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Enter & View

Juniper Ward

Enter & View: Juniper Ward, June 2024

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Background

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) provides healthcare for people with serious mental illness, learning disabilities and autism in inpatient and community-based settings. AWP serves a population of around 1.8 million across Bath and Northeast Somerset, Swindon and Wiltshire, and Bristol, North Somerset, and South Gloucestershire. Their services include ward-based treatment at Callington Road.

Juniper Ward is an 18-bed mixed sex acute Mental Health Ward based at Long Fox Unit, Weston General Hospital. The beds are split equally – 9 male beds and 9 female beds.

Service Users are admitted to Juniper when options for assessment, support and treatment of their mental health crisis cannot be safely managed in the community.

Most of the Service Users admitted to Juniper are detained under the Mental Health Act however some are admitted informally.

Juniper has a full Multidisciplinary Team that includes Registered Mental Health Nurses, Health Care Support Workers, Psychiatrist, Staff Grade, Junior Doctors, Occupational Therapists, Art Therapist, Psychologist, Pharmacist, dieticians and access to physiotherapist and exercise team and brilliant admin that keep everyone organised!

The whole team work together to support Service Users in their recovery, involving them and those closest to them in decisions about their care and treatment. All Service Users are seen at least once a week in a care review meeting in which their community team are invited to join to ensure a joined-up approach.

The Ward Manager was unable to meet the team upon arrival. The Charge Nurse on duty answered questions regarding both the visit and the ward itself.

Methodology

The Visit

- The visit was planned two weeks in advance with assistance from AWP and the ward manager.
- A set of open questions for service users were agreed as prompts and forwarded in advance to the AWP senior team.
- The visit was made by six Healthwatch Bristol, North Somerset and South Gloucestershire (BNSSG) Enter and View trained authorised representatives.
- Two hours were spent talking to service users and staff of Juniper Ward, Long Fox Unit, Weston-super-Mare
- Five service users and one staff member were engaged in conversation.

General observation

Long Fox :

Juniper Ward is located at The AWP Long Fox Unit, in the grounds of Weston General Hospital. Navigation to the ward is not straightforward and an alternative ward can be easily mistaken for Juniper.

When entering the main reception area there were noticeboards with information on mental health, mental health services and healthy eating. No leaflets were displayed. There were also information boards posted in communal areas with information about topics such as The Advocacy People, the Mental Health Act and the Care Quality Commission, among others.

There was minimal art or decoration on the walls except for a few nature photos in the cafeteria area.

Juniper Ward:

On arrival the team were met by the Charge Nurse who was unaware of the visit but confirmed this information would have been with the Ward Manager who was now unavailable. The team's names were not recorded upon arrival, however the Charge Nurse asked that our lanyards be visible. The Healthwatch team did not have the opportunity to meet the Ward Manager.

Service users were standing or sitting near the reception office when the Healthwatch team arrived. The ward itself smelled strongly of bleach.

The Healthwatch team was able to speak to five patients for an in-depth discussion from their semi-structured questions. One was a partially completed discussion.

Staff conversations

The Charge Nurse reported that the average length of stay is approximately three weeks, which is shorter than comparable wards in the area. They can accommodate 150 service users every six months. They said this is due to availability of resources to continue supporting service users if needed after discharge and the availability of locally suitable housing.

The Healthwatch team were shown locations throughout the unit including the clinic room, garden areas, bedrooms, an activity room with games, puzzles and art supplies and the communal cafeteria area where service users can make themselves a hot drink at any time of the day.

Breakfast, lunch, and dinner are provided in the ward cafeteria with daily menus displayed on the noticeboard. There is a gym on site that individuals may use, following an assessment. The unit is working towards introducing a pottery room which contains wheels and a kiln and is waiting health and safety agreement for this. There is a family room for visits off the ward.

There is a calendar on the wall with the schedule of activities which included yoga, art therapy and food, gardening, walking, relaxation and psychology groups and the availability of 1:1 tobacco cessation sessions. Occupational Therapy sessions were few.

