

Enter and View Visit
to
Lime ward and Silver Birch ward
Callington Road Hospital Mental Health
Services, Bristol

Tuesday 6 October 2015, 2.30 - 5.30pm

Authorised representatives undertaking visit:

Kay Tily

Pauline Markovits

Mike Luff

Alison Bond

Joanna Parker

Shamim Baloo

Steffie Denton

Healthwatch Bristol

Tel: 0117 269 0400

Email: info@healthwatchbristol.co.uk

Healthwatch South Gloucestershire

Tel: 01454 543 402

Email: info@healthwatchsouthglos.co.uk

1. Acknowledgements

Healthwatch Bristol and Healthwatch South Gloucestershire would like to send thanks to the patients, their visitors, and the staff of Lime and Silver Birch wards at Callington Road Hospital inpatient mental health services as well as Avon and Wiltshire Mental Health Partnership (AWP) and the staff who welcomed enter and view volunteers during the visit. Staff were friendly and helpful.

2. Purpose of the visit

This enter and view visit was part of a series of planned visits to inpatient mental health services serving the greater Bristol area. The purpose of our visit was to find out about the lived experience of patients at Lime and Silver Birch wards, and gather feedback and opinions from patients, their families and visitors, and AWP staff about these two wards.

3. Methodology

Six authorised enter and view volunteers from Healthwatch Bristol and Healthwatch South Gloucestershire and one Healthwatch South Gloucestershire employee split into three groups in order to visit two wards within the inpatient mental health services department at Callington Road Hospital. Volunteers met with the manager and the nurses in charge of the wards before going on to Lime and Silver Birch.

Information was gathered from the authorised enter and view volunteers' observations and their notes of conversations with patients, patients' relatives and visitors where possible, and members of staff. Conversations were semi-structured and were underpinned by the use of prompt questions to gain feedback about the quality of care at Lime and Silver Birch. Enter and view volunteers spoke to people in pairs in order to record conversations objectively.

The notes of volunteers' observations and conversations formed the content of this report. Full notes of observations and conversations can be found in appendices one and two.

4. Background

Lime and Silver Birch wards are adult, acute Psychiatric Intensive Care Units (PICUs) based at Callington Road Hospital, Bristol. Silver Birch has 19 beds and Lime has 23 beds. Both wards admit both male and female patients. Each ward has a male wing and a female wing and 'swinging' beds that can be occupied by either male or female patients. Staff explained they would not put a single female on a wing with all men and that most of the patients on both Lime and Silver Birch were detained under the Mental Health Act.

Staff explained that Lime primarily accommodates patients from South Bristol and North Bristol, Silver Birch accommodates patients from central Bristol.

Enter and view volunteers observed found Woodside main reception light and welcoming, with good security. There was an air lock between staff offices and each ward for additional security. Enter and view volunteers were offered personal alarms and hand sanitiser gel was readily available.

5. Findings

5.1. Environment

Lime and Silver Birch wards were busy, large wards with large, open, communal spaces and single, en-suite rooms with 'wet room' style showers. The atmosphere on both wards was pleasant and calm. Wards were clean, spacious and tidy but the signage for bedrooms was confusing as numbering was not consecutive. Colourful displays, for example the Discharge Tree, patients' arts and crafts and paintings made wards look attractive for patients and their visitors.

Staff told us that they use the Safe Ward Model at Lime and Silver Birch. The Safe Ward Model aims to achieve the following: make psychiatric wards more peaceful places; increase safety and reduce coercion; reduce assaults and injuries; improve relationships between patients and staff; reduce time wasted on constraint and increase involvement in engagement.

Both wards have several communal sitting rooms with televisions on and comfortable seating. In one, however, the television was visible from only half of the chairs. Staff told enter and view volunteers that patients needed to bring their own televisions if they wanted to watch in their rooms.

