

Report of Enter and View

Gresham House, Bethlem Royal Hospital, Monks Orchard Road, Beckenham

HEALTHWATCH CROYDON CIC

2014

Report by: Fatima Koroma and Janice Fisk Authorised Representatives

Report of Enter and View

Healthwatch Croydon CIC

Healthwatch Croydon CIC is the independent consumer champion for those children, young people and adults who use health and social care services in the borough. It:

- works to ensure consumers views about services are represented both locally and nationally;
- focuses on local voices being able to influence the delivery and design of local services;
- has statutory powers that enable local Croydon people to influence Health and Social Care services under the Health and Social Care Act 2012.

Healthwatch Croydon CIC finds out what people want from their health and social care services such as hospitals, GPs, care homes and pharmacies. This is referenced against information gathered from health and social care providers and commissioners and national and local research sources. Healthwatch Croydon CIC also produces reports about services visited and makes recommendations for action.

As part of this role Healthwatch Croydon CIC has statutory powers to undertake an Enter and View visits of publicly funded Health or Social Care premises. Enter and Views are undertaken when Healthwatch Croydon CIC wishes to address an issue of specific concern and gives the opportunity to its trained Authorised Enter and View Representatives (ARs) to find out the quality of services and obtain the views of the people using those services. Our Enter and View policy is available to view at www.healthwatch.co.uk. You may also wish to look at the Department of Health “Code of Conduct” relating to Enter and View at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285

Background to Visit

Healthwatch Croydon CIC ARs were asked to conduct an Enter and View at Bethlem Royal Hospital following negative coverage of services in the local press and the recent Care Quality Commission and Trust Quality reports. The purpose of the visit was to look at the quality of care offered to patients in that setting.

Gresham1 Women's Ward

Date and Time of Visit:	Friday 20 th June 2014, 11.00-14.30 hours
Establishment Visited:	Croydon University Hospital
Enter and View	Janice Fisk and Fatima Koroma
Representatives:	

Methodology

ARs gathered information through observation; they also carried out interviews with patients and staff members logging all data with an interview sheet, which included a set of qualitative questions designed to capture issues relating to patients' care within the ward including:

- how the setting treats patients with respect and each person as an individual;
- what measures the ward has in place to respect patients' right to privacy and to make sure they feel able to complain;
- how they engage with family members and carers.

Additional areas of scrutiny included levels of hygiene and provision of information. The mentioned areas are amongst the ten dignity challenges¹ to which Croydon Council and NHS Croydon signed up in order to ensure quality provision for Croydon residents across health and social care services.

Representatives interviewed:

- 3 female patients
- 3 members of staff

Observations

Gresham Ward 1 was at full capacity (20 beds) during the Enter & View; we understand that it is one of the busiest within the Trust. It supports women with acute mental illness who require 24 hour hospital care; acute mental illnesses start quickly and have distressing symptoms.

The patients are all Croydon residents of diverse backgrounds, with high numbers of women of African descent on the day of the visit. The women's ages range between 18 and 70 years old.

ARs commented that the ward felt secure on initial impressions; there is an intercom on arrival and 2 secure doors to go through to get access. However, once inside, the small reception was unmanned and they had to wait a while before anyone came to their assistance; this could cause concern to family/visitors already in an apprehensive state with no understanding of the ward's procedures and could make their visit more daunting.

Obvious refurbishments had been taking place externally with any disruptions being kept to a minimum. The internal décor was described as needing "brightening up". The ward looked generally clean, with some areas needing attention at closer inspection (dust on window seals or in corners).

Representatives did not witness any cleaning taking place on the ward during their visit and could not locate cleaning rotas in public areas.

Hand Sanitizers were available at the entrance but no hand gel dispensers or no signs encouraging visitors/patients to use them could be seen around the ward.

All staff wore badges and were easily identifiable.

Interviews with patients

Two main areas of potential improvement were highlighted by interviewed patients:

- The need for stronger links with community based providers able to support users and their families outside Gresham ward and re-integrate them in the community in the long term; patients would clearly benefit from a clear pathway of community services they could access to meet their specific needs and avoid re-admission as well as more information on support available in the work place;
- Service users would like to discuss from a Treatment plan that includes suggestions of alternative complementary medicines/treatments/activities.

