healthwatch Hackney

2024

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

MOTHER AND BABY UNIT

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Executive summary

Healthwatch Hackney visited the Mother and Baby Unit 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.

To prepare for the visits, we reviewed information available on the East London Foundation Trust (ELFT) website, relevant CQC reports, NHS mental health care standards and existing patient feedback. Using this information, we developed questionnaires for patients, staff and the ward matron to explore various aspects of the service, including patient-centred care, baby's physical, emotional and developmental needs, 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 (55% of the patients on the ward) who ranged in age between 23 and 42. We also spoke to four members of staff – two healthcare assistants, a nurse, the lead nursery nurse and the unit manager.

Key Findings on Patient Experience

Safety: Patients generally feel safe in the ward, valuing the constant supervision for themselves and their babies.

Patient – staff relationship: The patient-staff relationship is generally positive. Patients especially value the night-time support and how the medium-sized ward promotes socialising and good relationships.

Cultural awareness and sensitivity: The ward actively strives to meet patients' cultural and religious needs, and this is recognised by the patients, too. Despite these efforts, difficulties remain in securing face-to-face interpreters for less common languages like Amharic.

Quality of food: Patient feedback on food in the unit is mixed. Many patients reported cooking their own meals or ordering hospital's take aways. Patients dissatisfied with food wished for more variety and healthier, more nourishing options.

Smoking and vaping: The ward enforces a strict no-smoking policy, which patients are informed about before admission. While vaping is permitted, patients are encouraged to do so outside to protect the babies, and most comply by using the garden. Although none of the patients we spoke to smoke or vape, they acknowledged the no-smoking rule.

Access to mobile phones and the internet: Patients generally have access to digital resources, with most using their own phones and tablets connected to the NHS Wi-Fi. However, the Wi-Fi is reportedly slow, leading some to rely on their mobile data instead. Although digital access meets most needs, one patient expressed a desire for traditional news outlets, like newspapers.

Activities: Patients generally have a positive experience with the activities offered in the unit. They appreciate the variety and structure these activities provide, with many engaging in multiple activities daily. These not only offer therapeutic benefits but also create opportunities for social interaction and bonding with their babies. Patients find that the routine and small group activities help them feel more connected and supported during their stay.

Visits: Patients generally have a positive experience with visiting arrangements, which they find support maintaining family connections and support networks. Visiting hours are flexible, and the ward provides family rooms to accommodate larger visits.

Care plans, baby care and discharge: The experience of patients regarding care plans, including their babies' care, is generally positive. Most mothers are satisfied with their care plan, that of their baby and with their and their families' involvement. Only a minority are not aware of their care plan. Babies' physical, emotional and developmental needs are supported by a highly skilled and committed team of nursery nurses and appreciated by all mothers, although a minority of mums expressed a wish for more independence in making decisions regarding their baby's care.

Advocacy and advice: Patients are generally aware of the mental health advocacy service, with some having used it and reporting a positive experience. On the other hand, access to benefits advice is less well-known.

Feedback and complaints: Most patients are aware of how to make a complaint, with several noting that multiple opportunities are provided to share concerns. They appreciate the approachable nature of the staff and,

overall, they feel that their voices are heard, and staff are responsive to their feedback.

A father's perspective

A father visiting his partner and baby at the time of our visit agreed to share his experience in the unit.

His experience was generally positive, highlighting the supportive environment for mothers, babies and dads. He appreciated how mothers bonded and reassured one another, and found the staff to be friendly and approachable, creating a non-hospital-like atmosphere.

While some aspects of his partner's care are working well, and he had seen a steady improvement, he told us that communication with him appears inconsistent. He found that areas like providing a proper introduction to the unit for dads and proactively offering him support were lacking. He also expressed difficulties with being separated from his baby, wishing for longer visiting hours, overnight stays for dads, and more consistent dad support groups.

Despite this, he felt involved in his partner's care, describing the team as attentive and inclusive during meetings.

Key findings on staff experience

Staff are dedicated and passionate about their work but they face significant challenges that impact their job satisfaction and ability to provide care.

The demanding nature of their 12-hour shifts, combined with heavy paperwork, leaves many feeling overwhelmed and unable to focus fully on patient care. While management occasionally helps in the ward, staff believe that increasing the number of team members would better distribute the workload.

Training is another mixed area, with some staff desiring more specialised training and cultural awareness training.

Staff told us that the environment is strained by issues like favouritism, conflicts, and a lack of teamwork, which they feel are often left unaddressed by management.

Despite these difficulties, the team remains committed to their roles, but they believe that improvements in workload management, training, and emotional

support are needed to enhance their experience and the overall function of the unit.

Challenges

The key challenges for staff in the unit revolve around wellbeing and teamwork.

Wellbeing: The emotionally demanding nature of the job, particularly during difficult discharges and separations, affects staff morale. Management is aware of these challenges and actively prioritises wellbeing through reflective practice, counselling services, and managerial support.

Teamwork: Teamwork is a challenge due to differing views on care needs among the multidisciplinary staff. Efforts are made to collaborate and keep the patient at the centre, but consistent teamwork remains a struggle.

Recommendations to ELFT Senior Management

1. Improve food variety. Patients in the ward structure their time around meals. It is important that mealtimes are enjoyable and create a positive food experience. The unit should introduce a menu offering a wider variety of meals, including options for diverse dietary preferences and cultural needs. This will ensure that all patients have access to varied, nutritious, and inclusive food choices.

Recommendations to Mother and Baby Unit Manager

1. Improve Work Environment: Address issues related to favouritism, conflicts, and inconsistent teamwork by promoting a more inclusive and supportive culture. Implement conflict resolution strategies and ensure that concerns raised by staff are addressed promptly and effectively.
2. Enhance Emotional Support: Strengthen staff's emotional wellbeing with regular supervision, access to mental health resources, and team-building activities. This will help mitigate stress and improve overall job satisfaction.
3. Encourage and Act on Feedback: Create a more transparent system for staff to provide feedback and suggestions. Ensure that all feedback is reviewed and acted upon where appropriate, improving morale and engagement.
4. Support Bank Staff: Integrate staff more fully into the team by ensuring they feel supported and able to share feedback, thus contributing to

improvements. Include them in team activities and decision-making processes.

