



healthwatch
Bristol

healthwatch
North Somerset

healthwatch
South Gloucestershire

Enter & View Oakwood Ward

April 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 North East Somerset, Swindon and Wiltshire, and Bristol, North Somerset, and South Gloucestershire. Their services include ward-based treatment at Callington Road.

Oakwood Ward is a 20-bed mixed sex acute Mental Health Ward based at Southmead Hospital. The beds are split equally – 10 male beds and 10 female beds.

Service Users are admitted to Oakwood 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 Oakwood are detained under the Mental Health Act however some are admitted informally.

Oakwood has a full Multidisciplinary Team that includes Registered Mental Health Nurses, Health Care Support Workers, Psychiatrist, Staff Grade, Junior Doctors, Occupational Therapists, Dance and Movement Therapist, Music Therapist, Psychologist, Pharmacist, dieticians and access to physiotherapist and exercise team and admin. The ward is currently overseen by the ward manager and by the Matron.

The whole team aim to 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.

Oakwood Ward is due to move to Callington Road Hospital in December 2024, into a brand-new ward which is being built. The team are excited about the move and having input into the design and facilities.

Methodology

The Visit

The visit was planned two weeks in advance and included in a series of visits with the assistance of 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.

The HW team were greeted upon arrival by staff and two hours were spent talking to service users and staff of Oakwood Ward, Southmead Hospital, Bristol.

Ten service users were engaged in conversation.

General observation

The Oakwood Ward is on the Southmead Hospital site. Parking on the Southmead campus was difficult, and space was in limited supply.

Navigating to the ward is challenging due to lack of obvious and clear signage.

The team were greeted by welcoming staff from the ward office upon arrival and shown to a small room just outside the entrance to the unit. The room had posted the Care Quality Commission report from May 2023, leaflets from the Patient Advice and Liaison Service, and information for family and caregivers.

Staff conversations

The Healthwatch team were welcomed by Oakwood Ward Manager, who gave an overview of the ward. The length of stay varies, although 1 month is an average but arranging accommodation following discharge can delay the process.

Oakwood is a twenty-bed mixed sex unit although the unit currently has 21 service users. There is a physical separation between the female and male rooms and that a staff member is always assigned to ensure this separation and maintain sexual safety. There are also social spaces within each corridor that remain separated for each sex. Arrangements would be made for any service user displaying behavior that may be deemed a risk for a mixed sex ward for transfer to a same sex unit.

The ward utilises bank staff but favours the use of agency staff that are assigned consistently to the unit, and therefore creates more continuity. Permanent staff can pick up shifts as bank staff.

There are nine staff members on the day shift, with one staff member specifically assigned to complete frequent checks, which vary from every fifteen minutes to every hour based on the assessed risk of the service users' behavior. If a female service user is uncomfortable being checked on by male staff, especially at night, then a staff member of the same sex would complete the check instead. It was unclear if service users were aware of this.

Due to an incident on the morning of the visit, the Healthwatch team were not shown around the ward to ensure our safety and prevent any further escalation. The team therefore could not observe whether service users were participating in any of the available activities. It was noted that patients could have their phones with them.

The team was allocated different areas. Two pairs of the Healthwatch team were stationed in small rooms, while a third was in the ward's community area. Each pair was given a personal alarm, and the team stationed in the community area of the ward was accompanied by a staff member. Members of staff selected service users to speak with the Healthwatch team. The Healthwatch team was able to speak to 10 patients for in-depth discussion. Two service users had to leave to attend a ward after partial completion of the questions.

Thematic Analysis

Service user conversations

Care plans

Six of the ten service users said they were being informed about their care or knew of their care plan. One individual described the service as good and said they keep him informed about what is going on with his medication. He was hoping to be going home soon.

Another individual agreed and commented that they were incredible although she did not provide any clear specifics. She had arrived at the unit within the last week and felt the staff in this ward had been good and were concerned about her well-being.

A third individual said they are aware of what is going on with their care and that they always feel listened to.

Another service user stated that she had a detailed care plan that was given to her six months ago when she arrived on the ward. She reported that this care plan was copied to the Crisis Team.

One service user had been bought in under section three weeks ago and said he was aware of his care plan. Following a brain injury and unable to continue in private accommodation he is waiting for supported living housing to become available.

A further individual commented that they were aware of their care plan but felt that it was all lies.

Another felt less sure of the plans for her care. She had been on the ward for seven weeks and said that upon admission a detailed personalised plan had been completed. However, she did not feel involved in its development and added that although it had been given to her for reading and comment, no follow-up had occurred since then. She added that ward rounds provided little explanation or discussion and she did not know why she was prescribed Vitamin D.

Three service users stated they did not know what was happening with their care although two reported attending ward rounds.

“They give you information, but I do not understand it and find it a bit stressful.”

This service user added that he attends ward rounds but feels like he is not involved in the discussion. He had been on the ward between 4-5 weeks.