The two patients who scored services using the 1-5 scale felt respected (4 and 5); service users said staff are generally helpful and friendly. The food is acceptable and incorporates dishes from different communities.

One respondent reported feeling unsafe, after allegedly being harmed by another patient on the ward.

SERVICE USER VIEW 1

Tell me about your experience of Gresham Ward 1?

Patient does not find her treatment useful. Finds being locked up unproductive. Claims she gets 8 hrs unescorted leave a day to go out but being forced to stay to be given drugs. Many admissions and claims to see the same people all the time.

Please score: _____ 1 – poor, 3 – average, 5 - excellent

Do you feel safe?	1	2	3	4	5
Do you feel respected?	1	2	3	4	5
Is the food satisfactory?	1	2	3	4	5

(patient was unable to give a number, but was very vocal about various issues)

We're you able to communicate your issues to the doctor & other staff?

YES/NO *she would have liked to have been informed of the effects of her medication*

Do you find your 'Ward Rounds' helpful? *Didn't know what this was*
YES/NO

Do you understand the information given about your treatment plan?
YES/NO

She said she was not on any medication but was at Royal Bethlam Hospital due to stress.

Do you have what you need?

YES/NO *They keep most things safe, but she can get them when required.*

Have you been offered an Independent Delegate?

YES/NO

She said that she was so ill that she was sectioned and given tranquillisers.

Do you know the next steps on your pathway to recovery?

YES/NO

Yes, externally she knows she can access help and support at work, but no to her pathways set at Gresham. She is looking forward to getting her hair done and going back to work.

Is there anything else you would like to share?

More activities to pass the day away, gym not accessible as she would like. Boredom does not help. She has enjoyed activities on the ward which included making bracelets, having massage etc.. She would like to make use of the gym and Zumba classes.

Interviews with staff

ARs made staff aware that the purpose of their work was to assist in the improvement of services, make recommendations and highlight where best practice was used. Staff were made aware of their presence and there seemed to be no apprehension to what answers were given to questions. Some members of staff were too busy to answer the questionnaire or not on site. The majority of staff were nurses.

All interviewed staff showed confidence that the majority of service users gained significant improvements in their health while at Gresham; staff enjoy working in the ward and find support in a diverse and committed team, readily available training, regular supervision and personal mentoring plan.

The main issues highlighted by staff were:

- Shortage of personnel, which has an immediate impact on leave as well as how emergency situations are dealt with;
- The need for the ward to be refurbished (to be brighter) with open plan arrangements allowing staff to see patients at all times;
- The need for better after care for patients, as users are often not finding any support outside the hospital when going back to their homes/families and are re-admitted or do not want to leave.

STAFF MEMBER VIEW 1

I am:

Nurse	<input checked="" type="checkbox"/>	Social Worker	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	Psychiatrists	<input type="checkbox"/>
Other		

Please tell us of your experience working here.

She enjoyed working with a good established team. Work can be stressful but this is minimised by constructive communication in team meetings. She has been here two years with a qualified position, she's enjoying her work experience here generally. Good diverse team, always opportunities for learning, can be stressful but many opportunities to discuss any issues.

What sense of achievement do you get from working here.

Each day is a learning experience. It is good to see the progress that can be made by a client. At first the client may be very distressed but through treatment they are enabled to function better and go home. Good being part of the patient's recovery, especially seeing really distressed difficult patients functioning or progressing normally.

What challenges do you encounter when consulting with patients?

A wide range of challenges including 1) the mental state of the patient inhibiting their ability to understand and progress and their willingness to engage 2) challenging behaviour can cause difficulties 3) diversity of cultures

What changes could be introduced to ensure the best patient quality care?

She would like to see more staff in the ward and further discussions in meetings.

There's a need for more staff. Staff shortages can impact on leave and can impact on staffing arrangements, especially in emergency situations or when there's a 136 (these are Gresham patients held in another unit).

There is a need for better after care; patients are supported at Gresham, manage to improve and go back into society but come back due to lack of support outside.

How regularly do you receive professional development training?

