healthwatch Hackney

2024

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

JOSHUA WARD

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Executive summary

Healthwatch Hackney visited Joshua 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 January and May. 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 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 six patients (32% of the patients on the ward) who ranged between the ages of 32 and 65 (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 ward matron.

Key Findings on Patient Experience

Safety: Patients have mixed opinions about safety on the ward. While some feel safe, many are worried due to incidents of violence, theft, and loud noise. The noise, particularly at night, makes some patients feel scared and anxious, disrupting their sleep. Additionally, the absence of a fob system for room entry and instances of theft leaves some patients feeling vulnerable and frustrated.

Patient – staff relationship: Patients' experiences with staff vary widely. Some feel respected and supported, while others are frustrated and concerned. Although some patients feel well cared for, issues with staff attitudes, cultural sensitivity, and consistency of care are common.

Cultural awareness and sensitivity: Patients with specific cultural and religious needs have noticed shortcomings in the availability of religious materials and personal care products.

Activities: Activities are often disrupted by staff availability and some weeks there are no activities at all. Overall, patients have a clear desire for more flexible and engaging activities, including opportunities for external interactions, relaxation and outdoor time.

Quality of food: Patients' experiences with food on the ward are mixed. While some patients are satisfied, many others were unhappy with food quality and portion sizes. Complaints include bland, processed food, lack of fresh options and meals being served cold. Some patients reported finding objects in their food. Despite some efforts to improve, there is a clear need for better food quality and variety.

Smoking and vaping: Patients' experiences are generally positive. Patients can vape outside if escorted by staff, although staff availability can be an issue. Additionally, a dedicated team is available to help patients quit smoking.

Access to mobile phones and the internet: Some patients have their own phones and the ward provides an iPad for those without smartphones. Internet connectivity is a problem due to poor WiFi quality on the ward.

Visits: Patients' experiences with visits vary. Some are satisfied with visit arrangements and times, while others believe visiting times are too short.

Care plans and discharge: Patient feedback highlights significant gaps in discharge communication and planning. Housing instability is a main concern, impacting patients' readiness for discharge and highlighting the need for comprehensive support services to address these barriers effectively.

Feedback and complaints: Staff provide information on how to make a complaint in welcome packs and notice boards. They believe that patients generally feel comfortable approaching them. However, patient feedback showed that some patients are unsure about the process and others question its effectiveness.

Advocacy and advice: The ward provides information about benefits and access to Independent Mental Health Advocacy (IMHA) in welcome packs and notice boards. While patients value the People Participation Group for better communication with staff, challenges remain in accessing advocacy services, mainly due to availability issues with the external provider Rethink. Patients expressed confusion and uncertainty about their entitlements to benefits, highlighting the need for clearer guidance and support in navigating these matters.

Key findings on staff experience

Staff generally feel supported by their managers, who understand the demanding nature of the ward. Managers try to help by giving extra time for paperwork when there are enough staff. Relationships within the team are described as positive, contributing to a sense of confidence in leadership.

Despite this support, staff agree that they often don't have enough time to settle in, complete training and engage fully with patients due to high workload and staffing shortages. They told us that this pressure impacts their efficiency.

Staff receive induction and annual refresher training but there's a clear desire for more comprehensive training in important areas including cultural awareness, diversity and inclusion, wellbeing and understanding specific religious practices such as Ramadan and Shabbat. Lack of training in these areas can negatively impact interactions between patients and staff.

Challenges

Staff Health and Safety: Staff often come to work even when unwell due to pressure and sick leave policies. This risks their own health and potentially exposes others. High levels of violence from patients also create a dangerous working environment, causing physical injuries and psychological distress for staff.

Mental Toll: Working next to seclusion rooms, where patients can become violent and loud, takes a severe mental toll on staff. Constant exposure to distressing incidents leads to high stress, emotional exhaustion and safety concerns, affecting their overall wellbeing.

Pest infestation: The ward has problems with mice and cockroach infestations, which negatively affect both patients and staff. Staff have adapted by avoiding leaving items on the floor to prevent attracting mice. This normalisation of rodent presence shows a concerning environment that undermines dignity and creates discomfort and unease.

Racism: Staff are victims of racism from patients who are frustrated at being "*cared for by immigrants*". A patient we spoke to referred to staff derogatorily as "*bloody foreigners*" and added "*they don't belong to here*". This can demoralise employees and affect their mental wellbeing, lead to decreased productivity, and undermine efforts to maintain a diverse workforce and inclusive culture. Over time, these comments can erode trust within the team and affect the quality of care provided to patients.

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, dignity and independence. It will reduce waiting times for staff assistance and decrease frustration, too.
2. Expand food options. Patients in the ward structure their time around food. It is important that mealtimes are enjoyable and create a positive food experience.
    - Revise the menu to include a wider variety of culturally diverse and dietary-specific options, such as vegan, vegetarian, and dishes from different cultural backgrounds.

