware of the activities timetable through a variety of methods including direct invitation, posters on the walls and information available in the activity room.
7. Visits: The team should ensure that patients with restrictions on visits are adequately informed of the reasons for the restrictions.
8. Quality and variety of food: A regular review of the food menu and food testing should take place. This will ensure food quality and variety of the options offered. Patients should be encouraged to take part in these reviews.
9. Care plans: The team need to ensure that patients are involved in the co-creation of their care plans to ensure they feel listened to and their views are considered.
10. Independent Mental Health Advocacy (IMHA): All patients should be made aware of what Independent Mental Health Advocacy is and signposted to an IMHA. Printed information on how to access an IMHA should be given to all patients and their relatives. Additionally, the new Independent Mental Health Advocacy provider information should be included in the welcome pack.
11. Feedback and complaints: Patients and relatives should be given information on how to make a complaint. Leaflets explaining how to complain and give feedback should be directly given to patients and displayed prominently on all notice boards.
12. Discharge: The ward should improve communication with patients about their stay in the ward and possible discharge. Additionally, the Trust should consider developing a housing expert team that deals with housing issues, to ensure timely and safe discharge to patients.
13. Recruitment: The Trust should consider reviewing their current recruitment process and the role descriptions for the different roles. Where appropriate, existing job specifications should be amended to make them more attractive for potential applicants.
14. Community Mental Health Team – Care Coordinators: The Trust should work collaboratively with the Commissioners to consider increasing the team size and enhancing the quality of care delivered by the Community Mental Health team.

The service provider responded to our recommendations. Their comments can be found further below in the full report.

Healthwatch Hackney's review highlights the importance of continuous improvements in communication, staffing, and facilities to enhance patient care and staff satisfaction for the Gardner ward. Implementing these recommendations will significantly improve the well-being and recovery of patients.

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

Visit details

Service Visited	Gardner Ward (East London NHS Foundation Trust)
Address	City and Hackney Centre for Mental Health Homerton Row London E9 6SR
Managers	Lead Consultant – Victoria Cohen Matron- Lucy Goodey Ward Manager- Holly Clark
Date & Time of Visits	5 October 2023 9.30 am – 12.30 pm
Authorised Representatives	Kanariya Yuseinova Sally Beaven Catherine Philips Perez Deborah Cohen
Lead Representative	Kanariya Yuseinova

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 each visit, 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 Gardner Ward was part of our planned strategy to review accessibility, delivery and quality of mental health care in Hackney. We also wanted to follow-up on comments and feedback shared with us by patients and their families. The primary objectives of the visit were to review the following:

- Patient-centered 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, Bevan, Connolly, 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 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 will be directed to ELFT Freedom to Speak Up: Raising Concerns website, where details can found on how to raise concerns in confidence.

Acknowledgments

Healthwatch Hackney would like to thank the team at Gardner 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

Gardner Ward is one of the seven mental health wards based at Homerton University Hospital. It is a female-only inpatient mental health ward and part of the early intervention service.

The ward has access to its own garden. Patients of other wards accompanied by a staff member can also use the garden for social events, such as Christmas parties or summer barbecues, if prior arrangements are made and following a risk assessment.

At the time of this Enter and View visit, 19 out of 20 beds were occupied, with another patient being admitted later that day. It is part of an early intervention service with many

of the patients being known to the staff and three patients stating they had previously stayed at this ward.

The ward matron stated that a minimum of two registered mental health nurses, three healthcare assistants and one group facilitator (9 am-5 pm) are required per shift. Ward matrons are now in charge of recruitment which was reported to have resulted in improvements in staffing.

The ward uses a bank system to cover staff sickness and ward away days, when only two of the regular team members are present.

The ward manager noted that the ward was currently low on nurses, social therapists and psychologists whereas consultant and recovery worker posts were fully staffed. The shortage of psychologists was having a significant impact on the ward resulting in a lack of one-to-one session for patients. Recruitment processes were underway with management aware of the shortage of psychologists.

The lead consultant, the matron and the ward manager praised the staff, stating that Gardner Ward has an excellent team.

Ward routine

At least one staff "safety huddle" is done every day. The team do a handover three times a day and include a Brøset Violence Checklist, a process which is done for each patient upon admission for seven days or if there is a change to clinical presentation.