The Healthwatch team went into the garden area where patients are normally allowed, but presently, because there is a broken fence board awaiting repair, staff must accompany service users. There were no seats in the garden and the Charge Nurse had said there was no funding available to provide seats. Service users vape in the garden.

The Charge Nurse mentioned that some indoor seats have splits and that they are awaiting replacements.

There is a separation of the female and male areas, and a staff member is always assigned to monitor the corridors to ensure this separation. There was a separate lounge for the women near the female bedrooms and the team noted a

comprehensive information board about pregnancy and mental health. The ward has shared bathrooms for each gender. The Charge Nurse stated that there were limited bathroom facilities for disabled people on the ward.

The Charge Nurse said the unit utilises bank staff, which can comprise half of the staff on a shift. The ward functions at a staffing level of a minimum of between 6 and 8 staff throughout the shifts with at least one male/ female staff to accommodate service users preference to have checks completed by a member of the same sex.

There are student placements frequently on the ward. Staff on the ward were not observed interacting with service users.

The Healthwatch team talked to residents in pairs. Service users were made aware of the Healthwatch visit beforehand or the purpose of the visit.

Four full interviews and one partial interview was completed with Juniper residents.

Safeguarding report

During the visit, the Healthwatch Team identified safeguarding issues within the ward which they felt compromised the safety of service users. These were mentioned immediately to the duty staff at the time and escalated to North Somerset Adult Safeguarding and AWP senior management.

The primary concerns were:

1. The staff's clinic room, containing medications and sharps, was wedged open into the patient area. A charge nurse said that the door was open to keep the room temperature down. (AWP response in Inpatient summary report).
2. A service user is allowed to sleep in the outside area at night which may not be safe for them. We were told that staff checked frequently on the patient throughout the night, however our team observed things which suggested that this checking process wasn't robust enough. We found out a care plan but no risk assessment had been completed. Escalation to North Somerset Council (NSC) initiated a safeguarding investigation. AWP have provided a risk assessment.
3. A hole in the fence is a safety concern and service users were not allowed alone in this area. (AWP response as above)

On-the-day explanations from duty staff was limited, but we received a reply the following day from AWP safeguarding leads and action has been taken. Item 2 is in progress with NSC. AWP is fully supporting the investigation.

Thematic Analysis

Service user conversations

Care plans

Three out of the five service users felt like they were either kept informed about their care or involved with the discussion. One individual said “yes, the hospital staff keep me updated.”

Another individual confirmed having seen a care plan and having a copy in his room. He said he had been in hospital for four weeks and has got things “off his chest” during that time. He suffers with high anxiety and said the medication was helping.

A third individual said this hospital is a good hospital and her needs are met. She had recently been to a ward round where they had had a discussion with her about her capacity. She had been in hospital for a week and a half.

A fourth individual responded, “yes and no,” concerning whether he knew what was going on with his care. He said he knows what medication he is taking but he has been sectioned and does not know how long he will be in hospital.

Another service user had been sectioned from his home two days prior to the discussion. He reported having seen a psychiatrist but did not yet know what the plan for his care was.

In relation to family/friends’ knowledge four out of the five service users reported that someone close to them was involved with their care.

One individual said staff were in touch regularly with his sister and another individual said yes, “all my family and friends are informed about my care, especially my two sisters.”

A third resident said she believes the staff contacted her mother. Previously they had shared only limited information but now they have told her it is “fully shared information.”

“I believe in the sharing of information.” Service User Juniper Ward

A fourth individual said his sister and mum are involved with his care but do not come into the ward. His sister meets up with him on the hospital grounds and looks after his finances. His father died last year which was upsetting for him. This individual said he generally stops taking his medication within two weeks of it being prescribed, especially if his family members are not happy with what he is prescribed.

Discharge

We asked residents about their understanding of the discharge process and if this had been put in place, delayed or complicated in any way.

Three of the individuals were not yet aware of any discharge planning.

“My discharge is not in process yet. I’m still being assessed.”