Both wards have a games room, which was left unlocked for patients to use when they wanted, with a pool table and a table tennis table. Both wards also have an art therapy room but the one at Lime ward was full of boxes. Two interview rooms are available for patients to use whenever they like for private meetings with visitors. There is a comfy room with bean bags used for relaxation sessions and a telephone that patients can use any time. Silver Birch has a patient kitchen for making hot drinks and a laundrette.

Both wards have a seclusion unit, used for short periods of time to help de-escalate patients if they are distressed and cannot be managed on the ward. A member of staff sits outside offering the patient 1-to-1 care when seclusion is in use.

Easy read information was displayed on the wall advertising an open patients' meeting, but the information was not printed in colour. The last meeting

advertised was 10 May 2015 and there was no evidence that another meeting had happened or been scheduled since.

Staff explained that patients can see their families in the staff meeting room, which is also used for Care Planning Meetings (CPAs), as children are not allowed on the ward for health and safety reasons.

Silver Birch has a medium-to-small sized, secure garden and Lime has three gardens, one of which is for women only. Enter and view volunteers had concerns about the open fence and staff confirmed there had been times when drugs have been passed through to patients. Silver Birch had a bird-watching area with bird feeders and bird charts for patients to enjoy.

On the whole, patients were positive about the environment at Lime and Silver Birch. Several patients explained they felt safer on the ward than they do in the community. However, patients did want to see more shelter, seating and lights in the gardens. Comments included:

- 'I like it here.'
- 'I like my shower in my room.'
- 'I feel safer than I've ever felt.'
- 'It's very busy here.'
- 'It can be volatile.'
- 'The garden is not big enough. There is no shelter [for smokers]. There are not enough lights.'

5.2. Activity provision

Activity schedules were clearly displayed in wall cabinets on both walls but were not written in Easy Read format. Lime advertised cooking, art and relaxation groups. Silver Birch offered music, creative writing, yoga and gardening.

Whilst at Lime ward cheese and tomato tartlets made by patients were brought out to share. Enter and view volunteers spoke to an occupational therapy volunteer who had been supporting patients to cook that day. A patient told us they had enjoyed the cooking, and also liked art.

We did not see a computer for use by patients. The book cupboard on Lime ward was locked. There was no sensory stimuli in the relaxation room on Lime ward and the art therapy room was being used to store boxes.

We observed a games room but we did not see any bats or balls for the table tennis table or cues for the pool table. There was a garden space on each ward.

Staff told us there is a church service every week and that patients are taken off the ward to the main Woodside building to access a prayer room.

Feedback about activity provision from patients was mixed:

- 'I just watch TV.'
- 'I would like a computer.'
- 'I would like to be outside more.'
- 'I would like to cook in the OT (occupational therapy) room.'
- 'It would be nice to have a kitchen, where patients can cook.'
- 'There's nothing to do.'
- 'There are activities, but they are boring.'
- 'I would like to do football or a drama class.'

5.3. Staff

Enter and view volunteers spoke to staff about staffing levels and job satisfaction. We also spoke to patients to find out what they thought of staff at Lime and Silver Birch wards.

Staff explained that the staffing levels were six staff on the early shift, six staff on the late shift and four staff on the night shift. This has been increased from five staff on each shift. Enter and view volunteers were told that staffing stays the same at weekends and that there is always two qualified nurses on each shift on each ward. We were told that psychologists and art therapists visit each ward twice a week and an occupational therapist was based on each ward. Staff said a pharmacist visits the wards three times a week. A new pilot medication group is being set up on the wards so patients can discuss their medication 1-to-1 with pharmacists.

Staff explained that AWP has its own bank staff system. Staff told us that regular bank staff are used for consistency. One staff member said there is a queue for bank staff to work on their ward.

- 'We use people we know we can rely on.'

Authorised enter and view volunteers heard many positive things about staff on Lime and Silver Birch wards:

- 'Staff are lovely.'
- 'Staff are nice.'
- 'Staff are helpful, very nice people.'
- 'They are doing an amazing job.'
- 'I can see staff when I want to.'
- 'Staff are there for you.'