5. Consider reviewing the current training offer to better meet staff's needs. Ensure that all staff have access to role-specific training, to increase their competence and confidence in their duties, including specialised baby care training and regular cultural awareness sessions to better serve the unit's diverse population.
6. Consider establishing partnerships with local community organisations that can provide face-to-face interpreters for less common languages. This will ensure that patients with language needs are met and they are able to fully benefit from the offered support, improving their overall care experience.
7. Encourage patients' autonomy in caring for their babies. Where possible, encourage staff to adopt a more collaborative approach, allowing mothers' increased independence when making decisions regarding their babies. Where this is not possible, use the Unit's traffic light system to explain when closer support is necessary.
8. Ensure staff proactively support patients to understand and access various aspects of their care and services available – notably benefits advice and care planning.
9. Improve dads' overall experience in the unit, as dad's involvement is important in a child's life, especially in the perinatal period, and it supports mother's recovery.
    - Proactively engage dads, using the Royal College of Midwives guidelines "*Reaching out: Involving Fathers in Maternity Care*", available here.
    - Signpost dads to the Father Friendly Borough Project at Healthwatch Hackney, to improve dad's perinatal mental health and parent-infant relationship. Signposting can be done by emailing Kanariya@HealthwatchHackney.co.uk. Information about the Father Friendly Borough Project should be added to the ward's leaflet and information guide.
    - Explore discount opportunities with nearby hotels for overnight stay for dads, to improve visiting flexibility.
    - Proactively distribute the "Dad Pads" to all fathers to provide guidance and support in navigating the initial stages of fatherhood. A picture of the pads is included in Appendix 2.

Recommendations to NHS Property Services

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

Healthwatch Hackney's review highlights the importance of continuous improvements in various aspects of patient care and ward management. Addressing recommendations regarding staff well-being, patient support, training, inclusive services and father's experience in the unit are essential steps in enhancing the overall patient experience and ensuring optimal care delivery. By prioritising these areas, staff at the Mother and Baby Unit can create a supportive and respectful environment that meets the diverse needs of patients and promotes their well-being throughout their stay.
Healthwatch Hackney will monitor progress through feedback received from patients and families and follow up visits to sample wards.

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.

Visit details

Service Visited	Mother and Baby Unit (East London NHS Foundation Trust)
Address	City and Hackney Centre for Mental Health Homerton Row London E9 6SR United Kingdom
Ward Manager	Annaliese Grist
Date & Time of Visits	16 July 2024 at 2.30 – 5.00 pm
Authorised Representatives	Sara Morosinotto, Emmanuella Ampadu, Megan Llave, Paula Shaw
Lead Representative	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 the Mother and Baby Unit is part of our planned strategy to review accessibility, delivery and quality of in-patient mental health care in Hackney.
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 caring for patients and their babies.
- 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, Joshua and Ruth Seifert wards, 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 visits, we reviewed information available on the East London Foundation Trust (ELFT) website, relevant CQC reports, NHS mental health care standards and existing patient feedback. Using this information, we developed three questionnaires for patients, staff and the ward matron to explore various aspects of the service, including patient-centred care, baby's physical, emotional and developmental needs, 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.

Data collection

The information gathered in the preparation stage guided the development of 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, patients and their babies
- Good practices
- Suggestions for improvement

We also developed an observation checklist, to assess the physical environment, accessibility and safety measures. This allowed us to evaluate whether the ward is safe, accessible and adequately equipped to meet the needs of all users, including those with disabilities.

Lastly, we reviewed information materials available on the ward, including leaflets, welcome pack, how to make a complaint, the use of interpreters and compliance with the Accessible Information Standard.

After the visit, each Authorised Representative inputted their observations and answers to the questionnaire in a collection sheet. This allowed for thoroughness and accuracy when recording our findings, minimising the risk of errors and omissions. It also made it easier to analyse the data and identify patterns.

Data analysis

All data was subject to qualitative analysis. We conducted a thematic analysis of all responses to the questionnaires to identify patterns and recurring themes. Notes from the observation checklists were also reviewed to identify strengths and areas for improvement.

Ethical considerations

We planned each visit to minimise disruption to the Unit'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 the Mother and Baby Unit 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. Finally, we would like to thank Kanariya Youseinova at the Father Friendly Borough Team for the recommendations about supporting dads in the Unit.

About the service

The Mother and Baby Unit (MBU) is an inpatient facility for mothers experiencing severe mental health issues during pregnancy and up to a year after giving birth. It provides support and treatment while allowing mothers to stay with their babies.

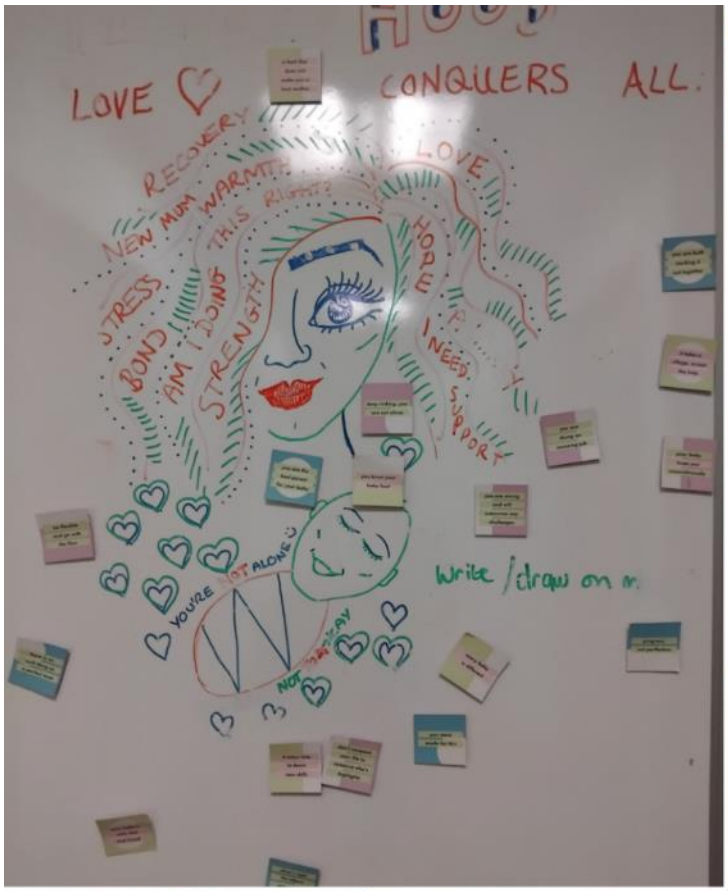
The unit has 12 beds, all of which were occupied at the time of our visit. According to the ward manager, MBUs are in high demand, and they take referrals from all over the country. Not only the unit is always full, it also has 8 to 10 open referrals, meaning that at the time of the visit there were 8 mothers needing care but there is no capacity to accommodate them. There are 2 other similar units in London and the unit manager told us that they are well linked with each other.

The MBU is located on the ground floor at Homerton Hospital. People entering the unit must go through a system of 3 doors, with each door opening only after the previous one has been closed. This is to prevent patients from absconding.