Another individual said he had been in hospital for just over a month and that this was his first time in hospital. He can talk to the doctor at ward round every week but said there are no individual appointments, and it was currently unclear what needed to happen before he would be ready for discharge as he was aware that things have changed with the type of section that applies to him. He was unsure about the details regarding his treatment.

70% of the service users reported that someone close to them was being informed about their care.

One individual commented that their family members are updated and informed.

One person reported his father has been involved in his care and continues to visit him weekly for the ward round, another added that his mother was able to visit every evening

A further service user knew that other people close to her routinely receive a copy of her care plan. She has lots of support from family and friends, especially her fiancé, brother, and uncle.

A fifth individual said the staff help her keep in touch with her partner and aunt, but they have not come to visit so far.

Two service users reported that someone close to them was being informed but commented that they were not sure about how well the notified individuals understood what was happening.

One individual indicated that his mother and father were aware of his care but was unclear about whether they knew the full extent of his "psychosis."

Another individual stated that his girlfriend is made aware, but he was unsure as to whether she really understood the information provided or what was going on for him.

Three service users said no one else is involved with their care for a variety of reasons, including family estrangement, current circumstance, and personal preference

Discharge

Three service users were waiting for discharge and mentioned needing to wait for available accommodation.

One individual said that their discharge was now being delayed due to the lack of community accommodation.

Another individual was waiting for a transfer to the rehabilitation unit at the AWP Callington Road site and had been told it would be a few weeks. Her experience of the unit had been good. She felt frustrated regarding being sectioned and not being able to go home or get a bed at another unit and felt like this was wasting NHS resources.

A third individual had been declared fit for discharge for the previous two weeks but was waiting for a place to become available in supported accommodation.

One service user said he was not aware of any delays and believed he would be discharged within the next two weeks. He said he needed to have injections arranged prior to discharge.

Another service user was hoping to be discharged from the ward within the month. She lives independently in her own accommodation and had unescorted leave. She has had experience being in other similar wards run by the organisation and said no other ward at Callington Rd Hospital was the best, and that this ward has been the worst.

“The ward is dilapidated, with chronic staff shortages, and is a depressing place to be “

Other service users were less clear about plans for their discharge.

“I’m never updated. I have no idea about my discharge.”

Another individual said he was asking about discharge but received no proper answers and did not know when he would be discharged. He was not aware of any goals or conditions that needed to be met prior to discharge.

A third service user was waiting for discharge but felt unclear about when this would happen. He recalled he had been told different lengths of time on separate occasions but had never been given an exact date. He says he cannot wait to get out of here and misses being home.

Safety

Eighty percent of the service users endorsed feeling safe throughout their time on the ward.

One person said she feels safe in the unit and all the communal areas. She said women have their own lounge and each person has their own bedroom, and she can go back to her room whenever she wants.

Another individual said she feels safe and that if any service user displays unsafe or aggressive behaviour, the staff are always present. She said that when she had been unwell and in bed for several days the staff had been particularly good about checking on her regularly

Two of the eight services users also endorsed feeling safe but expressed concern about noise from other service users.

One individual reported that it can be noisy some nights. Some service users cannot sleep and there can be banging and shouting but added that staff are quick to intervene.

Another person added that often there are service users yelling or being noisy, sometimes at night, which is quite disturbing and frustrating.

However, two service users did express concern about safety. One individual said that they do not always feel safe when other patients are arguing with each other. A further individual commented that they do not trust all the staff.

Activities

Activities are displayed on the board in the main area for all the service users to access. Sixty percent of service users reported participation in these activities.

One individual stated that she goes to the gym twice a week and does creative writing.

Another person added that there is art, baking and singing.

“I really enjoy the baking “

A third individual said he goes to the on-site gym once a week and enjoys cookery classes, which include healthy meal choices, recipes, and baking. There are also art and craft classes, and he can enjoy unescorted walks around the grounds away from the ward for up to an hour a day.

A fourth individual reported that activities include music and art therapy. She said that music and singing were especially important to her and the best therapy, especially after losing her mother to cancer. She was previously in the Church choir and is a singer and musician. There is also a psychologist available for 1 to 1 sessions and group sessions which she finds beneficial.

A fifth individual said she sometimes participates in the staff led opportunities which include making art collages and cooking.

Another service user said he sometimes draws, plays cards or football. He stated that he watches a lot of movies on his phone.

Four service users did not express a wish to participate in available activities. One individual added that he preferred to relax in his room listening to music, another commented that although there is drawing and painting available along with a garden space, would rather do his own thing. He enjoys watching television and can leave the unit four times a day to smoke.

Complaints

Almost all service users reported knowing who they would talk to if there is something they are unhappy about or identified individuals with whom they could speak.

One individual identified the nurses but said he had not felt the need to raise a concern.

Another service user mentioned the nurses or the ward manager.