Patients also told enter and view volunteers that, on the whole, they knew who their advocate and key worker/named nurse was.

- 'My advocate is from Bristol Mind. I have a key worker.'

Enter and view volunteers saw a 'Know Each Other' folder in the communal area of the ward. This had information about staff in it, which patients and their visitors could read at their leisure. A colourful wall display entitled 'Mutual Expectations' demonstrated a collaborative approach between staff and patients.

All staff told enter and view volunteers that they had good job satisfaction. They said the mixture of patients and balancing their different needs can be stressful at times. Staff also told us they can have little time for social interaction with patients, as their jobs are so busy and paper work heavy.

- 'I really enjoy my work. I get lots out of helping the patients.'
- 'Some early shifts, you can see no patients unless you're doing the meds.'
- 'The paperwork has to be done.'
- 'It can be pressurised at times.'

Enter and view volunteers asked staff what one thing would improve their work environment:

- 'More staff would mean we can spend more time with patients.'

Patients echoed these sentiments:

- 'Staff are too busy to talk to me.'
- 'Staff change a lot.'
- 'They don't know us (as people) they only look at our charts. It's a problem.'

When we asked patients what could improve their experience, one patient said:

- 'I'd like more people to talk to.'

Staff also told us that Lime ward has 'a very supportive team; there is 'good teamwork' amongst staff and all staff are encouraged to take training and development opportunities:

- 'Management is really supportive about people going into training.'
- 'I feel supported in my development.'

5.4. Food and Hydration

Enter and view volunteers did not observe a meal time. Food is outsourced from another company and cooked in regeneration cookers from chilled on each ward. Staff said they prepare a cooked breakfast for patients every Wednesday morning.

Lunch menus were clearly displayed on white boards on each ward and offered patients two or three meal time options. Vegetarian meals consisted of an extra or withheld item of the main meal, rather than a vegetarian meal in its own right. Staff told enter and view volunteers that patients can order a takeaway but they need to use their own money.

Hot drinks and snacks were readily available on both wards. Patients on Lime ward has to ask for a cup of tea or coffee. Patients told us they had to ask for a drink of squash.

Feedback from patients about food was very mixed. Some patients said there is not much choice around what you eat and when you eat it and that the meals at Lime and Silver Birch make it difficult for them to lose weight:

- 'The food is good. Staff will make me a sandwich when I want.'
- 'I like the food especially the potato and cheese pie.'
- 'There are no diet options.'
- 'You are told when to eat.'
- 'We have had jacket potatoes three times. It's not healthy.'

5.5. Choice

On the whole patients told enter and view volunteers they had a lot of choice, particularly around when they went to bed and got up in the mornings, their discharge plans, and when visitors could come to see them. Patients had choice around how they spent their days, whether they had a bath or used their bedroom showers, and what activities they chose to engage in.

- 'I can go to bed when I want. I have a lot of choice.'
- 'I can use the interview room when people come [to visit me].'
- 'We are flexible about visiting times.' (Quote from a staff member).
- 'I get options about my discharge.'

Two patients told enter and view volunteers that they had been involved in their care plan and have their own copy. Staff told enter and view volunteers that they discuss discharge plans with patients twice a week. Patients also had the opportunity to attend the Patient Involvement Meeting, where they can voice their opinions about what they would like to see changed but, according to signage, the last meeting was on 10 May 2015.

Patients told enter and view volunteers they had less choice regarding when they could see professionals, what professionals they saw and what medicines they took.

- 'There should be a GP here. I had to wait until my problem was really bad.'
- 'It can be difficult to contact your solicitor and other professionals.'

- 'I have no choice, if I say no to medicine, they keep me on section.'

5.6. Leaving the ward

Staff explained that most patients at Lime and Silver Birch wards were detained under the Mental Health Act and, as such, could not leave the ward unless granted official leave from a psychiatrist. Some patients expressed dissatisfaction around leave:

- 'It is like being in prison.'
- 'I am not allowed to leave by myself. I don't have many visitors.'
- 'They let me out for an hour a day. I can go to the gym or for a walk.'
- 'Staff have time to escort me out.'
- 'The psychiatrist has to come [if I want leave].'