- Consider introducing themed meal days to add variety.
- Review and adjust portion sizes to ensure all patients receive enough food.

Recommendations to Joshua Ward Manager

1. Ensure toilets and showers are deep cleaned and usable. Implement a strict daily cleaning schedule for toilets and showers. Regularly inspect and quickly repair blocked toilets.
2. 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.
3. Use staff away days to review and enhance staff's cultural 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.
    - Invite religious leaders from the community to facilitate training sessions that enhance staff's understanding of religious practices such as Ramadan and Shabbat. This will ensure that staff receive accurate and up-to-date information directly from authoritative sources.
4. Improve patient sense of security.
    - Offer earplugs to patients sensitive to noise, especially at night.
    - Ensure staff has on-demand access to refresher training in dealing with challenging behaviours, de-escalation and conflict resolution, to handle violent or aggressive behaviour effectively and address disputes between patients before they escalate.
5. Enhance in-ward and off-ward activities.
    - Increase the budget per patient to ensure more meaningful and reliable activities that meet patients' needs and preferences.
    - Keep the daily and weekly activity boards updated with current, accurate information.
    - Use occupational therapy leave to offer patients a variety of appropriate off-the- ward activities, including core arts and core sports.
6. Enhance discharge planning.
    - Work closely with the local authority to find stable, suitable long-term accommodation for patients upon discharge.
    - Ensure continuous joined-up work with Care coordinators, including regular visits to the ward.

Recommendations to NHS Property Services

1. Improve pest control.

- Take decisive action to address issues with flies, mice and cockroaches, using professional pest control services.
- Simplify reporting mechanisms for staff; ensure that incidents reported are followed up properly and staff is informed about actions taken and their impact.

2. Improve the wi-fi to ensure a stable and fast connection for all patients. Consider adding more access points to cover all areas of the ward and implement regular checks and maintenance to address any issues promptly.

Recommendations to the Commissioner

1. Ensure an adequate level of staffing, including an occupational therapist (OT) and life skills worker.
2. 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.
3. 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 the Union

1. Encourage a culture where staff feel empowered to prioritise their health and safety including policies that support sufficient sick leave without penalty for illnesses acquired in the workplace.

Healthwatch Hackney's review highlights the importance of continuous improvements in various aspects of patient care and ward management. Addressing recommendations regarding facilities, staff training and patient safety, engagement and care are essential steps in enhancing the overall patient experience and ensuring optimal care delivery. By pioritising these areas, Joshua ward can create a supportive and respectful environment that meets the diverse needs of patients and promotes their well-being throughout their stay.

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

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

Visit details

Service Visited	Joshua Ward (East London NHS Foundation Trust)
Address	City and Hackney Centre for Mental Health Homerton Row London E9 6SR
Matron	Samson Uwimana
Date & Time of Visits	Visit 1: 30 January 2024 at 9.30 am – 12.30 pm Visit 2: 16 May 2024 at 10.30 am – 12.30 pm
Authorised Representatives	Visit 1: Lucie Siebenaler, Catherine Perez Phillips Visit 2: Sara Morosinotto, Bryan Pinto
Lead Representative	Visit 1: Kanariya Yuseinova Visit 2: Sara Morosinotto

What is an Enter and View?

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

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

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

Purpose of the visit

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

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

To gain a comprehensive understanding of mental health care in the Borough, this report is to be read in conjunction with the reports on Brett, Connolly, Garnder, 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 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 Joshua 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 are directed to ELFT Freedom to Speak Up: Raising Concerns website, where details can be found of how to raise concerns in confidence.

Acknowledgments

Healthwatch Hackney would like to thank the team at Joshua Ward for accommodating our visits 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

Joshua Ward is a 19-bed in-patient mental health ward for men, located at Homerton Hospital. At the time of our visits all 19 beds were occupied and we learnt from the matron that they are always at full capacity - beds rarely are empty for longer than 24 hours.

The ward is located on the first floor of the hospital. Signs to the ward are clear up to the lift on the ground floor. Here the signs are faded. Once the first floor is reached, it is unclear where to go next, leading to confusion and the need to wander around or ask for directions.

The ward has a spacious communal area with many sofas, three large green and grey tables and plenty of chairs, providing spaces for patients to sit, lay down and watch TV. The corridors are wide, well-lit and accessible for wheelchairs. As we left, a game of Monopoly was being set up and the TV was on. There was a board displaying daily activities, too. We were told that another board for weekly activities had been broken by a patient and needed replacing.