The safety huddle is part of the Unit's safety bundle and is one of four measures to maintain patient safety and psychological safety of staff. A huddle will routinely check staff's sense of safety on shift from the Multidisciplinary Team (MDT) and then they will move to identify patients who are dissatisfied with their care. This will feed into patient care plans. The ward's safety huddle then feeds into the ELFT-wide safety huddle.

The team has staff away days every 8 weeks, which is a protected space away from the clinical environment to consider how the work should be done. Away days can serve several purposes, including addressing the complex needs of the local population; jointly planning the delivery of services; learning and development; clinical reflective practice. They are also an opportunity to meet colleagues from third sector organisations.

All staff must complete some mandatory training, which is done upon joining and then refreshed every year. Mandatory training includes immediate live support training, basic life support training, infection control, safeguarding for adults and children, fire training and governance training.

Every Monday, the ward staff will have a management round which involves the ward manager, the doctors, the psychologist, the operational lead for the community, the pharmacist, the Occupational Therapist and Discharge Coordinators. The home treatment team will often attend, as well as the nurse and a member of staff from Turning Point, the drug and alcohol service. Here, each patient is discussed individually, regarding their progress, housing issues, medication changes, specialist referrals (e.g., alcohol and drug services or psychology services) and they make individualised plans for the week.

The safety huddle also includes 'predicting' patient satisfaction in the morning. This involves considering whether each patient has been upset, why and what they're upset about. It also involves planning the intervention – how this patient can be supported or how the upsetting factors can be eliminated.

"Sometimes we can't help prevent it. But we can think about what the staff can do to help to try and manage it as best as we can in the ward."

If the patient is admitted between nine to five when the regular doctor is on the ward, staff would show them their bedroom, take them on a tour around the ward and explain their rights to them. They check the patient's general physical health and then they call the ward doctors to do a more detailed health check. All new admissions are reviewed as a priority by their consultant which may be on the day of arrival but not always.

If the patient is admitted after 5 pm, the process is the same but the patient will be seen by the duty doctor rather than the ward doctor.

Patients can receive visitors between 3 p.m. and 6 p.m. on weekdays and between 1 p.m. and 6 p.m. on the weekends. However, there is flexibility to accommodate for constraints, such as work commitments.

Interpreters and the language line are available for patients whose first language is not English. External interpreters are available for deaf and blind patients and blind patients are given 1-2-1 support.

Patient profile

Nine out of the ten patients who engaged with us on the day told us they lived in Hackney. One of them was in supported accommodation, living outside the borough immediately before admission. Only one patient told us they used to live in Hackney but are no longer resident in the borough.

Admission

Patients can be admitted to the ward through A&E or 'Place of Safety'[1] or sometimes coming from home. Often patients are referred to the ward following a home assessment by the care coordinator in the Community Mental Health Team.

The police can also refer patients and bring them to the Place of Safety where they are assessed and, if needed, admitted to the ward.

One of the three patients told us they were identified as high risk for suicide by her supported living workers. Another patient was brought in by the police. The third patient presented herself to A&E.

Reasons for admission

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

A patient who has been under the care of the local mental health team since 2019 told us that following her medication being reduced, she had to present herself to A&E in a stage of crisis. The patient complained about the long wait in the department until admitted in a safe room within.

One patient who was brought in by the police told us that the only thing she remembered before the police's arrival was that she didn't feel herself.

According to the ward team, common reasons for readmission include a lack of family or friends' support; patients stopping their medication due to feeling better or experiencing side effects but then relapsing; life stresses causing them to become unwell again.

Length of stay

There was a wide range of lengths of stay at Gardner Ward. One patient said they were admitted to the ward the night before and another one said they had been there for a year. The ward matron explained that, on average, patients stayed at the ward for between 4 and 8 weeks. However, there is no minimum or maximum length of stay.

The ward staff said that most of the patients on the ward at the time of the visit were well-known to the service.