5.7. Discharge

Patients said, on the whole, that they receive good support in the community when they are discharged.

- 'I get help from Petherton Carers' Centre. My GP stays in touch.'
- 'I have a support worker [when I am discharged into the community].'
- 'The crisis team stay in touch.'

6. Things to commend

Overall, there was much to commend at Lime and Silver Birch wards, Callington Road, Bristol. Some examples of good practice include:

- Enter and view volunteers were offered personal alarms on arrival for safety and hand sanitiser was readily available on wards
- Attractive wall displays, patients' arts and crafts, and pictures made the wards look attractive and interesting for patients and visitors
- Games rooms and televisions were unlocked and available for patients to use all day
- Interview rooms offered patients a private space to meet with their visitors
- Staffing was the same at weekends as during weekdays and regular bank staff were employed to offer patients consistency
- The 'Know Each Other Folder' and 'Mutual Expectations' display gave the impression that patients were valued as equals, and demonstrated a collaborative approach to care between staff and patients
- Staff reported a positive attitude towards training and said they had been supported to develop in their jobs at AWP
- It was commendable to see an occupational therapy volunteer supporting patients with cooking activities at Lime ward

- The pilot medication group gave patients the opportunity to meet with pharmacists one-to-one so they could discuss and understand their medication
- Enter and view volunteers were told that staff were flexible to make sandwiches and toast for patients outside of meal times
- Staff offered patients a lot of choice regarding when they got up, when they went to bed, when their visitors could visit them and whether they could have a shower or a bath
- On the whole, patients said they knew who their advocates and key workers were and said they had been involved in their discharge planning and care planning
- AWP, Petherton Carers' Centre and Crisis Team are to be commended for their support of patients in the community once discharged.

7. Concerns

Enter and view volunteers did, however, have some concerns:

- Open fences in the garden areas were not secure, and staff confirmed that drugs had been passed through the fences to patients in the past
- Patients told authorised enter and view volunteers that staff were very busy and did not have much time to interact and socialise with patients
- Patients told authorised enter and view volunteers that it can be difficult for them to see a GP, psychiatrist or solicitor on the ward
- AWP staff did not ask to see enter and view volunteers' identity badges on arrival
- Staff expressed concerns about the government's plan to ban smoking in all hospitals and how this could negatively affect detained patients' wellbeing, causing them to become aggressive or stressed:
 - 'It is setting people up to fail.'
- Staff told enter and view volunteers that there is pressure to transfer patients to out-of-area hospitals to free up beds for new patients. This pressure comes from the crisis team, ambulance service and senior management. Staff told us that transfers adversely affect patients' care and happen 'quite often':
 - 'It is appalling.'
 - 'It interrupts a person's continuity of care.'
- Staff told us that patients can be admitted on to either ward but, as Lime and Silver Birch cater for people from different areas of Bristol, they may need to change wards at a later date. Staff said this bureaucracy can be unsettling for patients.

8. Conclusion

This enter and view visit found a suitable and attractive environment where patients were given choice and were actively involved in their discharge and care planning.

Staff had high job satisfaction and were well supported in their training and development. It was good to see a volunteer on shift at Lime ward.

9. Recommendations

Authorised enter and view volunteers recommend that Lime and Silver Birch make the following changes:

- Bedroom signage to be changed so numbering is consecutive and patients can clearly identify their rooms
- Purchase new table tennis balls and bats and new pool cues if lost
- Unlock book cupboards if safe to do so
- Purchase sensory equipment for relaxation rooms, such as a CD player and some fairy lights
- Remove boxes from the art therapy room at Lime ward
- Easy Read information to always be printed in colour, in font size 16, in a recommended user friendly font. Activity schedules should be made available in Easy Read
- Healthy snacks and jugs of water and squash to be available throughout the day
- Consider a healthier approach to meal times – people wishing to manage their weight to be supported to choose healthiest options. Calorie and fat intake of meals to be available for patients
- Address potential risks from the open fences in the garden areas using risk assessments and ensure staff are able to monitor security to prevent things being passed through to patients
- Fit smoking shelter and additional lights in gardens, as per patients' requests
- Consult with patients to find out what activities they would like to do and introduce these
- Consider recruiting more volunteers so that patients have more people to talk to on the wards.