The ward has four toilets and two showers, which on the day of our visit appeared in urgent need of a deep clean. We heard from patients that two of the toilets are frequently blocked and can take hours or even days to clear. There are no signs directing to the toilets. The two shared shower rooms were badly stained, and the shower tiles needed cleaning, too. One patient told us they refused to use the showers due to the smell.

Cleanliness of the ward is recognised as a significant problem by staff, too. There are two cleaners assigned to the ward, one in the morning and one in the evening. Despite these efforts, there is agreement among staff that patients could benefit from a cleaner environment.

Low levels of cleanliness contribute to problems with flies and mice. An environmental action group is available to support with improving the premises. Additionally, staff have identified measures to improve cleanliness, including preventing patients from eating in their rooms, increasing cleaning frequency and consistently reporting any issues.

The ward has one activity room, which the life skills worker described as the best in the unit. It has a large table but access was restricted during our first visit due to an ongoing conversation. In our second visit we were able to enter the room and we saw games such as Connect 4, table tennis and an Xbox console.

On the day of our second visit, the air conditioning had broken down but there were no fans in the communal area. Several patients had to ask staff for drinks. A new water dispenser was being installed during our visit but no cups were available.

The team meets twice a day. There is a handover at 7:30 am and an all-staff huddle at 9:30 am. Additionally, every Wednesday staff have an opportunity for reflective practice, where they discuss issues, reflect on their work and find areas for improvement. We heard from staff that they appreciate this opportunity and find it helpful.

Staffing levels

The ward faces several challenges related to staffing and, consequently, workload management.

Staffing levels are influenced by a variety of factors including seclusion, 1:1 supervision, escorting patients on leave and sick leaves. These vary daily, leading to high variability in staffing levels, with some days when the ward is fully staffed and others when it needs to rely on bank staff. We were told that securing bank staff is problematic as they prefer working night shifts due to the relative calm compared to the busier day shifts. As a result, the ward prioritises covering day shifts first before filling night shifts with bank staff. Additionally, bank staff are not always aware of how

the ward runs, which puts extra pressure on regular staff. Despite these challenges, the relationship with bank staff remains positive, as the ward does not rely on external agencies but instead uses staff from within the trust.

During our first visit in January staff shortage was a prominent issue as several staff members had left, resulting in an influx of new hires who were still in the process of shadowing and getting familiar with the ward and the patients.

These issues appeared to be only partially solved by our second visit in May, when there were two vacancies on the ward. We also received a complaint about kitchen staff not being adequately trained. A staff member told us that the turnover in the ward is high. Staff – especially nurses - stay in the ward for a year, then move on to more appealing jobs.

"People stay with us a year in general because the ward is hard and then they go on to do work in the community as community nurses, which is a more popular job […] we need to work on staff retention and build a culture of "staying"; people coming and going destabilises the team and the patients."

Patient profile

The age range of patients is between 18 and 60 years old and they are primarily from Hackney, although some may be homeless. Occasionally, the ward also receives patients from Tower Hamlets or Newham because they are the closest mental health facility, but they are typically transferred back to their local services.

In our two visits, we spoke with six patients altogether, aged between 32 and 65, from diverse ethnic backgrounds, including a Black Caribbean, two British, one Mixed British, one Indian and one White Mixed patient. Of them, four told us they were from Hackney, the other two did not want to answer this question. All six patients said they speak English as their first language.

Admission

The matron told us that patients are usually either sectioned under the Mental Health Act or brought in by the police under section 136 after an assessment.

On our visits, three patients told us they were brought in by the police, a parent and a carer respectively but were unable to elaborate further. Another patient told us he was transferred to Joshua from Bevan ward, where he was admitted for smashing a window after his medication was late.

"*I have schizophrenia and multiple personalities disorder. […] One of my personalities took over, I got angry, picked up a chain and smashed a window. It wouldn't have happened if my medication had been on time".*

Another patient told us they were admitted after their mum passed away, which lead to them *"becoming very unwell".*

Length of stay

According to the matron, 70% of the patients are returning patients. Reasons for readmission include not taking their medication, refusing their injection and lack of adequate follow-up in the community, causing them to become very unwell and leading to readmission.

The average stay in the ward is about a month, but it can extend to 6 - 8 weeks if suitable accommodation is not available.

"Some patients, such as those with a history of arson, are more challenging to rehouse and, as a result, they may stay in the ward for longer periods".

The duration of stay of the patients we spoke to in our two visits ranged from under a week to six months, with four out of six patients saying that this was not their first admission. Of the three patients who were able to elaborate further, two told us this was their third time there. Another one told us,

"I have been in and out of the system since I was 18".

Findings: Patient Feedback and Healthwatch Hackney observations

During the visit, we spoke to 6 patients (32% of the patients on the ward) who ranged between the ages of 32 and 65 years old (not all ages were given). We also spoke to 4 members of staff: a support worker, a life skill worker, the nurse manager and the ward matron.