Only two of the 10 respondents told us this was their first-ever admission to a mental health ward. For another patient, this was their first readmission following a prior admission in 2013, whilst another patient had been re-admitted for the first time since

[1] The City & Hackney Centre for Mental Health sits alongside Homerton University Hospital. The unit provides a wide range of services available for people who require inpatient support and care for mental health problems or a mental health crisis. The unit aims to provide short and focused admissions in a 24 hour, seven days a week supportive and safe environment.

2019. For one of the younger patients there, this was her fifth week on the ward following a previous admission 8 months earlier. Four other patients told us this was their second or fourth admission to the ward.

According to the matron, while it is preferable for all patients to be supported in their homes in the community, it is also true that there is less capacity for women in acute services, Psychiatric Intensive Care Units and Forensic wards compared to men's services.

Introduction to the visit

During the visit we spoke to 11 patients (around 60% of the patients on the ward) who ranged between the ages of 21 and 61. We also spoke to the matron, the ward manager and the lead consultant of the ward.

On arrival, we signed in at the main reception and the matron welcomed us and equipped us with personal alarms, ensuring that we knew how to use them if needed. Then, the matron and the manager gave us a quick tour of the ward, which helped patients become familiar with us.

Due to the recent junior doctors' strike, consultants continued to review all patients; however, due to covering junior doctors' tasks and activity, flexibility regarding ward rounds was needed. During the tour, on two different occasions, a couple of patients approached one of the Authorised Representatives asking if she was the doctor.

During the tour, we observed several patients taking part in a pampering session involving nail care, with some patients participating alongside their allocated care worker. One patient on the day was on 2 to 1. This means she had two care workers constantly with her.

After the ward tour, we joined the Community meeting which runs every Wednesday. Patients are not required to attend this and any other activities but are encouraged to do so.

Three of the eleven patients who talked to us asked for or had a member of staff present during their conversation with the Authorised Representative. Two patients became disengaged during the conversations and did not answer all the questions.

Six staff members were present during the visit- three registered mental health nurses and three healthcare assistants.

Findings: Patient feedback and Healthwatch Hackney observations

During the visit we spoke to 11 patients (around 60% of the patients on the ward) who ranged between the ages of 21 and 61. We also spoke to the matron, the ward manager and the lead consultant.

Patient safety

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

Patients generally expressed a feeling of safety.

A patient told us,

"At night they do checks every hour. They use torches to check on us but through the window instead of walking in. I like that. I feel safe and regularly checked on."

Two patients mentioned disorganisation about taking medication in the morning.

"It can get a bit hectic."

However, some patients mentioned feeling unsafe, uncomfortable, and/or intimidated when new and/or distressed patients were causing disruption in the ward. In such instances, some patients told us they preferred to stay in their room to "*avoid conflict".*

"Sometimes the ward can be nice and quiet but sometimes there's someone that doesn't fit in well. If there's someone that is really disruptive to other patients, are they in the right place? It's harder trying to get well when there's someone like this patient."

One patient mentioned that her clothes were often stolen by other patients which resulted in her not doing the laundry and living in unwashed clothes.

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?

Several patients stated that they found staff to be helpful, friendly, and approachable and that they worked well as a team.

"I get a "magic hug" if I'm feeling down. Elliot is great. 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."

One patient said that she felt she could always make an appointment with the doctor whenever she felt she needed to see one.

"They always make time to have a chat and they always sort things out."

"All staff are amazing and very helpful. I feel listened to and treated with dignity and respect. I feel comfortable talking to the team and approaching them if I have any issues. All old and new staff are always good. I feel that they understand me."

Three patients felt the ward was understaffed. Several patients mentioned that they felt they did not get the attention they wanted from staff as they were busy with a very unwell patient. One patient felt that some staff were *"very approachable"* whilst other staff members were "*constantly busy*".

"*They do their best and sometimes they are so busy that they don't have time to spend with every patient."*

"*It hasn't always felt like they are looking after me, sometimes it feels very intrusive."*

"*The ward is understaffed - there were 4 staff members on the night shift last night*" .

We were informed that 6 members of staff were duty that night, staff levels might therefore not always match the patients' perception.

"*Sometimes the staff is just not enough*."

Some of the patients entitled to leave the ward for a period of time told us that often the shortage of staff affects their leave. They shared:

"Often when I was allowed a leave with someone accompanying me, this was cancelled because there was no member of the team to come with me. So, I had to stay here. Then I felt like I was in jail and that was very upsetting."