Disclaimer

- **This report relates only to one specific visit in October 2015.**
- **This report is not representative of all the residents or members of staff, only those who contributed, or chose to contribute, within the time available.**

1. Appendix 1: Observations

1.1. On arrival

Volunteers arrived at Woodside Reception at Callington Road Hospital. Reception was light and welcoming in a café style, with leaflets and plenty of seating for patients, staff and visitors. The hospital is set in large, mature gardens next to a busy, large supermarket. We were asked to sign in by Reception staff.

We were taken to a small room and introduced to ward staff, who were friendly and welcoming. We then split into two groups and each group was escorted to a different ward by the ward manager, who gave us a tour of each ward environment.

We were told that Lime and Silver Birch wards are adult, acute Psychiatric Intensive Care Units (PICUs). We saw that Silver Birch has 19 beds and Lime has 23 beds.

There is security at the main entrance to Callington Road Hospital. Both wards had two sets of doors with an air lock between staff offices and the ward for security. No staff asked to see our badges or DBS forms before we took a tour of the wards with staff.

1.2. Environment

Lime and Silver Birch were busy, large wards with large, open, communal spaces. The atmosphere on both wards was pleasant and calm. Wards were clean, spacious and tidy and hand gel was readily available. Enter and view volunteers were offered personal alarms for safety and shown how to use them. Hand sanitiser was readily available.

Some enter and view volunteers observed a slight echo off the walls and ceilings which they thought made wards feel institutionalised.

The ward had colourful butterflies and eye-catching paintings displayed on the walls. Patients' arts and crafts were displayed in a cabinet and looked very attractive.

There was some Easy Read information displayed on the wall in a communal seating/dining area advertising an open patients' meeting, but the information was not printed in colour or size 16 font. The last meeting advertised was 10 May 2015, and there was no evidence that another meeting had happened or been scheduled.

Meal options and the activities schedule were clearly displayed on white boards in both wards but not in Easy Read.

There was a file about staff in the communal area, which patients and visitors could read at their leisure. A colourful wall display entitled 'Mutual

Expectations' demonstrated a collaborative approach between staff and patients. Staff told enter and view volunteers that this was part of a newly-implemented Safe Wards scheme. There was a discharge tree display at Lime ward where patients' wishes were displayed.

All bedrooms were single en-suite rooms with 'wet room' style showers. Both wards had a communal bath.

There were several communal sitting rooms, with TVs on and comfortable seating. We observed, however, that the TV was visible from only half of the chairs and chairs did not have arm rests. Staff told enter and view volunteers that patients needed to buy their own TVs if they wanted to watch TV in their rooms. The signage for bedrooms was confusing as numbers were not consecutive.

Individuals' rooms were lockable from the inside. All room doors had clear windows which could be opened by staff for observations and individuals could lock them again, offering both safety and privacy.

Both wards had a games room with a pool table and a table tennis table, although the table tennis balls and bats were lost when we visited Lime ward.

Both wards had an art therapy room, which was full of boxes at Lime ward, and two interview rooms that patients could use for private meetings with visitors. We observed one patient using an interview room for a private chat with a visitor. There was a comfy room with bean bags that was used for relaxation sessions, but no sensory equipment like lights or music to make this into a sensory room.

At Silver Birch, there was a kitchenette where patients could make their own drinks and a laundrette where patients could wash their own clothes if they were able to. There was a library.

Both wards had a telephone that staff said patients could use any time. Nursing stations were locked and looked tidy, clean and well organised.