Patient safety

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

Patients shared mixed opinions about safety in the ward. While some patients feel safe, incidents of violence, theft and high noise levels contribute to a sense of unsafety and insecurity among many patients.

Two patients told us that they feel safe, although they believe that some additional security *"would be good".*

Three patients told us that the ward is very noisy, especially at night, which makes them feel "*scared*", "*anxious*" and hard to sleep. A patient said that he compensates his lack of sleep at night by sleeping in late.

Another patient expressed a sense of vulnerability and frustration due to episodes of theft in the ward. He commented,

"There are thieves in the ward that come in your room and steal things."

This patient also told us that, unlike Bevan ward, there isn't a fob system to enter a room and patients have to ask staff. If staff is busy, the patient will have to wait.

"it is irritating and frustrating for an independent person like me".

A patient described another one as psychotic and violent. He said that *"on one occasion someone snuck in a ceramic knife in the ward and threatened to stab him if he didn't find his phone within ten minutes"*. This made him feel *"very scared".*

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 staff interactions reveals a mixed picture of patient experiences, ranging from feelings of respect and support to significant frustrations and concerns.

One patient noted a difference in treatment when they were very unwell compared to when they felt better. Initially, staff were perceived as "*passive and aggressive, reacting emotionally"*. As the patient's condition improved, the treatment also improved, leading to mutual respect. He stated,

"When I am respected, I respect staff back."

Another patient said he observed and experienced firsthand a lack of respect and inappropriate responses from staff. He recalls,

"I told one of them not to speak to another patient the way they were addressing them because they are a human being. They called me a pussy and told me it's not my business."

Another patient mentioned that staff were approachable and helpful during the day but not at night. Another patient felt that staff were not helpful and did not listen to them, except for the consultant. This patient did not feel treated with dignity and

respect and mentioned being rudely shoved out of the staff room. The patient commented that this interaction had a negative impact on his wellbeing and recovery.

"It grinds you down."

Only one patient found the staff *"very helpful and approachable".* They felt listened to and treated with dignity and respect. The Authorised Representative conducting this interview observed a staff member having a positive, compassionate interaction with this patient later in the morning.

It is worth noting that during our conversations with staff, a nurse told us,

"I am a nurse first, it's all about caring for the patients."

Overall, the feedback indicates that while some patients feel well cared for and respected, others experience significant issues with staff attitudes, cultural sensitivity, and consistency in care.