Some patients were able to compare their stay at the Gardner ward with their previous stay at other wards and shared more positive feedback for Gardner Ward.

Patient cultural and religious needs

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

Three out of the four patients who talked to us about their cultural needs told us they felt their needs were catered for.

One patient compared their experience in Gardner ward to that in Conolly ward, where she felt the staff attitude changed negatively when she started wearing her head scarf again once she felt better and more in touch with her religious beliefs.

"Yes, I feel that I am treated with respect and dignity here. My last experience at Conolly ward back in 2019 wasn't at all good. I felt discriminated against by my religion and beliefs. When I was admitted I did not have my scarf and I felt I was treated just normal. But as my condition improved and I started getting back to understanding who I am and what I believe in, I put my scarf back and started praying and then I realised their behaviour towards me changed to bad. I was no longer given the attention I was when I didn't have my scarf on. But here, everyone is very supportive and understanding."

Only one patient spoken to on the visit did not have English as their first language, although the bank nurse supervising the conversation mentioned that this patient could speak English but chose to speak Hindi instead.

Food quality

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

Patients had mixed opinions on the food. Some shared their satisfaction with taste and portion sizes, whilst others were less satisfied.

While some patients said *"The food here is great. Lovely meals and fresh fruits. I can get any drink - hot chocolate,* tea, *or coffee"* others described the food on the ward as "*unappetising*", "*beige*" and "*bland*".

Several patients were unhappy with the quality and variety of the food and wished for more culturally diverse options instead of just British cuisine. Some patients suggested

sandwiches as one such option. On the other hand, staff told us that sandwiches are a daily option and that culturally appropriate options were available, too.

One patient with an eating disorder explained that staff would get specific food requests from the shop for her.

We were informed that the Unit has access to dieticians who can provide patients with appropriate advice. Additionally, the Unit can refer patients to specialist Eating Disorder dieticians. Medical MDT teams at St Ann's and can also arrange visits to the wards.

The ward manager told us that patients are asked about cultural needs upon arrival and at various times throughout their stays. Both Halal and Kosher food options are available.

The ward sees a lot of Orthodox Jewish patients and the team received cultural awareness training in 2022 provided by a local charity. Training for new staff and refresher courses for current staff were being planned.

Smoking and vaping

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

Five patients spoken to on the day said that they smoked and were allowed to vape, but not smoke, on the ward. One patient explained that the staff had been helpful in reducing how much she smoked and referred to it as discipline which she liked. She told us,

"They give good advice. I used to smoke 28 cigarettes a day and now I am down to only 2. They helped me reduce my smoking."

Conversely, another patient told us she took up vaping since being admitted to the ward. "*Seeing others vape intrigued me and I thought it would help me manage my depression, so I started vaping*" and even considered taking up smoking cigarettes which she did not do on the staff's advice.

The ward matron commented that patients are supplied with vapes if they do not have money or access to buy them. However, one of the patients we spoke to on the day did not seem to be aware of this: *"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."*

Patients who did not smoke or vape expressed their concern about other patients vaping on the ward and said that this had a negative effect on them.

Access to mobile phones and the internet

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

The matron told us that most patients have access to the Internet and smartphones; however, risk assessments are carried out and restrictions can be applied.

Mobile phones and electronic devices are allowed. The only time a device would be temporarily restricted is because of an associated increase in risk. This would be an MDT decision, reviewed regularly and would result in a bespoke care plan. Issues that might restrict the use of mobile phones include safeguarding and vulnerability.

Five patients talked to us about access to phones and the internet and did not mention any current restrictions. One patient did not have her phone on the ward but it is believed that this is her choice. Another patient explained that she only recently gained access to a smartphone after having a text-and-call-only phone due to treatment reasons.

Some patients appreciated the Wi-Fi connection due to some being unable to afford data, while others preferred to use their own data due to the speed issues of the internet on the ward. One patient told us that the ward manager was working on improving the speed of the internet connection.

Activities

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

Patients had mixed opinions on the activities available to them. Some did not take part in any of the available activities or told us they would join depending on who the facilitator was. Other patients found the activities enjoyable and easy to access, such as the pampering and arts and crafts sessions.