As often as I like. Some mandatory, some not. Can be external and in-house. Mandatory learning includes supervision and e-learning. There are loads of opportunities for development. She says there is a personal mentoring plan in place, which works effectively.

STAFF MEMBER VIEW 2

I am:

Nurse Social Worker

Doctor Psychiatrists

Other

Please tell us of your experience working here.

Positive - can be challenging due to the nature of acute care, great team. Wishes the layout of the office was better, can be a disadvantage. The design means you can't see everything so can make you feel unsafe.

What sense of achievement do you get from working here.

Nice to see success stories. It is good to see the progress many patients make from being confused and unwell on arrival to being able to get back to functioning in the community.

What challenges do you encounter when consulting with patients?

Nature of the job is challenging, depending on whether you can reason with the person and this is not always the case. Often services users do not understand their treatment.

What changes could be introduced to ensure the best patient quality care?

The environment is dowdy, needs improving, brighter colours, doors are like prison doors (heavy and bang all the time). Better aftercare. The enclosed design of the building is quite difficult and the layout of the ward could be redesigned to be open plan. The design could be enhanced so there is more light and brightness in the building. Bathroom facilities could be updated to provide more privacy and cleanliness.

How regularly do you receive professional development training?

She feels her training is ongoing and she has access to training that she wants. If funding was available she would gladly do more training.

STAFF MEMBER VIEW 3

I am:

Nurse	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	Psychiatrists	<input type="checkbox"/>
Other:	Ward Manager		

Please tell us of your experience working here.

She has been in her position for two years, member of staff prior to being a ward manager. It's a busy environment, good team and support. Enjoys most of her work but dealing with complaints is challenging as she has to put procedures/steps in place to solve issues and this can be difficult.

What sense of achievement do you get from working here.

Successful stories and happy families, however issues around aftercare and readmissions can be disappointing.

What challenges do you encounter when consulting with patients?

Some clients can be resistant to the therapies provided. The client may fight. Sometimes clients have reached a level of wellness to go home but they do not want to go. Relatives' expectations may not be accurate as they may not have a good understanding of the provisions of the NHS. Some don't want to leave. We may assess them as being well to return into the community but because of lack of support outside they don't want to leave. Sometimes the families can create a "them and us" barrier making it harder to work together.

What changes could be introduced to ensure the best patient quality care?

Encouraging patients and carers/families to attend the Carers Clinic, as a means of discussing and airing all issues, as most members of staff attend. Families to be enabled to be more involved in the continued health of the client as they represent the immediate point of contact for help when the client is in the community. The wm explained that a 'carers' clinic' has been set up for Friday afternoons regularly 3-5pm for Carers to attend where they can gain information. The clinic is attended by various members of the NHS ward team such as the psychiatrists and nurses so that carers can ask questions and gain more understanding.

How regularly do you receive professional development training?

It's always accessible. Teaching in practice and e-learning.

Recommendations

Issues raised by ARs have been grouped into the following six recommendations:

- *A Treatment plan that includes a clear pathway to community support outside the hospital.* There was a general consensus around the need for better quality after care and the view was maintained by both staff and patients. Quality of care in the community is essential to maintaining and sustaining the patients' good level of health and avoid re-admission
- *A Treatment plan that patients understand and are happy with.* Most patients did not seem clear about their Treatment Plan or felt they were not informed enough about their medication or its side effects. Some patients asked for alternative methods and did not wish to given medication that made them fell worst. The women were unhappy at being forced to take medication
- *A Treatment plan that highlights non-clinical ways in which patients could seek to improve their mental well-being* for example suggestions of activities they could partake in or alternative approaches..
- *The general environment of the ward would benefit from some brightening up and an open plan approach*
- In terms of cleanness: clear identified *cleaning* routine charts and *sanitizer gels* with clear written instructions inside the ward;
- *Shared amenities and in particular toilets and bathrooms* would benefit from being much cleaner and arranged in a way that provides more privacy to users. Staff should be checking shared amenities regularly and ensuring they are usable;
- *Separate socialising time for difficult patients* and more consistent activities on the ward including access to the gym so boredom does no exacerbate conditions.

Approvals

PREPARED BY: _____

Authorised Enter and View Representatives (ARs)

Approved by: _____

Chair, Healthwatch Croydon CIC