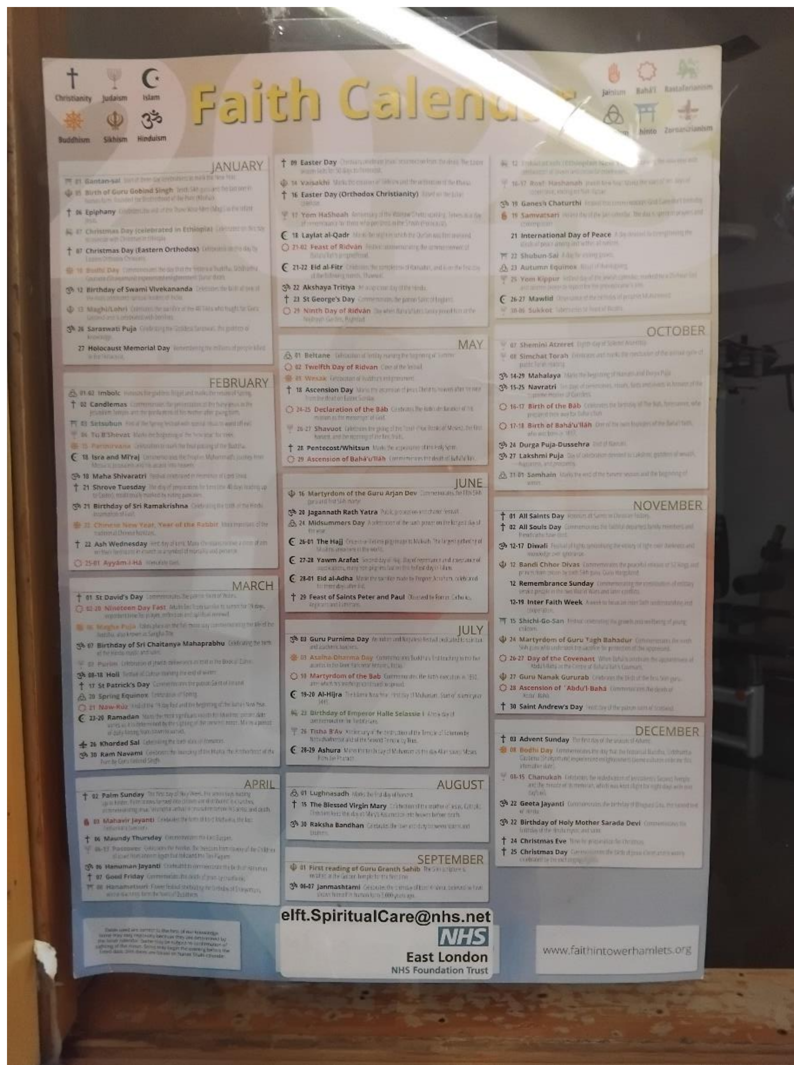
Patient cultural and religious needs

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 feedback on whether patients' cultural and religious needs are being met reveals a variety of experiences.

Two patients simply answered "*no"* but were not able to elaborate further. Three other patients said they did not have any specific needs and therefore everything was *"alright".*

Another patient commented that they received Halal meals but no religious materials from the ward, requiring a friend to "*come in and help by giving me a translated version of the Koran."* This patient also said he suffers from a dry scalp but does not feel comfortable asking for a specific shampoo. For him, cleanliness of the shower is an issue, preventing proper washing and worsening his condition.



Food quality

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

Staff told us that the catering company goes to the unit once a year to establish the menu. A representative taster from each ward joins in to help with food options.

Staff said that when a patient is admitted there is a conversation about food preferences and that they are committed to meeting diverse needs by providing Kosher and Halal food.

Despite these efforts, we were told that they receive a lot of complaints about food, their quality and quantity.

"Patients ask for fresh food and fruit. Instead, they receive processed food."

Two staff members commented that *"food is bland"* and *"more needs to be done to meet patients' needs".*

In our visits we heard from patients that their experience on food is mixed, with two people giving positive feedback, three negative and one neutral.

Of those having a positive experience, a patient said they had enough to eat and appreciated that staff would bring them food outside of mealtimes *"but only if they are not too busy"*. Another patient described the food as *"good but not great".* An Authorised Representative noted that this patient's food appeared to be cold. A third patient rated the food as "*good"* and stated that his dietary needs were catered for.

Patients satisfied with their food also shared their weekly favourite meals:

"There are two nice meals available - Chinese and curry".

"I like their yoghurt".

A few patients were dissatisfied with the overall quality, with one describing the food as "*only occasionally acceptable"*. They also mentioned that there was not enough food.

"The food smells bad and tastes worse."

Another patient was visibly distressed when asked about the food, saying he found plastic in his vegetables. This patient commented,

"This food makes me feel sick and I cannot digest it".

"It is rare to get one nice thing a week".

Another patient found the food quality very poor, noting no improvement since their last stay. They highlighted the poor quality of fruit and complained that the food was often served tepid or cold, there was lack of choice and meals were not cooked properly.

Smoking and vaping

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

We heard from the matron that smoking is banned in the Trust but vaping is allowed. The hospital provides free vapes to patients sectioned, with 1 vape given every 24 hours. If patients have permission to leave, they are escorted outside to vape.

This is consistent with what we heard from patients. However, a patient commented,

“They can take us outside but they don't always have the time.”

The ward has a team dedicated to helping patients quit smoking. Initially, management was concerned that stopping people from smoking would increase levels of aggression and violence but they have observed that this is not the case.

“Outside I used to smoke a lot, about 40 cigarettes a day. Inside, I only smoke 6 cigarettes a day. I want to cut down more”.

Access to mobile phones and the internet

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

Three of the patients we spoke to told us they have access to a phone. One of them mentioned that their phone was not connected to the internet, which prevented him from contacting people he needed to reach.

Two patients told us they threw their phones away because it had a negative impact on their wellbeing.

“I had a phone but I threw it away. All this time on social media made me feel stressed”.

Experience with availability of the ward's WiFi varies. Patients do have access to the free NHS WiFi but its quality is reportedly poor, with some patients noting that it is slow.

A patient suggested the ward gets a shared computer but he also acknowledged that it would likely be damaged. It is worth noting that the ward has an iPad that is made available to patients who do not have access to a smartphone.