One resident who was in the ward under a 28-day section said that he would like to get a plan in place for discharge to return home and go slowly. He reported that he feels lost at the moment.

Another service user also reported having been sectioned and does not know how long he will be on the ward.

One service user said he is awaiting discharge planning but felt he was not ready for this yet and that there were concerns around him not continuing to take his medication once discharged.

Safety

All five service users endorsed a feeling of safety on the ward.

One individual said that he would talk to staff if there was an issue.

Another individual said he feels safe and that he can protect himself and go to staff for help if needed.

A third individual answered, “very,” and said that he has seen how quickly staff get involved when things are kicking off.

A fourth individual said she feels safe but added.

“I worry about the person who sleeps in the garden in the rain.”

A fifth resident stated “Yes, but I feel better outside or in the garden.”

Activities

All service users endorsed there being different activities available and some reported participation.

Art and gym sessions were especially popular.

One individual said "There are lots of activities, I don't do all of them. You can read what is going on, there is a list on the window in the corridor."

Another resident said he goes to the gym and likes to walk and draw. He enjoys art therapy and said he would eventually like to do some voluntary work in the community.

A third individual said he plays Scrabble. He added that there are art classes and a gym.

A fourth service user stated he has done some art and thinks he should try other things.

Complaints

The team asked service users if they would know who to talk to if they were unhappy with things in the ward or wanted to make a complaint.

Two of the service users we spoke to were confident about sharing issues with staff although concern about how this would be received was expressed by one service user.

One individual said "Yes, there are always staff available. Not all of them want to listen though."

Another individual said he would talk to staff if he were unhappy. He feels he could talk to any member of staff and that any concerns he has had have been addressed.

However, two other service users were less confident about sharing concerns. One individual said he does not yet have a key worker and has only talked with a psychiatrist.

Another resident said he would not know who to talk to on the ward if he were unhappy, although admitted to speaking to one member of staff and knows he could speak with his key worker as well.

One service user said "I constantly want to call the police. I'm worried that I'm going to have some sort of psychosis."

Respect

The Healthwatch team were able to ask four of the residents about their views regarding respect and being heard and listened to.

Three out of four service users confirmed they felt positively respected by staff on the ward.

However, one individual reported that he felt that he is being treated like a criminal.

Staff interaction

The team observed little interaction with staff whilst on the ward, but three of the five service users spoken to stated that there were regular opportunities to talk and interact with them.

One individual said that there were opportunities most of the time and another that he had not been offered specific times but felt that if he needed to talk to someone then staff would be available.

One service user was less positive and responded, "No, I think I need more help."

Another individual shared that he did not think there are regular opportunities to interact with staff. He finds it difficult to remember who staff are, which makes it challenging to be able to trust and talk with them.

Equity & fairness

We asked service users if they felt all residents were treated fairly on the ward regardless of gender, race, age, religion, disability, or sexual orientation.

Three quarters of the services users said that treatment was equitable, and one individual added, "They are fair with everyone."

One resident was not sure if staff treat everyone equally. He reported he feels treated fairly, though added that staff can sometimes treat him “like a fool” around things like turning on the television.

Cultural issues

Service users confirmed that their cultural and/or spiritual needs had been addressed.

Most service users endorsed having been asked about spiritual beliefs or being aware of opportunities to engage with these beliefs.

One individual said he had been asked when he was admitted.

Another individual reported that the chaplain visited regularly, and he has been asked if he wants to speak with her although he has declined.

A third individual said, “I like to go to church. I have seen the hospital chaplain on the ward.”

However, one service user said he had not been asked about cultural or spiritual practices but would like to be involved as he has Christian beliefs.

Nutrition

The menu was popular with the residents and most service users reported liking the food on the ward.

One individual said, “I enjoy the food. My favourite meal is a roast on a Sunday.”

Another service user added that the food was nice and lovely, and that curry was his particular favorite.

A third individual said the food is good but that he would like more fruit.

One service user said he mainly eats the puddings because he does not like the choices. Leek and ham crumble is his favorite, but he wished they had more “fast food” options like burgers and chicken.

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