The unit appears well-lit and spacious. The communal area features a large table that sits 8 people comfortably. When we arrived, we noticed that some staff and patients were sitting together drawing. This area also has several highchairs and a well-assorted bookshelf, with children's books, fiction books and a book on father's perinatal mental health. To the left is the kitchen, which was tidy and clean. Staff told us that mothers who wanted to cook their own meals could do so under supervision. To the right there are three couches, two playmats for the babies, several more highchairs and a TV.

Opposite this area, there is a play space for babies, with two playmats, sensory resources and books.

Down the corridor, there are a bathing room with several sinks for washing babies; a nursery; the office; and the patients' private bedrooms. The lead nursery nurse told us she wishes the nursery was larger, to better accommodate all babies and mums, expand the range of activities available and offer better respite to the mothers. The corridor ends with a mural of a tree and messages of hope, alongside a whiteboard with messages of love.



The ward overlooks a garden, accessible to mothers with their babies. At the time of our visit, though, construction of a new theatre at Homerton meant that the scaffolding posed a danger, therefore mums were not allowed to access the outside space unsupervised.

Overall, on the day of our visit, the ward appeared tidy, clean, calm and well-organised.

Staff

At full capacity, the unit is staffed by a ward manager, a matron, a lead nursery nurse, seven nursery nurses, four clinical practice leads (of which two newly recruited and awaiting to start), six registered mental health nurses and two healthcare assistants. On any day, the number of staff on shift varies depending on observations and the level of care required by patients. Numbers also vary between day and night. Staff told us that, typically, there are 6 to 7 staff members on shift for 12-hour shifts.

The ward manager believes that the unit is well-prepared for staff shortages in case of sickness, annual leave or strikes, using bank staff for cover.

"We use bank staff and to cover absence and sickness. For strikes we get warning and so we get cover within the unit. We have a plan so that we always know what we are doing and who covers. The only time when it might have an impact is at the weekend, when we would find we are more stretched and this puts more pressure on staff and it's time consuming".

The manager told us that they have a strong focus on safeguarding, supported by dedicated leads for both adults and child safeguarding, a social worker, a trainee social worker and the perinatal team.

"We have a dedicated safeguarding team. They are fabulous, join our ward rounds and are always ready to follow up with different agencies and support needs".

Patient profile

Patients are aged 18 or older but the ward manager told us that referrals for patients aged 16 and 17 are considered on a case-by-case basis. At the time of our visit there were one out of area patient and 11 patients from North-East London, including three from Hackney. The mothers' ages ranged from 23 to 42, with babies aged between 2 weeks and 11 months old. Two mothers

identified themselves as White British, the others from a mix of African, Asian and other White backgrounds. Two of them spoke English as their first language, while four did not; however, they all told us that this was not a barrier to them accessing the service.

Admission

The ward manager told us that patients are admitted following a thorough assessment. Admission is for women with pre-existing mental illnesses such as bipolar disorder, schizophrenia and severe anxiety, who relapse during or after pregnancy; those who develop acute mental illness during pregnancy, such as puerperal psychosis and depression; women who are at high risk of perinatal mental illness. Referrals are considered from 32 weeks gestation. Some mothers, therefore, join the unit when pregnant, deliver their baby at Homerton or another hospital of choice and then return to the unit to continue their care.

The ward manager noted that the profile of women in the ward is changing. She commented, "There is more acuity and more complex psycho-social needs." To meet these needs, she said that the ward works closely with the social care and community teams.

When asked about readmissions, she commented, "if a mum relapses, we would hope there is community support in place – the home treatment team and the community perinatal team. But if this all fails, they would have to come back".

Only two women shared their admission stories with us. One of them told us she arrived at A&E with a family member due to anxiety and was given the choice of admission to a mother and baby unit in Birmingham or London. She chose Homerton to stay closer to home. The other patient told us that she had been transferred from another hospital, where they could not adequately care for her.

Length of stay

The ward manager told us that the average stay is 6 to 8 weeks, although "this varies depending on the treatment plan and how safely we can discharge".

The mums we spoke to during our visit had been in the ward from one month to five and a half months. All six of them told us this was their first time in a Mother and Baby Unit.

Findings: Patient Feedback and Healthwatch Hackney observations

During the visit, we spoke to six patients (50% of the patients on the ward) who ranged between the ages of 23 and 42.

Patient safety

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

All the patients we spoke to during our visit generally feel safe in the unit, appreciating the constant supervision for both themselves and their babies. This sense of security contributes to their comfort, with one patient noting, "I feel better here than I would at home alone".

However, another patient expressed some concerns about cleanliness. She told us, "Highchairs could be cleaner or replaced". Another patient complained that the mattresses could be more comfortable.

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?

The overall relationship between patients and staff is generally positive.

All six patients answered our questions about their relationship with staff.

Four of the six mothers we spoke to described the staff as "good", "approachable", "supportive", and "available around the clock", and they consistently "provide much-needed emotional support". All six patients especially appreciated the help they receive at night. One of them told us, "The nurses help looking after the baby at night, so I can be a better mum during the day".

One patient told us that "the medium-sized nature of the ward facilitates socialising with other mothers and fosters a good rapport with the staff". This echoes what we heard from staff; a healthcare assistant commented, "Activities often happen in small groups, which is good for patients and staff members to bond".

However, two patients reported less positive experiences, feeling that staff can be "provoking instead of guiding me" or "they give me a hard time". Both these mothers told us they wish they were given more independence in the choices they make regarding caring for their babies.

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 ward manager shared with us several examples to demonstrate how the unit strives to meet patients' cultural and religious needs.

"If a patient does not speak English as their first language, we use interpreters for meetings and daily 121s. We also have staff that speak community languages and they can communicate with our patients in their own language."

Interpreters are booked daily to have 121 sessions using the Language Shop for in person services and Language Line on the phone. Despite these efforts, the manager honestly admitted that "We struggle with Amharic, the patient has been here over a month and we have not been able to get a face to face interpreter, only a phone one".