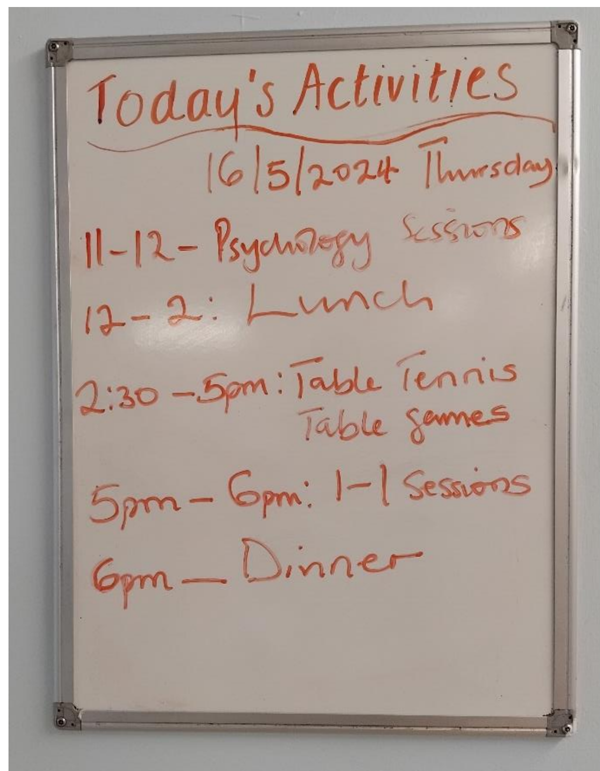
Despite these challenges, some patients use the available WiFi to access YouTube and listen to music. While the TV in the ward has certain adult channels banned, this does not seem to be a significant issue for the patients.

When patients need help with phones or IT, they told us they can rely on staff or friends for assistance.

Activities

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

Activities are displayed on a board, showing both the daily and weekly plan. On the day of our second visit, we were told that the weekly board had been smashed and needed replacing.



A staff member told us that sometimes activities do not go to plan, depending on staff availability and patient wellbeing. Despite having three life skills workers on rotation, some weeks there are no activities. On occasion, a life skills worker cooks for patients but they are not involved in this activity. While patients enjoy the freshly cooked food, we were told that this prevents them from doing other activities.

Five patients answered the questions about activities. Of them, three are satisfied with the activities provided, while two patients told us they do not like what's on offer but were not able to further elaborate on what they would like to be involved in.

One patient expressed a clear dislike for all the activities available. Another patient mentioned that while there are occupational therapy (OT) sessions such as art and music, he does not participate due to security concerns. This patient also expressed a desire for more relaxation and opportunities to go outside. Interestingly, he noted that the visit from Healthwatch was considered an activity, suggesting that any form of external interaction is valued. Similarly, another patient expressed interest in more external visits and suggested that activities involving interaction with the outside world are particularly appreciated.

Another patient shared with us his love for pottery and how he would like to take part in more activities but was unable to because of his arthritis. His comments echoed what we heard from a staff member, who said,

"Activities should be more suited to patients on the ward at a given time. There should be some adaptability according to patient wishes".

Visits

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

Only four patients answered this question.

Two of the respondents told us that they did not have any visits.

"I don't have anybody, there is nobody fighting my corner for me or supporting me".

Another patient shared with us that his family visit him "a lot" and pay for some of his takeaways. He said his visitors often work long hours so it can be difficult for them to visit.

Another patient told us that he received frequent visits from his friends and carers. This patient did not have any issues with visiting arrangements.

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?

Staff told us that all patients have a care plan and are routinely involved in its creation.

On our visits, only two out of six patients told us that they know what a care plan is.

"I don't know if I have one or where it is kept."

Of those who replied to this question, a patient told us that his care plan was out of date and had been drafted in a previous stay. It is worth noting that this patient stated at the beginning of the interview that this was their third time in the ward.

Another patient told us they were not worried about their care plan. Their focus was on life outside of the ward, not inside. He stated,

“I just want to get out of here and live my life”.

The Authorised Representative explained that the care plan was intended to support them to regain their mental health, independence and freedom, to which the patient shrugged their shoulders.

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? Social care support, physical activities?

Staff told us that discharge meetings happen twice a week, every Tuesday and Thursday. Staff check whether the patient’s home is habitable, including cleanliness, gas and electricity. When needed, patients can be discharged to the Community Team, who monitors them for 7 days to make sure they take their medications. Sometimes patients are referred to the Neighbourhood Team or the Care Coordinator, too.

Of the five patients who answered this question, only one told us that a conversation about discharge had taken place. This patient said he was due to be discharged in two weeks depending on whether he behaved well.

The other four patients told us that they had not had any conversations about discharge. Three of them highlighted how housing issues would impact their discharge.

A patient said they had just arrived and therefore it was too early to discuss discharge. However, he was aware that upon discharge he would be given notice and asked to leave his accommodation, effectively becoming homeless, because of smashing a window. We were told that one of the nurses had been in touch with Crisis, who would be able to assist him.

“I am upset and it goes against my human rights”.

Similarly, another patient mentioned that discussions about discharge had not yet taken place. He is aware that there will be issues with finding new housing, though. This is because housing benefits were paid late, leading to arrears with his landlord.

“I could do with a specialist advisor”.

Another patient told us that they needed help with finding independent accommodation.