Both wards had a medium-to-small sized, secure garden with green space and seating. We observed that garden fences were open, and anything could be passed through the gaps to patients. Silver Birch had a bird-watching area, with bird feeders and bird charts. Lime ward had an outside table tennis table, but we did not observe where the bats and balls were kept.

Both wards had a seclusion unit. It consisted of a white, plastic-covered mattress in a plain room.

Both Lime and Silver Birch had large staff offices before you enter the wards. There was a medium-sized meeting room. There was a bright, calm staff room with lockers where staff could eat and enjoy their breaks.

1.3. Activities

Activity schedules were clearly displayed in wall cabinets but not in Easy Read format. At Lime, cooking, art and relaxation groups were advertised. Silver Birch offered music, creative writing, yoga and gardening.

Whilst at Lime ward, cheese and tomato tartlets that were made by patients were brought out to share.

We did not see a computer for patients.

We observed a games room and garden space on each ward.

The book cupboard at Lime ward was locked.

1.4. Staffing

Enter and view volunteers were welcomed by positive, friendly staff. None of the staff requested to see volunteers' DBS forms or ID badges.

A student nurse was on placement at Lime and a volunteer was helping with activities.

Enter and view volunteers observed a caring relationship between staff and patients, for example, with staff acknowledging patients by name and saying hello with a smile as they walked past. Staff also explained to patients that we were from Healthwatch and wanted to listen to what they thought of their care.

1.5. Food

We did not observe a meal time. Lunch menus were clearly displayed on white boards on each ward and offered patients two or three meal time options.

Vegetarian meals consisted of an extra or withheld item of the main meal, rather than a vegetarian meal in its own right.

1.6. Choice

We observed patients in the garden smoking, in the lounge watching TV, in an interview room speaking with a visitor, and in their rooms resting. We also observed signage for different meal time options and different activities. There seemed to be choice around what patients could do and how they could spend their time.

2. Appendix 2: Conversations with Patients, Visitors and Staff

2.1 Introduction

The ward manager explained that Lime and Silver Birch wards admit both male and female patients: each had a male wing and a female wing and 'swinging' beds that could be occupied by either men or women. The manager explained they would not put a single female on the swinging wing with only male patients. She explained that most of the patients on both Lime and Silver Birch were detained under the Mental Health Act.

We were told that Lime ward primarily accommodates patients from south Bristol and north Bristol, Silver Birch accommodates patients from central Bristol, and Oakwood accommodates patients from South Gloucestershire. Staff informed us there were two older people's wards on site, called Aspen and Laurel.

2.2 Environment

'I like it here.' (Quote from a Patient, Lime ward).

'It's dirty, very dirty.' (Quote from a patient).

Staff confirmed that the numbering of the bedrooms had never followed consecutively.

'I like my shower in my room.' (Quote from a patient).

Staff said they did not know where the table tennis balls and bats were for the games room. Staff explained that the games room is usually left open all day and patients are free to come and go as they please.

Staff explained that there were two interview rooms that patients could use for private meetings with visitors. Staff said they are flexible about visiting times.

'It's very busy here.' (Quote from a patient).

'It can be volatile.' (Quote from a patient).

Staff confirmed there had been times when drugs have been passed through the garden fences to patients.

'The garden is not big enough. There is no shelter (for smokers).' (Quote from a patient).

There are 'not enough lights' in the garden. (Quote from a patient).

Staff explained the seclusion unit is used for short periods of time to help de-escalate patients if they are distressed and cannot be managed on the ward. They explained it needs to be bland to help calm patients down. Staff

said a member of staff sits outside the seclusion unit when it is in use to give the patient 1-to-1 care.

Staff explained that the meeting room on the staff side of the ward was used for Care Planning Meetings (CPAs) and for visits from patients' families and children. They explained children are not allowed on the ward for health and safety.

2.3 Activities

A patient told us they enjoyed the activities at Lime ward, particularly the art and cooking.