Other examples of meeting cultural and religious needs include:

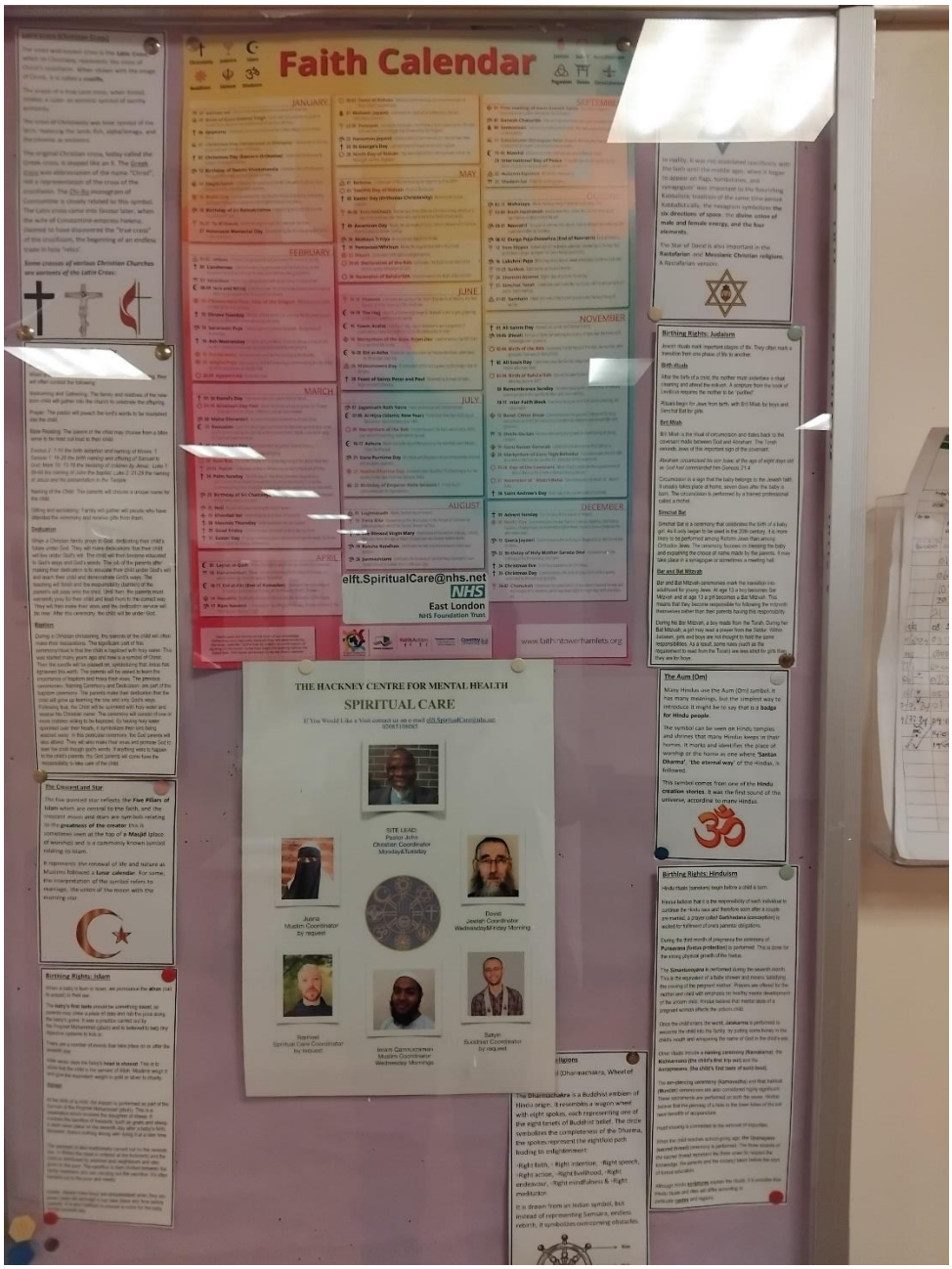
"The women generally like doing cooking activities and we encourage them to cook meals from their cultures as they would at home".

"Spiritual leads come to the ward regularly, especially Father John and the Rabbi. We also have a faith calendar. During the care plan design we ask women if they would like to be put in touch with a spiritual lead".

Additionally, staff told us that the ward strives to meet patients' religious needs. One of them commented "There are prayer mats and prayer materials

on the shelves". During our tour of the ward, the Authorised Representatives saw a noticeboard including a faith calendar and the details of the spiritual care team.

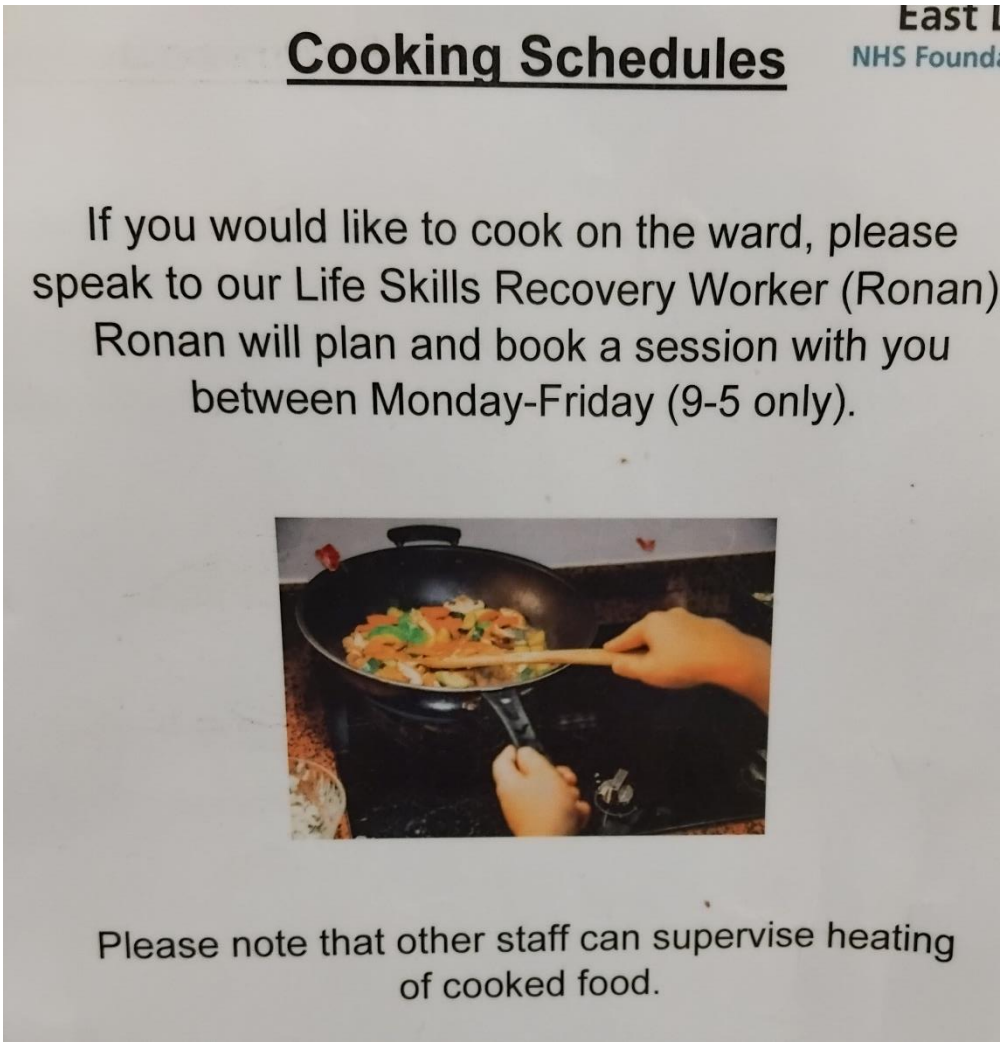
Patients told us that their cultural and religious needs were met but they did not elaborate further.