A third person said he would talk to the doctor at ward round and that the staff are helpful if you need something.

Another agreed and said she feels she can talk to the staff.

“The staff are very supportive “

Two service users said they had raised concerns. One individual reported that he had talked to the staff about the noises at night and that the “staff don’t want to get involved” and there has not been resolution. Another individual stated she knows what to do if she is unhappy and that she can talk to the ward manager to whom she has made quite a few complaints in writing. She wants to go home as she is not a danger to herself or others. She went on to explain that she is waiting for a bed at the rehabilitation unit at another facility.

One service user said she would not know who specifically to talk to if she was unhappy about things on the ward. She is not sure who her keyworker is and only heard recently that there was a psychologist available on the ward for service users.

"Communication could be improved".

Respect

All the service users reported feeling heard and respected by staff, though several noted some exceptions.

One individual said she felt heard, respected by staff, and said the psychologist and others at ward round have helped to adjust her medications.

Another individual agreed.

“I feel both heard and respected by the staff especially by the nurses and healthcare assistants.”

A third person felt that staff try not to get involved and said he prefers to keep to himself and relax in his room.

While all service users answered positively the question regarding respect, a third expressed that there were some exceptions.

One individual shared that this was not true of all staff members.

And another individual felt generally being heard and respected was evident but that there had been one or two small incidents where this was not the case.

Staff interaction

Most service users endorsed there being regular opportunities to talk and interact with staff. However, one service user observed that the staff are often busy.

One individual said there are lots of opportunities to talk to staff and reported she was talking to them all the time and that she felt they were easy to talk to.

Another service user said there were adequate opportunities to talk and interact with staff when they are on the ward and when they are doing their observations.

A third individual said the staff always have time to interact and reported being able to talk to them;

“If I needed them, I could talk to them.”

One service user was less sure and said that there were occasionally opportunities to talk and interact with the staff but added that this could be awkward because he does not think some spoke great English.

Equity & fairness

Three quarters of the service users endorsed that staff treated all patients fairly.

One person noted that the staff team is diverse and there are many different nationalities.

Another individual felt that the staff were very good in this way and commented that he felt they were lovely people.

However, another service user felt that the staff do not get involved with people but that this treatment is equitable as it is the same for everyone and so people are treated fairly.

Two service users expressed exception or concern.

One individual did not agree that there was universal fairness;

“Sometimes patients with challenging behaviours get ignored.”

A further service user questioned the fairness and recounted that the television in the female lounge had been broken recently but female service users were told they could not go into the male TV lounge. She felt this was sexist and had caused her a lot of frustration.

Cultural issues

Two service users reported they had specifically been asked about their beliefs.

One individual said that she was asked about whether beliefs are important to her. She had asked about going to church but said the consultant had not found time to put in the request for her. She can leave the ward some Sundays to attend church and said Chaplin comes around on a Sunday too.

Four service users reported overall positive experiences with cultural or spiritual practices and beliefs while on the ward even though they did not mention whether they had been asked about the latter.

One individual said she has not been asked about her own cultural or spiritual practices, but she visits the sanctuary on-site sometimes. She goes there to sing as it has great acoustics.

A second person said his spiritual needs are being met. He stated that there is a spiritual room in the sanctuary on-site where service users can go with an occupational therapist.

A third service user said he was previously Muslim and has converted to Judaism. He mentioned feeling supported in his beliefs.

A fourth individual said she does not believe in religion but has a Bible in her room and has prayed with another resident.

Three service users denied being asked either about cultural or spiritual practices/beliefs or being invited to attend religious services.

One said he had not been asked but felt staff would assist if he had a request about this.

Nutrition

"It's just hospital food, it needs a bit of salt."

Most of the service users reported the food being average to particularly good.

One individual said the food is okay and reported there are good healthy choices and added that service users can request fruit if they want to during the day. He particularly likes the fish pie, salmon, and fish and chips on a Friday.

Service users described the food as nice, fairly good and good and commented positively upon the selection and portion size. Favourable comments included that snacks and drinks were available upon request throughout the day and that the puddings were particularly good.

Another person said she especially likes Fridays fish and chips, Saturday morning when there is a full English breakfast and Sunday when there is a roast dinner. She added that there are vegetarian and vegan choices too.

One service user reported his request being accommodated while two other service users said their dietary needs and requests were more difficult and had not been met.

One person said he asked for chicken sandwiches and that he eats them for lunch and dinner.

Another individual needs to have gluten-free food so sometimes all she can have is a sandwich because all the hot food choices contain gluten. She said she must repeatedly request gluten-free bread for toast.

A third individual endorsed the food being good and mentioned cottage pie and steak and kidney pie when asked about favorites. Due to religious beliefs, he cooks Kosher food at home and said he had asked about continuing this in hospital but had been told that this was not possible. However, he added that he can have his preferred fruit and decaffeinated beverages.



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