'I would like a computer.' (Quote from a patient).

'I would like to be outside more.' (Quote from a patient).

'I would like to cook in the OT (occupational therapy) room.' 'It would be nice to have a kitchen, where patients can cook.' (Quotes from patients).

'There's nothing to do.' (Quote from a patient).

'There are activities, but they are boring.' (Quote from a patient).

'I would like to do football or a drama class.' (Quote from a patient).

'I just watch TV.' (Quote from a patient).

Staff told us there is a church service every week. There is a prayer room in the main Callington Road building and patients are taken off the ward by staff to access this, even if they do not have leave.

2.4 Lime - staffing

Staff explained that the staffing levels were six staff on the early shift, six staff on the late shift and four staff on the night shift. Enter and view volunteers were told that staffing stays the same on the weekend and that there is always two qualified nurses on each shift on each ward.

We were told that psychologists and art therapists visited each ward twice a week. An occupational therapist was based on each ward.

Staff explained that AWP has their own bank staff system. Staff told us that regular bank staff are used for consistency.

'We use people we know we can rely on.' (Quote from a member of staff). One staff member said there is a queue for bank staff to work on their ward.

'Staff are lovely.' 'Staff are nice.' 'They are doing an amazing job.' (Quotes from patients).

'I can see staff when I want to.' (Quote from a patient).

'I feel safer than I've ever felt.' (Quote from a patient).

'Staff are helpful, very nice people' who are 'doing their job well.' (Quote from a patient).

Several patients spoke about feeling 'safer' on the ward than in the community.

'Staff take time to talk to me.' (Quote from a patient).

'Staff are there for you.' (Quote from a patient).

'Staff are reasonable.' (Quote from a patient).

'Staff are too busy to talk to me.' 'There is not enough staff.' (Quotes from patients).

When we asked patients what could be improved, one said, 'I'd like more people to talk to.' (Quote from a patient).

'Staff change a lot. There's lots of agency staff but they're OK.' (Quote from a patient).

'They don't know us [as people] they only look at our charts. It's a problem.' (Quote from a patient).

'I know my advocate's name. She is nice.' (Quote from a patient).

'My advocate is from Bristol Mind. I have a key worker.' (Quote from a patient).

'I have an allocated nurse. I don't always know who it is.' (Quote from a patient).

'Staff are busy.' (Quote from a patient).

All staff told us they had good job satisfaction. They said the mixture of clients and balancing their different needs can be stressful at times.

'I really enjoy my work. I get lots out of helping the patients.' (Quote from a member of staff).

One staff member said Lime ward is 'a very supportive team' and said they are being upskilled for career progression by management. Staff explained that they are encouraged to take training and complete regular, online e-learning modules in subjects like Infection Control, Manual Handling and the Mental Capacity Act.

There is 'good teamwork' amongst staff. (Quote from a member of staff).

'Management are really supportive about people going into training.' 'I feel supported in my development.' (Quotes from members of staff).

Staff said a pharmacist visits the wards three times a week. A new pilot medication group is being set up and patients can discuss their medication 1-to-1 with pharmacists.

Staff told us they can have little time for social interaction with patients. If staff are working an early shift, it is very busy and there is 'lots of paperwork'. There is more time for interaction with patients, both 1-to-1 and in groups, on afternoon shifts and during weekends when the ward is 'more peaceful'.

'Some early shifts, you can see no patients unless you're doing the meds.'
(Quote from a staff member).

'The paperwork has to be done.'
(Quote from a staff member).

'It can be pressurised at times.'
'There's not enough staff.'
(Quotes from staff members).

We asked staff what one thing would improve their work environment:

'More staff would mean we can spend more time with patients.'
(Quote from a staff member).

2.5 Food

Staff explained that food is outsourced from another company, and cooked in regeneration cookers from chill on each ward every day. There was no facility for patients to cook their own meals. Staff explained that they cook patients a cooked breakfast every Wednesday mornings.