Food quality

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

The ward manager told us that women are encouraged to cook food from their own culture using the open cooker in the unit's kitchen. Additionally, they offer a catering service, whereby women can order food and this is delivered into the ward. Alternatively, women can bring their own food from home.



All six patients commented on food in the unit, offering mixed feedback.

Four patients found the food acceptable. All of them either cook their own meals or order a food delivery. Two patients noted "occasional issues with food delivery", with some meals not arriving as ordered. The ward manager told us

that she is aware of the problem, which she has discussed with the catering company.

It is worth noting that an Authorised Representative spotted a "you said, we did" board on the wall by the dining table, which read: "you said - food ordered is not food delivered; we did - we fed this back to the catering company who are now working to fix the problem".

Two patients were not satisfied with food. One of them felt that "there could be more variety" and the other one wished for "healthier options because the food is not nourishing enough".

Smoking and vaping

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

The ward manager told us that the unit has a no-smoking policy, that patients are informed about prior to admission. They also have a smoke cessation team that women can be referred to if they want to reduce their smoking.

Vaping is allowed in the unit "but we ask them to go outside to protect the babies and we are lucky that people are usually reasonable and use the garden to smoke".

None of the patients we spoke to smokes or vapes, but they all commented, "you are not allowed to smoke on the ward", reflecting what we heard from the manager.

Access to mobile phones and the internet

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

The unit manager told us that patients have access to the NHS Wi-Fi, but most women use their own phone and tablets that they charge in the office. She added that the unit has a computer in the communal area "but it is old".

Five of the six patients we spoke to gave feedback on digital access. All of them have a phone and are connected to the internet. However, one of them commented that "yes, I have access but the Wi-Fi is painfully slow, so I use my phone instead".

While current arrangements generally meet patients' needs, one of the mums told us, "I miss having access to traditional news outlets, like newspapers, which are not always available in the ward", indicating a need for both online and offline options for staying informed about the outside world.

Activities

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

The unit offers a variety of daily activities, which patients appreciate. These activities include pottery, arts and crafts, and cooking, allowing mothers "to engage in structured, therapeutic tasks".

All patients told us that they observe a daily routine, with activities playing a prominent role.

"Every day I wake up, have breakfast, feed my baby, do the activities, and bring my baby to the play area. If there isn't an activity, then I will go out to the garden. I love activities like pottery, arts, crafts, colouring, and cooking club".

One patient told us she enjoys "small group activities that enable me to socialise and have a chat with other mums". Similarly, another one said, "I typically participate in about three activities a day, enjoying the routine and the opportunity to socialise and engage with my baby in a supportive environment".

Visits

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

The unit manager told us that visiting hours are between 3 and 8 pm during the week and 12 – 8 pm at the weekend "but we are flexible around people's needs and dads especially, who find it difficult to separate from their babies".

The ward also has family rooms, which are larger and allow families to spend time together.

Patients told us that visiting is "straightforward"and staff are "accommodating" and all agreed that "it's easy to schedule visits".

One patient told us that "typically two family members are allowed to visit at a time". Another one highlighted how access to visitors "helps maintain family connections and support networks".

During our visit we observed a father visiting his partner and baby on the ward. The father agreed to speak to our Lead Authorised Representative and consented to sharing his story, reported in the box below.

Care plans, treatment and discharge

Patient and family involvement

Does the patient know what a care plan is? If yes, what do they think of their care plans? Do they feel involved in discussions and are their concerns taken into account? Is the patient's family involved in discussions about their care in the way the patient wants?

The unit manager told us that each women has a care plan in place within 72 hours (three days) from admission. They use Dialogue + which empowers the patient to have a say and participate in the process. Care plans are reviewed regularly because "some of the mums come in being very unwell so their plan needs to be reviewed as they get better".

She added that families are involved upon mothers giving their consent.

"We talk to the women 121 and we seek their consent to involve the partner and wider family, too. We seek their consent because we are conscious and considerate of relationships dynamics".

Discharge is also discussed as part of the care plan and it is "handled as a gradual process", with "firm support available in the community after patients leave, to help ensure and sustain a smooth transition".

Four out of six mums told us that they have a care plan for themselves and their babies, with regular weekly meeting for review, where patients are allowed to have a say in their treatment. However, two patients told us they do not have a care plan in place.

Additionally, none of the patients we spoke to had yet had a conversation about discharge; therefore they were unable to comment on it.

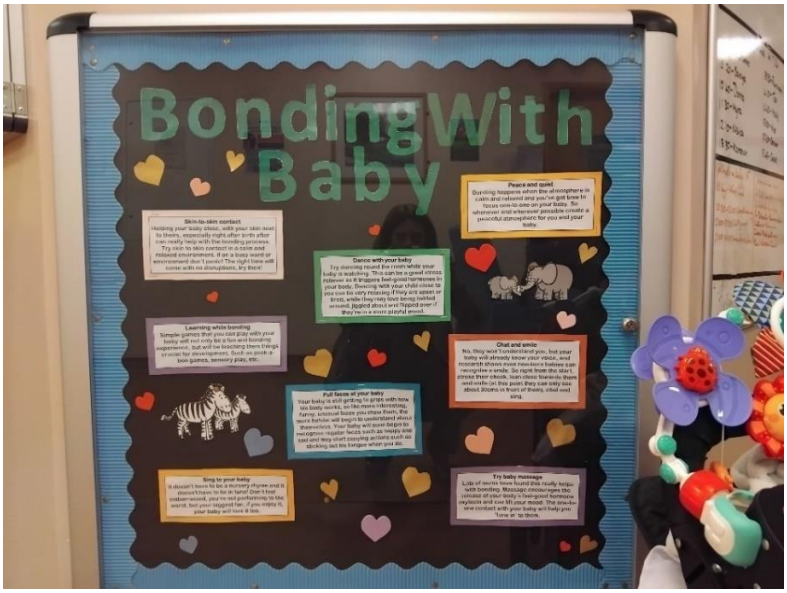
Are babies' physical, emotional and developmental needs being met? How?

