

Enter and View

Report of Visit to Crocus Ward on Oct 26, 2016

Executive Summary

A team of five authorised volunteers from Healthwatch Wandsworth was involved in planning and undertaking a visit to Crocus Ward, Springfield Hospital. With the agreement of senior managers, the visit took place on the afternoon of October 26, 2016. The team collected information by means of interview and observation schedules. We spoke to a total of eight inpatients, two relatives and one former patient who was visiting at the time.

Findings

Overall, we formed a favourable opinion of Crocus Ward as a place to receive treatment and care. The environment was stimulating, clean, pleasant and comfortable, with information clearly displayed and a positive, personal and 'caring' attention to detail. Patients paid compliments to the listening skills and understanding approach of ward staff and the consultant psychiatrist. We were impressed by the very low number of readmissions to the ward in the past year or so. We observed sensitive staff interactions with patients and positive examples of leadership.

On the downside, we were told of two discharge plans that were being delayed for reasons beyond the ward's control. Because of the complexity of individual cases, we do not feel qualified to make a simple recommendation about this, but note it as a regrettable a failure of multi-agency working.

Recommendations and conclusions

Based on our observations and interviews, we would like to make the following recommendations:

1. We consider that the carers' information leaflet should be reviewed, in particular because it contains no mention of discharge planning, or the roles of the Discharge Co-ordinator or the nurse who acts as the designated Carers' Lead for the ward.
2. In view of the concerns we heard about a patient's experience of being transferred between wards on different geographical sites in the Trust, we recommend that such transfers should be kept to the absolute minimum and greater care taken with patients' adjustments during and after moving.
3. Most of the patients we spoke to seemed unaware that there was a specific member of staff (their 'key nurse') that they could talk to about any concerns. Ward managers might consider reviewing how well the role of the key (or

'named') nurse is being implemented and whether there is more that could be done to improve patients' awareness of it.

4. Care should be taken to ensure all staff looking after patients are aware of any dietary restrictions (e.g. in the case of patients with conditions such as diabetes).
5. People who are visiting a relative at the start of a first admission to an inpatient mental health ward may find the experience distressing. Staff should try to provide them with support and understanding.
6. We understand that the ward has made an application for funding for some medical sessions to focus on patients' physical health needs. Given the complex health needs of many of the patients on Crocus Ward, we would like to offer support for this initiative.

1.0 Introduction

1.1 About Healthwatch Wandsworth

Healthwatch Wandsworth (HWW) is the patient and public champion in the areas of health and social care services. At the national level, we send our reports to Healthwatch England. HWW is funded by the Department of Health through the local authority, Wandsworth Borough Council. Our staff and volunteers are managed by an independent local voluntary organisation, Wandsworth Care Alliance (WCA). HWW is governed by an Executive Committee consisting of four Trustees of WCA and four members directly elected by the community. Our activities are developed in consultation with the public at our Assembly meetings.

1.2 Enter & View

Healthwatch Wandsworth has the statutory authority to visit health or social care services provided in the borough, or which cater for the local population but are located outside the borough. We can observe how services are delivered. Our main aim is to talk to patients or clients, their close relatives or carers, and senior staff responsible for managing the services. Our main focus is on the service user's experience of care, but we also try to assess whether the service being provided is adequate for meeting the needs of the local community.

Our E&V volunteers receive full training, and are DBS (Disclosure & Barring Service) checked before they can become authorised visitors. After each visit, the team produces a report containing its findings and recommendations. The reports are then sent to the service provider for comment, and to relevant bodies such as Healthwatch England, the Care Quality Commission (CQC), and the people responsible for commissioning and providing the service we have visited.

1.3 Our E&V strategy

One of the main aims of our current E&V strategy is to collect feedback on the experience of in-patients on the wards of South West London and St. George's Mental Health NHS Trust.

The Trust has recently been inspected by the Care Quality Commission (March 2016). We wanted to complement the findings of this inspection, which gave Crocus Ward an overall rating of Good, but also identified some areas to be addressed by ward and Trust managers.