Hot drinks and snacks were readily available on both wards. One patient told us they had to request squash as they didn't enjoy tea or coffee.

'The food is good. Staff will make me a sandwich when I want.'
'I like the food especially the potato and cheese pie.'
(Quotes from patients).

'Food is not good.'
(Quote from a patient).

Some patients said there is not much choice around what you eat and when.
'You are told when to eat.'
(Quote from a patient).

'You get two or three choices (at meal times). There are no diet options.'
(Quote from a patient).

'We have had jacket potatoes three times (this week). It's not healthy.'
(Quote from a patient).

'They will make me toast at night.'
(Quote from a patient).

Staff told enter and view volunteers that patients can order a takeaway, but they need to use their own money.

2.6 Choice

'I can go to bed when I want. I have a lot of choice.' (Quote from a patient).

'I can use the interview room when people come [to visit me].' (Quote from a patient).

'You can get up when you want to.' (Quote from a patient).

'I can stay up late.' (Quote from a patient).

'I'm told when to eat.' (Quote from a patient).

Two patients told enter and view volunteers that they had been involved in their care plan and have their own copy. Staff told enter and view volunteers that they discuss discharge plans with patients twice a week and that there is a facilitated early discharge worker who helps people return to their community.

'I get options about my discharge.' (Quote from a patient).

'I should be able to spend my money at Tesco's however I want.' (Quote from a patient).

'There should be a GP here on the ward. I had to wait until my problem was really bad.' (Quote from a patient).

'I need a chiropodist and have been asking for weeks.' (Quote from a patient).

'It can be difficult to contact your solicitor and other professionals.' (Quote from a patient).

'I am not happy with my psychiatrist.' (Quote from a patient).

'Staff told me I can't use the phone, and I don't know why.' (Quote from a patient).

Several patients complained about their medicines:

'My medication makes me feel worse.' (Quote from a patient).

'I have no choice, if I say no to medicine, they keep me on section.' (Quote from a patient).

Notices clearly advertised the Patient Involvement Meeting, but the last meeting was on 10 May 2015.

Patients had choice about when visitors could come to see them:

'We are flexible about visiting times - but meal times can be busy.' (Quote from a staff member).

2.7 Leaving the ward

'I am not allowed to leave by myself. I don't have many visitors.' (Quote from a patient).

'They let me out for an hour a day. I can go to the gym or for a walk.' (Quote from a patient).

'Staff have time to escort me out.' (Quote from a patient).

'It is like being in prison.' (Quote from a patient).

One patient expressed dissatisfaction with the system:

'I have to be detained for 28 days!' 'The psychiatrist has to come.' (Quotes from a patient).

'Psychiatrists have a lot of power.' (Quote from a patient).

2.8 Discharge

Several patients said they received good support in the community when they are discharged.

I get 'good support [from community psychiatric nurses] but I feel much safer here.' (Quote from a patient).

'I get help from Petherton Carers' Centre. My GP stays in touch.' (Quote from a patient).

'I get help when I'm out.' (Quote from a patient).

'When I leave I expect support from AWP. I don't like to go to groups because of my condition.' (Quote from a patient).

'I have a support worker [when I am discharged into the community].' (Quote from a patient).

'The crisis team stay in touch.' (Quote from a patient).

'The crisis team are shit.' (Quote from a patient).

2.9 Concerns

Staff told us there is pressure to transfer patients to out-of-area hospitals to free up beds for new patients. This pressure comes from the crisis team, ambulance service and senior management. Staff told us that transfers adversely affect patients' care and happen 'quite often'.

'It is appalling.' 'It interrupts a person's continuity of care.' (Quotes from staff members).

Staff told us that patients can be admitted on to either ward but, as Lime and Silver Birch cater for people from different areas of Bristol, they may need to change wards at a later date. Staff said this can be unsettling for patients.

Staff expressed concerns about the government's plan to ban smoking in all hospitals, and how this could cause detained patients to become aggressive or stressed: 'It is setting people up to fail.' (Quote from a staff member).