The unit manager told us that each baby has an age-appropriate care plan, too, which considers their physical, emotional and developmental needs. She added that the plan is implemented with the support of "highly skilled nursery nurses".

"Nursery nurses are trained on all aspects of baby care, therefore they are able to pick up issues and offer support with feeding, baby massage, sensory stimulation and everything else that's needed to support the baby's physical, emotional and developmental needs. "

Additionally, a paediatrician from Homerton visits the unit every Thursday to check the babies and offer immunisations. Finally, the manager told us that they are in the process of having health visitors.

During our visit, we were shown the unit information guide and noticed that it includes information about babies' physical, emotional and developmental needs, covering topics such as baby development, feeding, tummy time, soothing a crying baby and bonding with your baby.



Four out of six mums told us that they are aware that their babies receive an individualised approach to help with their development. One of them commented "Staff comes in and does health specific checks that are appropriate for my baby". Another one added, "They sometimes give advice and it's working well".

However, two patients told us they do not have a care plan in place. One of them added, "Older babies receive less support compared to younger ones, as mothers are expected to take more responsibility for them".

Access to Independent Mental Health Advocacy and benefits advice

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

The unit manager told us that Information is included in the welcome pack and Livvy, the independent advocate, joins the community meeting and drops in on Mondays and Wednesdays.

"She has 121 sessions with the patients, I would say it's working, she forwards patients' complaints and needs to the consultant and to the ward rounds. We have requested a more active presence and they have stepped up".

It is worth noting that during our visit we observed posters about IMHA on the unit wall.

All six patients answered our questions about the mental health advocate. All six told us they were aware of the service and two mothers told us they have used the service. One commented, "yes, I have used it"; the other one told us that "the service is very good".

Are patients able to access benefits advice if needed?

The unit manager told us that information is available for the patients to view in the welcome pack. All six patients answered our questions about accessing benefits. Of them, two told us they were aware of the service; four were not.

"Nobody came and talked to me about benefits, no".

Feedback and complaints

How do patients share feedback and raise complaints?

The unit manager told us that they always encourage mothers to speak up on a 121 basis and in their community meetings on a Thursday, where staff asks questions about safety, concerns and anything patients would like to talk about. A staff member told us that they take feedback, compliments and complaints very seriously, always aiming to learn from their mistakes.

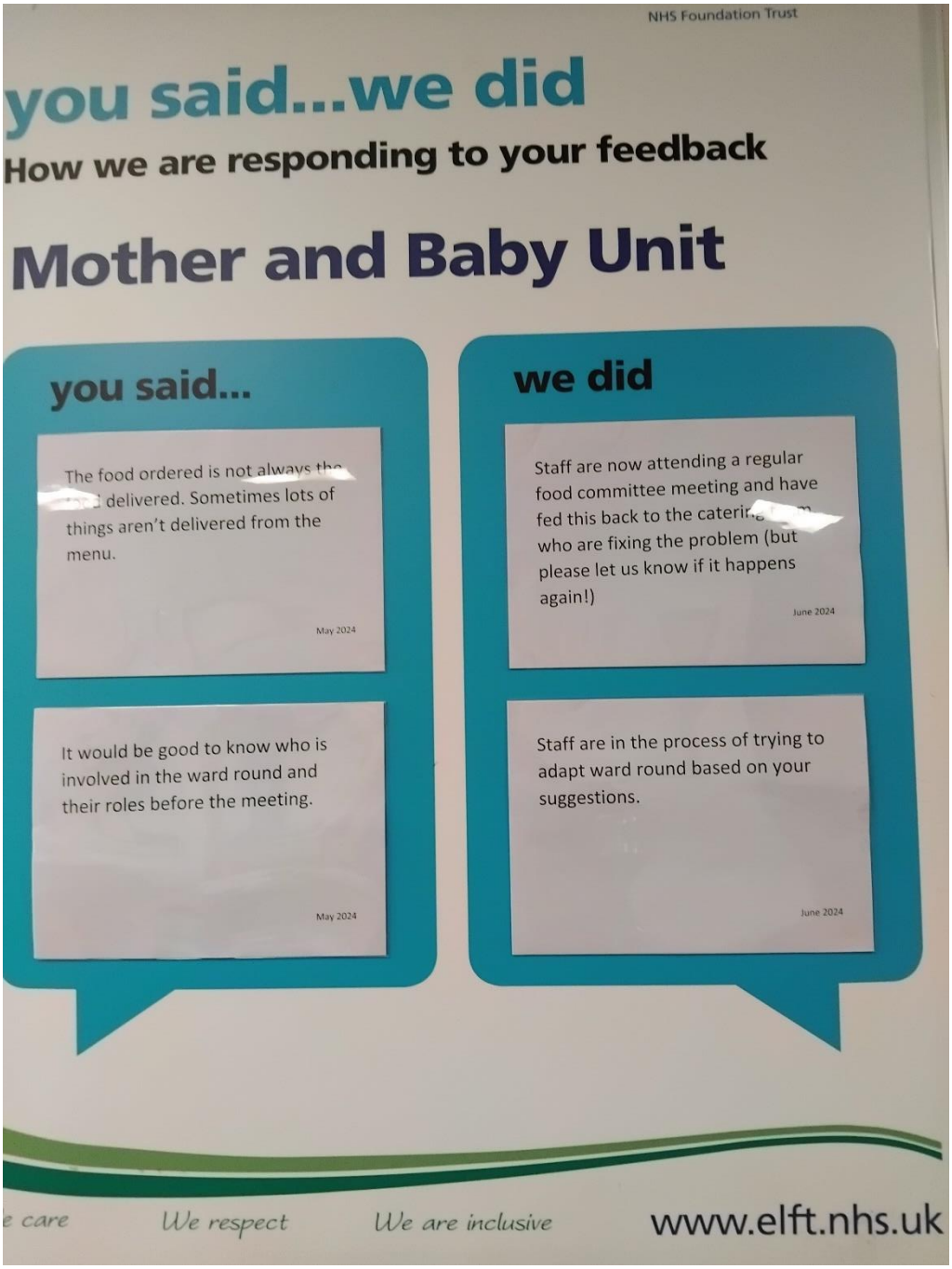
"The team is approachable, and we listen to every concern with a senior member following up. We have PALS and signpost to advocacy and Rethink if needed".

The unit manager also told us they have an open complaint with CQC because a patient's family member did not agree with her section.

All six patients answered our questions about feedback and complaints. Of them, five told us they know how to make a complaint and one does not.

One patient told us, "Yes, they give patients opportunities to share what we like and do not like". Two other patients told us that, "There are posters around the ward on how to share feedback". Indeed, during the tour of the ward, our Authorised Representatives saw a noticeboard on the wall about making a comment, compliment, or complaint, as well as a "you said, we did" noticeboard.