"It's quite easy to get into groups, they do knock on the door and invite you."

One patient said she had asked for yoga classes which have been implemented and said she felt listened to. Another patient described the activities as too basic and felt they were *"demeaning"* and "*baby stuff*". She shared, *"I do the activities to pass the time but don't find them enjoyable."*

It was also mentioned that some days there were three activities and other days there were none; patients felt this could be better organised.

One patient mentioned that she would prefer more physical activities such as using the gym and aerobics.

Staff told us there is a gym on site which patients can access if risk assessed.

Visits

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

Six out of the seven patients who told us they had visitors felt it was an easy arrangement. Some of them have visitors every day, whilst others had restricted visitors such as one woman's ex-boyfriend. One patient found it upsetting that she was unable to see her children, whom she hadn't seen for two months. One patient mentioned that visiting hours are limited to short periods.

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 matron explained that Dialogue Plus was used to create care plans in which patients can grade themselves on different criteria. This allows patients to be very involved in their care plans. The ward manager stated that policy required care plans to be initiated within 72 hours of the patient's admission to the ward. However, challenges can prevent this depending on the patient's mental state, understanding of their condition and willingness to engage. In these cases, staff will revisit the attempt at creating a collaborative care plan on a weekly basis.

Four patients said they have a care plan in place but half did not feel listened to and did not have any input in the decisions. One of them commented,

"They sometimes don't listen and think they know better, but they don't know me like I know me."

One of the two patients who told us they did not have care plans said that they are trying to meet with the consultant to discuss one. Another patient said that she had a care coordinator who was helping her with benefits and job advice. Another patient said her social workers were discussing her care plan.

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

Only two out of five patients who spoke to us about family involvement felt their family was involved in their care in the way they wanted, with three patients expressing that their families were not adequately involved. One patient told us she did not want her family to be involved.

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 matron told us that the discharge process is different for each patient but all patients meet with staff to discuss the next steps in the process.

Phased discharges are sometimes recommended and/or necessary where patients can go out during the day but must return to the ward at night, for example. Patients always have a discharge plan, even those who did not have a care plan whilst on the ward. Once back in the community, community services will update the online system (RIO) which all professionals involved in this patient's care have access to. The intervention services (EQUIPT) supply all patients with a care coordinator.

The ward matron commented that the biggest challenge about discharge is housing, as temporary accommodation is very difficult to access. Patients are often discharged to bed & breakfast (B&B) accommodations or out of the borough. One patient was discharged as far away as Leicester.

Four patients talked to us about discharge stating that they had not yet discussed any plans with the team.

Two patients felt the process was unclear and that there was a lack of communication among staff and between staff and the patient. *"I've been getting told all different things by the doctor, social worker etc. Dr Cohen is going to find out what's going on for me."*

One patient felt the discharge process was "very slow", whilst another patient shared that she was in the loop and was "*happy with the support provided*".

Some patients told us they have been moved from another ward and found the process confusing. They commented, "Moving from section to section isn't always very well explained. They tell you things broadly, but I don't think there's enough detail."

Feedback and complaints

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

The ward manager told us that they would prefer to deal with any complaints internally; however, patients can also contact the Patient Advice and Liaison Service (PALS). The ward manager stated that since January 2023, there have been three complaints; two were dealt with over the phone and one through PALS.

Internal complaints start with communication with patients, then an internal investigation is initiated. The patient is then updated and a solution is provided where feasible. If a complaint is made through PALS, an attempt will be first made to resolve this internally. If necessary, an external person will investigate the complaint.

Additionally, there is a community meeting every Wednesday in which patients can raise issues. Any feedback on these complaints will be posted on the "You said, we did" board in the ward.

Five patients who we spoke to about feedback and complaints mentioned that they knew how to make a complaint or share feedback and concerns and three have done so by talking to the staff or sharing concerns during community meetings. These patients felt their complaints were listened to.

One patient said she was told how to make a complaint when she was admitted to the ward.

"I can talk to the staff if I've got an issue, they do listen and try to help."

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?

RETHINK is the Independent Mental Health Advocacy (IMHA) provider for Hackney. The ward matron said that the service had been poor but has recently improved. Rethink now visits the ward, attends community meetings and is generally more visible.