These accounts illustrate that housing instability is a significant barrier to successful discharge and patients require comprehensive support services to navigate these challenges.

Access to Independent Mental Health Advocacy and benefits advice

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

We understand from staff that information about benefits and access to independent mental health advocacy (IMHA) are included in the welcome pack that patients are given within 72 hours of joining the ward. The same information is also shared on the notice board.

The Independent Mental Health Advocate visits the ward weekly but patients can request a visit anytime. Additionally, a former patient joined the People Participation Group, acting as a bridge between patients in the ward and staff. Patients have commented that "this is very useful" and "it helps with being heard".

All six patients answered the question about independent mental health advocacy.

One patient told us they wanted to access the service but their phone "did not allow them to make calls to this number". Another patient mentioned Rethink but said they did not want to use them; they tried to reach out to Mind instead but "they never seem available so I don't bother anymore".

All three patients who mentioned Rethink told us that they felt they offered no help.

Are patients able to access benefits advice if needed?

All five patients who responded to this question said they had accessed benefits advice. However, they were all confused as to what they were entitled to.

"I don't know if I will receive universal credit still, I will need to check at the end of the month."

"I might lose some benefits, I don't know, I am worried".

"Am I entitled to additional benefits? I don't know".

Feedback and complaints

How do patients share feedback and raise complaints?

Staff told us that information about how to complain is included in the welcome pack and on the notice board. They believe that patients generally feel comfortable in approaching staff to make a complaint or discuss any issues.

Two patients told us they were unsure about where to go and who to speak to, while one person told us they would not feel comfortable making a complaint but could not elaborate further on the reasons why.

Of the three patients who told us they know how to make a complaint, one said that there is a form that needs filling and returning to a nurse. Another one told us that the form must be returned exclusively to the doctor. The third patient said they have never filed a complaint but they have seen others using a form.

One patient expressed mixed experiences with the complaints process, stating,

"Sometimes things are addressed, sometimes swept under the carpet."

This suggests that while there are instances where concerns are addressed, there are also times when issues are not taken seriously or are ignored, indicating inconsistencies in how complaints are handled.

What changes would patients like to see?

Patients shared with us several suggestions for improvement:

Two patients stated the ward needs more staff, including more cleaning staff. Improving the cleanliness of the ward was a recurring theme in our conversations with all patients.

“Stained showers and smelling toilets do not install dignity in anyone”.

Two patients expressed a desire for more varied, tailor-made activities. Both these patients would also appreciate opportunities to go outside and spend time in the garden.

Two patients would like to have more interaction with the outside world, for example by bringing in more external people.

A patient requested for a fob system to be introduced, to give him independence in accessing his room.

Lastly, a patient suggested all nurses improve their manners:

“Nurses need to learn their manners, courtesy and respect. They should stop to use their authority to put us down. They push you and push you until you pop”.

Findings: Discussion with staff

During our visit we spoke with four members of staff: a support worker, a life skill worker, the nurse manager and the ward matron. This section details our findings from these conversations.

How supported do you feel?

Staff told us that managers are aware of the demanding nature of the ward and efforts are made to provide the team with extra time to complete their paperwork when there are additional staff available. For instance, on the day of our second visit a nurse was doing her paperwork in the office instead of being on the floor.

Staff generally agree that relationships within the team are good. Likewise, they generally feel comfortable with their managers, indicating support from managers and confidence in their leadership skills.

Do you have enough time to do your job?

A staff member told us that new recruits have shared with their colleagues that they feel they do not have enough time to settle in, complete their training and get to know the patients properly.

“Because we are so busy and short-staffed, there is a feeling of pressure to get on with the job.”

This means that they are not fully efficient in their roles, with a knock-on effect on their colleagues.

“Today, it is fully staffed but it depends. Sometimes I have to step in to do other duties, such as assisting on ward rounds.”

What training have you received in the last 18 months? Is there any specific training you would like to receive?

Staff receive training upon induction and are requested to complete refresher training every year. However, three of the four staff we spoke to shared with us that they would like to receive more training on the following areas: cultural awareness, equality diversity and inclusion, harassment and bullying, wellbeing at work, hate crime.

“Our Equality Diversity and Inclusion training is not comprehensive. I still feel I do not understand Ramadan”.

We were also told that they received specific training from a Rabbi but this was a long time ago and staff would appreciate a refresher.

“It was a long time ago, it was so good, we could do with having it again. I don’t think I really understand Shabbat.”

Lack of adequate training in these areas could explain some of the comments we heard from the patients who felt that they were not heard and treated with dignity and respect.