A fourth patient said that if they have an issue, they speak with any of the staff.



What changes would patients like to see?

When asked this question, four patients said that everything is fine. One of them added "The staff, doctors, and care providers are good and I feel safe".

A patient told us they wished for better food. Another one said "Info on the notice board are hard to catch sometimes".

A Dad's Perspective

During our visit, a dad agreed to talk to the Lead Representative and share his experience of the ward. Below are his impressions, shared with permission.

It's a good environment because the mums seem to have a nice culture around how they come together and support each other. [Mums have] different challenges and [are at] different points of the same journey, which means that some mums can offer reassurance to other mums in the unit.

Staff are very friendly, polite and everybody wears their own clothes which gives it a feeling of a supportive environment, not a hospital.

My partner came here from a different hospital who could not meet her needs. In that hospital her condition deteriorated quickly and she was very close to going into a psychiatric ward but would not have been able to see her baby there. Fortunately, last minute a bed came up here and we were very lucky. If she'd been here earlier she would have been much better. She is getting better every day and she's receiving good care here.

I did not have an introduction to this environment, this is the staff, these are the people, who you go to for what. We picked all these things up when we needed them. An induction pack with explaining who's who and who's doing what would have made things easier at the start. This could be combined with a walk around. These things would have been useful for me to help my partner settle in the unit.

This experience is very difficult as a dad. It's hard because I am leaving here my baby every day and I see her only 5 hours a day and it's hard to leave her and I get anxious about my connection with my daughter. Why are visiting hours 3 to 8 pm only? There might be a reason but I don't know, I've never asked.

Nursery staff always say 'if you want a chat you can have a chat' but it would be helpful to be offered additional support. I am lucky that I receive counselling through work. I know we will get couple counselling together at some point but we are not yet there. Now I go home and there's no one there. It's very lonely. I can offload with therapy.

They organise for dads to meet and have a chat but there hasn't been one such meeting since I have been here and it's been several weeks. It would be useful to understand why these are not happening more regularly. The next one is in August but we might be gone by then. Individual counselling should be offered to dads - the offer should be made. It's tough to be away from your daughter overnight. They signposted me to APP and I joined the dad's group through that. I have a relationship now where I can ask the questions and it's good to have that. I see other dads in the unit, but we don't really talk to each other. I would love to connect more with other dads. When we are here we want to be with our babies.

I would love an opportunity to stay overnight. There is a Mother and Baby Unit in Newcastle that offers that and they are the only one in the country that offers overnight stay to the dads.

It's tough to say what support baby receives here because when I get here I take her and my partner and we look after her together but I have seen other staff look after other babies and they have a chat with the parents and I saw they are kind and I think it's important.

If I could change one thing about this ward it would be the visiting hours – opportunities for dads to stay overnight, maybe at the weekend. I understand there might be good reasons for this not to happen but I would love that.

We have just finished our ward rounds and all the practitioners were there. We are a team, all together – I feel I am a part of the team. The mum is the most important but the dad in those meetings is listened to and I have the opportunity to speak and I feel confident and comfortable in doing that. They demonstrate active listening. They summarise my question to show they heard me. We have moved on from Section 2 to Section 3 and they did a good job in the meeting to explain it.

Findings: Discussion with staff

The manager is very proud of her team and constantly looking for opportunities to deepen their knowledge and skills. She commented, "We are all proud, passionate and caring and we all advocate for mums and their babies and we want to keep it that way. The team is dedicated and highly skilled." She

added, “I am looking at compassion-focused therapy training as a refresher and for new staff”.

The unit emphasises collaborative working, with several opportunities for the team to come together.

“We have management rounds on Mondays and Fridays with the whole multi-disciplinary team - nursery nurses, psychologists, nurses, doctors. We have all ward rounds on a Tuesday and reflective practice on a Wednesday. We have a safety huddle in the morning, one in the afternoon and one at night, where we talk about who needs what, what’s the plan and particular aspects of the care plan on that day. Managers also have a daily unit safety huddle”.

The staff working in the unit face a range of challenges and mixed experiences, which impact their overall job satisfaction and ability to provide care. One of the central issues is the demanding nature of their 12-hour shifts. While these extended shifts allow for more time to complete necessary tasks, the workload remains heavy due to the amount of paperwork involved. Many staff members feel overwhelmed by administrative duties, which can detract from the time available for direct patient care. Some staff express that despite the long hours, there simply isn’t enough time to do all the work required, suggesting a need for better workload management or additional staffing.

“We are swamped with paperwork”.

Management occasionally steps in to assist on the ward, which is appreciated by the staff. However, there is a consensus that increasing the number of staff would help distribute the workload more evenly and alleviate some of the pressure on individual team members. This would not only improve efficiency but also enhance the quality of care provided to patients.

Training is another area where staff have mixed experiences. While some staff members report having received a proper induction when they started, along with baby-specific training as they continued in their roles, others express a desire for more specialised training on baby care, which could “improve confidence in handling the unique needs of mothers and their babies on the ward”. One notable gap is the lack of cultural awareness training, which could be critical in a unit serving a diverse population.

The emotional environment in the unit presents significant challenges for the staff. Staff talked to us about favouritism, conflicts between nurses and

nursery nurses, and a lack of teamwork among some team members. These issues contribute to a tense and sometimes hostile work atmosphere. Staff members who feel picked on or marginalised have expressed frustration that their concerns are not adequately addressed by management. The lack of resolution in these matters leads to a feeling of being unsupported, which impacts morale and job satisfaction. Management recognises these issues, too, as further reported in the section below about challenges.

Bank staff face additional issues. Some of them are uncomfortable sharing feedback, due to their temporary status or a perceived lack of influence within the team. Furthermore, when suggestions are made, they report that they are often overlooked, which can be discouraging for staff members who are trying to contribute to improvements in the unit.

Despite these challenges, there is a clear dedication among the staff to their roles and to providing the best care possible for the mothers and babies in their charge. However, addressing the issues of workload, training, emotional support, and team dynamics would likely improve their experience and the overall functioning of the unit. Enhancing management's responsiveness to staff concerns and fostering a more inclusive and supportive work environment could go a long way in retaining motivated and satisfied staff, ultimately benefiting the patients as well.

Findings: Challenges

The unit manager told us that her challenges are primarily about staff, and notably their wellbeing and their ability to truly and consistently work together well as one team.

Staff wellbeing

"I want to make sure that my staff always feel supported. It's an emotionally demanding job".

The unit manager shared with us that "sometimes discharges can be emotional and sometimes mums and babies get separated when the local authority decides for a court removal".