Signposting information is promoted around the ward and advocacy support is discussed in community meetings.

In conversation about advocacy, three patients stated they had access to an IMHA. Two other patients said their rights and information about IMHA were explained to them on their arrival in the ward. One patient told us that advocacy information had been mentioned in community meetings. Another patient seemed aware that someone had come to the ward to talk about advocacy.

On the day of our visit, a patient said she was unaware of IMHA and requested this information from our Authorised Representative.

It is worth noting that information leaflets about RETHINK were available in the access-free community room.

Are patients able to access benefits advice if needed?

Two patients mentioned they had access to benefits advice. One said she knew who the right person to talk to was and knew that she needed to discuss reviewing her benefits. The other patient said she had help with making a Personal Independence Payment claim.

What changes would patients like to see?

Two patients offered suggestions for improvement. They emphasized the need for better communication regarding ward rounds and meetings and improving information about patient discharge.

Several patients felt that having more staff on the ward would be beneficial, too.

Another patient expressed the desire to be regarded as an individual, rather than just their diagnosis. This patient also suggested that life skills staff, who have a closer understanding of patients, should provide more feedback to doctors about patient wellbeing. Additionally, this patient proposed that patients should design the welcome leaflet, as they have firsthand experience and insights into what it should include. This patient commented,

"We know what it should say because we've been there ourselves."

Lastly, one patient mentioned that the scaffolding in the garden was "*off-putting"* and stressed the importance of having a restful space, which they described as *"very much needed".*

Discussion with the ward manager

How supported do you feel?

"I feel well supported by management, certainly by Lucy the Matron. She has been my manager for about three years. She is very supportive, I can go to her with anything and not feel like a burden. I feel well listened to if we raise issues to the general managers. They will ask for a bit more detail about it and what the issues are and how it could be improved, and then look into ways to see if it's possible to change things if needed. The team of Gardner ward is amazing."

Do you feel that you have enough time to do your job?

"Depends on the day and work. Sometimes I feel like I have the time to do my job - checking in with staff, doing supervision, and making sure that everyone else is feeling cared for. Other weeks it can feel like my workload is almost unrealistic and I may feel a little bit overwhelmed. But when I feel like that Lucy helps out where she can, just so we can try and get back on top of things. And it can be a lot to keep on top of, as well as obviously trying to be there for staff. If they are a bit unsettled, then it just does have a knock-on effect."

Positives

The ward manager expressed that she felt that the Gardner ward staff were very good at learning and accommodating service users' preferences to maintain their dignity and privacy. She also noted that weekly workarounds with the consultant are very helpful for patients, emphasising that these give patients a platform to voice their thoughts.

Negatives

It was noted that some ward routines such as weekly ward rounds with the consultant were disrupted by ongoing doctor strikes with significant knock-on effects. The ward manager stated that while strikes are justified and important, they can be frustrating and highly disruptive. The manager also mentioned that patients can take out their frustration on the nursing staff.

It is important to note that, on the day of our visit, some patients were very desperate to talk to a doctor and they thought that one of our Authorised Representatives was a doctor.

Findings: Challenges

Discussions with staff highlighted some challenges on recruitment, care coordinators, rodent infestation, building work and maintenance. These challenges impact both staff and patients.

Recruitment

The ward manager noted that it is difficult to recruit staff for a female-only ward. Generally, staff prefer working with male patients as female wards are said to be more emotionally challenging.

Community mental health team – care coordinators

We were told that care coordinators were less available to attend in-person meetings since the COVID-19 pandemic, as they are more inclined to attend online. This issue was

raised with the North Hackney Recovery team. We also heard that the quality of service provided by care coordinators can vary but *"some are amazing and do help patients to get the right support".*

Building maintenance

The NHS Property Service is responsible for the maintenance of the building. Once a problem is reported, its urgency is assessed although it can take time for a problem to be resolved. We were told that in one instance the ward had a leak coming through the walls and it was flooding the corridors and one of the bedrooms. The staff reported the issue immediately; however, the hazardous situation was not dealt with for over a week. Instead, the team used bedsheets and towels to stop the water from spreading.