Findings: Challenges

Staff’s health and safety

Two staff members shared with us that they go to work even when they are unwell. It is worth noting that during the second visit in May an Authorised Representative noticed a staff member clearly unwell at work. When asked, this staff commented,

“I caught Covid several times, mostly from patients here. We don't wear face masks and so it's easy to catch and spread something. Covid is not a thing anymore so now it counts towards our sick days. We have to come to work even if we are unwell”.

A nurse shared with us that the ward experiences high levels of violence. They recalled,

“A patient threw me against the wall, another one slammed the door on a nurse's arm, another one attacked a nurse and broke their nose”.

"I am scared".

Another nurse observed that they have a response team but they believe more work needs to be done on prevention, including increasing staffing levels, patient engagement and activities in the ward.

Another nurse commented on the mental toll the job has on her. She explained that one of the offices is adjacent to the seclusion room, with which they share a wall. When a patient is in seclusion, they can be violent, loud and bang on the wall “to the point that I was in a meeting and could not hear the conversation going on”. This causes significant mental strain due to constant exposure to distressing incidents, leading to heightened stress, emotional exhaustion and safety concerns.

Mice and cockroaches infestation

We understand that mice and cockroaches infestation is a significant challenge affecting the whole unit.

Patients have reported disturbing incidents, such as feeling mice walking on their legs at night, which initially could be dismissed as delusions due to their mental health

conditions. However, the reality of the situation is confirmed by nurses hearing screeches on the floor.

Staff seem to have adapted their behaviour to mitigate the impact of the rodent problem. A nurse told us they avoid leaving anything on the floor for fear of attracting mice.

"A colleague left some chocolate in her bag on the floor only to find a mouse in it when she got home".

Conversations with staff have highlighted how they have become intimately familiar with the rodents, knowing their specific hiding spots and movements within the ward. This familiarity has led to a resigned acceptance, indicating a troubling normalisation of the presence of mice in their working environment and negatively affecting the dignity and wellbeing of both patients and staff.

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, dignity and independence. It will reduce waiting times for staff assistance and decrease frustration, too.
2. Expand food options. Patients in the ward structure their time around food. It is important that mealtimes are enjoyable and create a positive food experience.
    - Revise the menu to include a wider variety of culturally diverse and dietary-specific options, such as vegan, vegetarian, and dishes from different cultural backgrounds.
    - Consider introducing themed meal days to add variety.
    - Review and adjust portion sizes to ensure all patients receive enough food.

Recommendations to Joshua Ward Manager

1. Ensure toilets and showers are deep cleaned and usable. Implement a strict daily cleaning schedule for toilets and showers. Regularly inspect and quickly repair blocked toilets.
2. 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.
3. Use staff away days to review and enhance staff's cultural 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.
    - Invite religious leaders from the community to facilitate training sessions that enhance staff's understanding of religious practices such as Ramadan and Shabbat. This will ensure that staff receive accurate and up-to-date information directly from authoritative sources.
4. Improve patient sense of security.
    - Offer earplugs to patients sensitive to noise, especially at night.
    - Ensure staff has on-demand access to refresher training in dealing with challenging behaviours, de-escalation and conflict resolution, to handle violent or aggressive behaviour effectively and address disputes between patients before they escalate.
5. Enhance in-ward and off-ward activities.
    - Increase the budget per patient to ensure more meaningful and reliable activities that meet patients' needs and preferences.
    - Keep the daily and weekly activity boards updated with current, accurate information.
    - Use occupational therapy leave to offer patients a variety of appropriate off-the- ward activities, including core arts and core sports.
6. Enhance discharge planning.
    - Work closely with the local authority to find stable, suitable long-term accommodation for patients upon discharge.
    - Ensure continuous joined-up work with Care coordinators, including regular visits to the ward.

Recommendations to NHS Property Services

1. Improve pest control.
    - Take decisive action to address issues with flies, mice and cockroaches, using professional pest control services.

- Simplify reporting mechanisms for staff; ensure that incidents reported are followed up properly and staff is informed about actions taken and their impact.

2. Improve the wi-fi to ensure a stable and fast connection for all patients. Consider adding more access points to cover all areas of the ward and implement regular checks and maintenance to address any issues promptly.

Recommendations to the Commissioner

1. Ensure an adequate level of staffing, including an occupational therapist (OT) and life skills worker.
2. 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.
3. 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 the Union

1. Encourage a culture where staff feel empowered to prioritise their health and safety including policies that support sufficient sick leave without penalty for illnesses acquired in the workplace.

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 facilities, staff training and patient safety, engagement and care. By prioritising these areas, the team at Joshua ward can create a supportive and respectful environment that meets the diverse needs of patients and promotes their well-being throughout their stay.

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

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Appendix: Summary of detaining Sections

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

Section 3 - Patients on this section can be kept in hospital for up to 6 months. This section is usually applied to people who are well known to mental health services or

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

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

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

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

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