The unit has a strong emphasis on maintaining its staff's wellbeing.

"We have reflective practice every Wednesday with our psychologists. There is Care First phone number for counselling. Senior managers are supportive and will pick up what they need. We also use appraisals and supervisions".

She continued,

"There is pressure from the community because there are people out there who need to access the service. This means that mums cannot be kept in the unit indefinitely. The team often goes from one thing to the next and it can be hard to let go of things when they do not go to plan or the outcome is not the one they worked and hoped for".

Working as one team

The manager told us that supporting the mothers and their babies in the unit is a highly specialised job. This at times mean that different professionals from different disciplines have different views on care needs. This can make it difficult to understand what the right thing to do is.

"We try to always work together. We talk. We talk through our differences, always trying to keep patients at the centre".

Recommendations and service provider's response

Recommendations to ELFT Senior Management

1. Improve food variety. Patients in the ward structure their time around meals. It is important that mealtimes are enjoyable and create a positive food experience. The unit should introduce a menu offering a wider variety of meals, including options for diverse dietary preferences and cultural needs. This will ensure that all patients have access to varied, nutritious, and inclusive food choices.

Recommendations to Mother and Baby Unit Manager

1. Improve Work Environment: Address issues related to favouritism, conflicts, and inconsistent teamwork by promoting a more inclusive and supportive culture. Implement conflict resolution strategies and ensure that concerns raised by staff are addressed promptly and effectively.

2. Enhance Emotional Support: Strengthen staff's emotional wellbeing with regular supervision, access to mental health resources, and team-building activities. This will help mitigate stress and improve overall job satisfaction.
3. Encourage and Act on Feedback: Create a more transparent system for staff to provide feedback and suggestions. Ensure that all feedback is reviewed and acted upon where appropriate, improving morale and engagement.
4. Support Bank Staff: Integrate staff more fully into the team by ensuring they feel supported and able to share feedback, thus contributing to improvements. Include them in team activities and decision-making processes.
5. Consider reviewing the current training offer to better meet staff's needs. Ensure that all staff have access to role-specific training, to increase their competence and confidence in their duties, including specialised baby care training and regular cultural awareness sessions to better serve the unit's diverse population.
6. Consider establishing partnerships with local community organisations that can provide face-to-face interpreters for less common languages. This will ensure that patients with unique language needs receive clear communication and support, improving their overall care experience.
7. Encourage patients' autonomy in caring for their babies. Where possible, encourage staff to adopt a more collaborative approach, allowing mothers increased independence when making decisions regarding their babies. Where this is not possible, use the traffic light system to explain when closer support is necessary.
8. Ensure staff proactively supports patients understand and access various aspects of their care and services available – notably benefits advice and care planning.
9. Improve dads' overall experience in the unit, as dad's involvement is important in a child's life, especially in the perinatal period, and it supports mother's recovery.
    - Proactively engage dads, using the Royal College of Midwives guidelines "*Reaching out: Involving Fathers in Maternity Care*", available here.
    - Signpost dads to the Father Friendly Borough Project at Healthwatch Hackney, to improve dad's perinatal mental health

and parent-infant relationship. Signposting can be done by emailing Kanariya@HealthwatchHackney.co.uk. Information about the Father Friendly Borough Project should be added to the ward's leaflet and information guide.

- Explore discount opportunities with nearby hotels for overnight stay for dads, to improve visiting flexibility.
- Proactively distribute the "Dad Pads" to all fathers to provide guidance and support in navigating the initial stages of fatherhood. A picture of the pads is included in Appendix 2.

Recommendations to NHS Property Services

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

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

Closing remarks

Healthwatch Hackney's review highlights the importance of continuous improvements in various aspects of patient care and ward management. Addressing recommendations regarding staff well-being, patient support, training, inclusive services and father's experience in the unit are essential steps in enhancing the overall patient experience and ensuring optimal care delivery. By prioritising these areas, staff at the Mother and Baby Unit 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 conduct a follow-up visit in 12 months to assess progress.

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Appendix 1: 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.

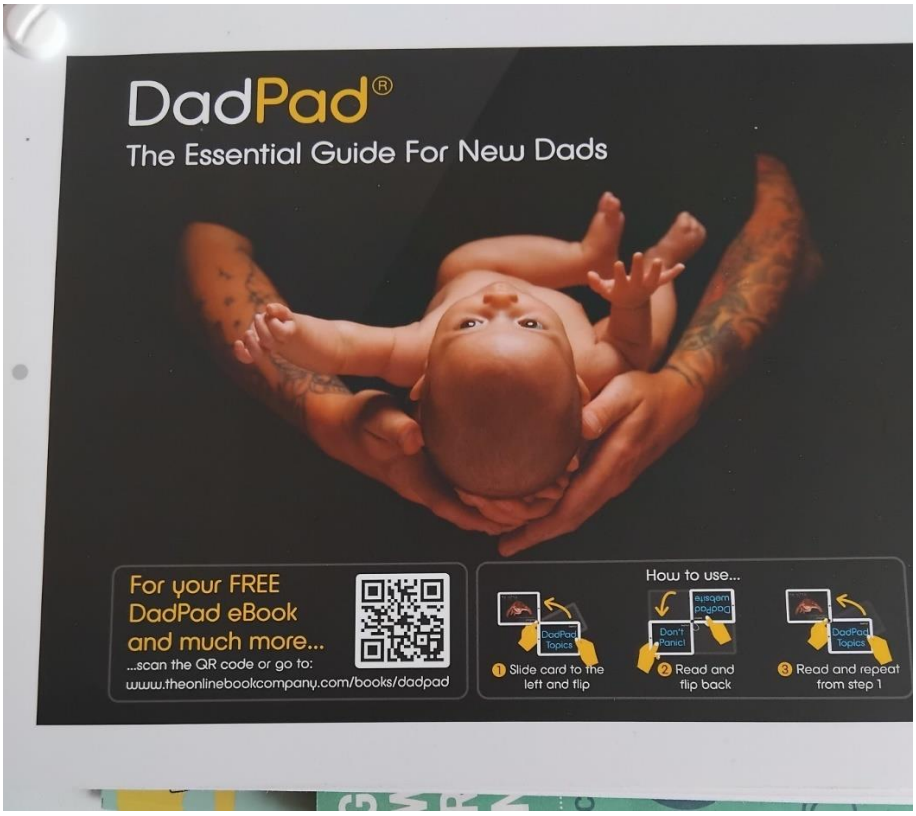
Applications for Sections 2 and 3 must be made by an Approved Mental Health Professional (AMPH) or the patient's nearest relative and be approved by 2 doctors.

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.

Appendix 2: Dad Pad



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