The team looks forward to using the garden again once the site building work is over. However, there is no clear completion date.

Rodents

According to the team, mice are an issue in the whole unit. The ongoing refurbishment immediately outside the ward walls made it worse recently*." I saw a rat in the garden just kind of running around killing pigeons".*

There are mouse traps around the ward in places not accessible to patients. Sticky pads are also used. However, nothing seems to be a complete solution.

The problem has been raised with the Homerton Estate and the management is in discussion to find a more effective solution.

"It is annoying because we're a hospital. They are meant to be a clean place."

Building works

The staff told us that the impact of the building work is significant as it means use of the outside space is restricted. Patients on Gardner ward greatly benefit from free-air access to outside space when it is not considered a risk due to building works.

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.

Healthwatch Hackney's recommendations	Response by Gardner ward	Healthwatch Hackney's final considerations
1. Advice and Information a) The welcome pack should be reviewed and updated to make it more accessible to patients. This should include the font size and style. b) Information about Independent Health Care Advocacy Service needs to be updated. c) Information about Healthwatch Hackney should be included in the Welcome pack and in the discharge pack. d) The QR code on the second page of the welcome pack leads to a closed survey. Please update with a new link or delete. e) The new welcome pack should be co-designed with patients.	The Carer's Lead and People Participation Lead are currently reviewing all the ward welcome packs.	We are looking forwards to reviewing the new welcome packs.
2. Patient property	All patients are encouraged to put valuables in their individual lockers. All patient's doors lock automatically when shut so can only be accessed if their doors are left	We hope the Trust will accelerate the introduction of a fob system.

A fob door access system should be installed without delay. This will reduce patients' anxiety and distress over their belonging going missing.	open. The Trust is looking into a fob system that allows patient to manage the unlocking of their doors independently.	
3. Patient support Recruit additional staff to support patients receive appropriate attention and support	The Trust conducted a formal establishment review in 2023, at which time staffing levels were increased. The wards at times of acuity are also able to increase staffing levels. The unit regularly runs recruitment campaigns to minimise the length of any vacancies. We are strengthening our systematic service user feedback into inpatient senior management meetings and ensuring we respond to matters raised.	It is noted. We are looking forwards to hearing from patients about any improvements.
4. Patient satisfaction with staff Consider using staff away-days to explore the positive interactions taking place between patients and staff and learn from them.	All wards have an Away Day every 8 weeks and this space is used for training and development. In addition, for new starters, there is a three-day local induction. This induction is held every 8 weeks and can also be access by regular bank staff. We also use team meetings, monthly Clinical Improvement Group meetings, and individual regular supervision sessions to help review feedback on staff and to identify improvement steps.	It is noted. We are looking forwards to hearing from patients about any improvements.

5. Vaping Staff should inform patients of the vaping policy. Additionally, they should consider how patients vaping on the ward is handled. Measures should be taken so that non-smoking patients are not exposed to the smoke from the vapes.	It is explained to patients that they are only allowed to vape in their bedrooms. Patients are discouraged from smoking vapes in communal areas.	It is noted. We are looking forwards to hearing from patients about any improvements.
6. Activities Staff should ensure that patients are aware of the activities timetable through a variety of methods including direct invitation, posters on the walls, information shared in the activity room. The activity coordinator should embrace patients' feedback and organise more challenging, high-quality and enriching activities.	There are activity timetables displayed on the wall in the day area. The Occupational Therapy department reviews the activity program on a regular basis. We have active involvement of service users in reviewing the program of activities. We hold weekly community meetings led by the patients where ward activities are discussed and decided upon. The timetable is displayed on the wall.	It is noted. We are looking forwards to hearing from patients about any improvements.
7. Visits Patients subject to visiting restrictions should be given clear explanations about the reasons for these limitations. Great care should be taken to ensure patients understand the rationale.	All patient's leave is discussed in multidisciplinary meetings and ward rounds. This is explained to the patients during their wards and in one-to-one sessions with nursing staff. Visiting hours for relatives and friends are included in the welcome pack. Children are not allowed on the ward but we have a family room that has been recently refurbished that can be accessed following appropriate risk	It is noted. We are looking forwards to hearing from patients about any improvements.

	assessments. The carer's lead is launching our carer's hub on 17th May 2024 who are actively liaising with the ward. There are 7 trained carer peer support workers who can offer support to patient's carers on the wards.	
8. Quality and variety of food Regular review of the food menu and food testing should be organised to ensure quality and variety of the options offered. Patients should be actively encouraged to take part in these reviews.	We regularly review menus with our contractor who also arrange tasting sessions for patients. We are starting a food committee with patient and dietician involvement with the hope to strengthen service user and potentially carer involvement in reviewing the food variety and choices.	It is noted. We are looking forwards to hearing from patients about any improvements.
9. Care plans The team should involve patients in the co-creation of their care plans to ensure they feel heard and their views are considered.	We use Dialog + as our inpatient care planning tool which requires active patients' participation. The "My Safety Plan" is also used as part of the discharge planning which patient's co-produce. We acknowledge that the majority of patients are detained under the Mental Health Act so some elements of their care will be decided against their wishes but we still try to offer as much choice as possible within that limitation.	It is reassuring to hear that patients' participation is considered in their care plans.

10. Independent Mental Health Advocacy (IMHA) a) All patients should be made aware of what Independent Mental Health Advocacy is and signposted to an IMHA. Printed information on how to access an IMHA should be given to all patients and their relatives. b) The new Independent Mental Health Advocacy provider information to be included in the welcome pack.	IMHAs regularly attend the wards and patients are referred to the service if they request it. Support around advocacy would also be discussed during the reading rights process.	It is noted. We are looking forwards to hearing from patients about any improvements.
11. Feedback and complaints Patients and relatives should be given information on how to make a complaint. Leaflets should be given directly to each patient and family/relatives. Leaflets explaining how to complain should be displayed prominently on all notice boards.	Information around feedback and complaints is available and displayed on the wards. We have recently purchased seven Ipads for the services to use in obtaining feedback for the Friends & Family Test.	It is noted. We are looking forwards to hearing from patients about any improvements.
12. Discharge a) Communication with patients about their stay in the ward and discharge should be improved. b) The Trust should consider the development of a housing expert team, to deal with housing	All discharges are discussed with the treating medical team, usually as part of the ward round. We have a patient flow MDT meeting once a week where a tentative date for discharge is set. This could be discussed with patients carefully and with lots of precautions to avoid disappointments. We have a discharge coordination team which	We understand your challenges and recognise that this is out of your direct control.

issues and ensure timely and safe discharge to patients.	comprises of a senior social worker, occupational therapist, and a senior support worker. We have weekly housing review meetings with representatives from the Directorate Management Team and Housing (including the homeless pathway). Our carer's hub can help facilitate further discussions about discharge planning.	
13. Recruitment The ward manager made a note that it is difficult to recruit staff for a female-only ward. Both female and male staff prefer working with male patients as female wards are said to be more emotionally strenuous. The Trust to consider reviewing their current recruitment process as well as the role descriptions for the different roles and where appropriate to amend its existing job offers to make them more attractive for potential applicants.	Recruitment for the female wards are now completed via a specific recruitment campaign.	It is noted.
14. Community mental health team – care coordinators The Trust, in collaboration with the responsible commissioners, should consider increasing the team size and enhancing the quality of care provided by	There is work being done to develop links with community teams. We have recruited a fourth band 7 senior practitioner which means that all band 7 staff in the community will have part of their job plan focussed on liaising with the wards. We	It is noted. We are looking forwards to hearing from patients about any improvements.

the Community Mental Health team. This would ensure that patients receive continuous care and support immediately after discharge, helping them adapt to the outside world, build confidence, establish routines, and develop essential networks for everyday life.	have also set up new weekly Inpatient Flow Meetings on all wards to help aid smooth and early discharges and these are attended by seniors in the Directorate Management Team and senior community practitioners.	

Closing remarks

Healthwatch Hackney appreciates the valuable feedback provided by staff and patients, which highlights key areas for improvement in mental health care at Gardner ward. The importance of good quality mental health care cannot be overstated, as it significantly impacts the well-being and recovery of individuals. We recognise the critical need for better communication, increased staffing, personalised care, and supportive environments as outlined in the report findings and recommendations.

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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