2.0 Background

2.1 Crocus Ward

Patients

Crocus Ward is a mixed 21-bedded ward (twelve female and nine male) for older people with acute mental health problems from Merton, Sutton and Wandsworth. It is located on the Springfield Hospital site of South West London and St George's Mental Health NHS Trust, where it is situated on the ground floor of Building 9. It accepts people with functional mental health problems such as depression, anxiety and psychosis and people with cognitive impairment, usually but not exclusively aged over 65. Frail people under 65 are sometimes admitted if this is appropriate. Patients' usual length of stay on the ward is around three months, but in extreme cases may be longer.

The majority of admissions to the ward are on a compulsory basis following an assessment under the Mental Health Act. Some patients are deemed to lack mental capacity and are subject to statutory Deprivation of Liberty Safeguards. The principal reason for admission, whether voluntary or compulsory, is that the risk to patients and their carers from their symptoms - including aggressive behaviour in the case of people with dementia - is too great to be contained in a community setting. Many patients are already under the care of the Trust's Adult Community Mental Health Teams (CMHTs). The purpose of admission is to achieve the necessary reduction in symptoms and risk to allow them to return home or to an appropriate community placement. It was made clear to us that admission to Crocus is not available simply as a form of respite care, for which other agencies are responsible.

Staff

On the medical side, the ward has a Consultant Psychiatrist, supported by two junior doctors. The nursing team consists of qualified Registered Mental Health Nurses and unqualified Health Care Assistants. They cover two day shifts and one at night. When the ward is busy, particularly on the early shift, additional staff can be brought in from the Trust's bank or agency staff. (However, the CQC inspection recommended reducing the number of agency nurses.) The ward team includes an Occupational Therapist, and during the week patients can have regular sessions on the ward with a physiotherapist, dietician or a speech and language therapist.

Care and care planning

Treatment usually but not invariably includes medication from a range of antidepressant, anxiolytic or antipsychotic drugs. Psychological therapy, if appropriate, is provided by psychologists from the relevant CMHTs. Some patients have poor physical health, and those with a significant need for treatment are normally transferred to St George's Hospital.

Care plans are discussed with patients (and carers if this is agreed), and reviewed weekly on the ward. Each patient has a care co-ordinator – their named nurse, or key nurse – but in cases where a patient already has a care co-ordinator in their CMHT, this person is kept involved in the care planning process. The recently-established role of the Discharge Co-ordinator is to undertake planning at as early a stage as possible after admission, to consider their needs post-discharge, to identify any possible obstacles to discharge and ensure that necessary arrangements are made, including with Social Services. We were told that arrangements with Wandsworth Social Services were working well, and that a contact social worker is regularly on the ward.

Future plans

In terms of future developments affecting the ward, we learned that a business plan was being developed to reduce the number of beds on the ward to 18, in line with staff: patient ratios recommended by the Royal College of Psychiatrists. There was an ongoing plan to make the ward more dementia friendly, in line with recommendations issued by the King's Fund. There was also a bid for some additional medical sessions specifically to address the physical needs of patients.

3.0 Preparations for our visit

3.1 'Set up' meeting

On 7 September three members of the Enter and View team met with Richard Stiles (Operational Manager, Sutton & Merton Directorate), Dr Matthew Francis (Consultant Psychiatrist for the ward) and Mbosede (Bose) Nwaefulu, the Ward manager. They were given background information about the ward, its purpose, staffing, and ways of working as well as management reactions to the recent CQC visit and plans for future development of the ward.

We agreed a date and time for our visit. The staff were asked to let patients know about our visit and to distribute letters explaining that we would like to talk to them about their experiences on the ward. We also provided posters for the ward to display about Healthwatch Wandsworth, and the date and purpose of our visit.

Before the visit, we decided on some key topics and prompts to use with patients and any visitors who might be on the ward. We also agreed on a list of specific items to observe on the ward. Many of these were identified with reference to the recent CQC report.

In the interest of causing minimal disruption to the ward, we agreed to limit the number of the E&V team to four people, who would work in pairs.

3.2 Planning

The team planned to:

- Identify examples of good working practice.
- Observe patients and staff and their surroundings.
- Capture the experience of patients, and relatives and visitors and any ideas they might have for change and/or improvement.

3.3 Methods

We understood that the patients on the ward might have difficulty remembering aspects of their care, so we planned our interviews to talk first about how they felt about the ward, and then to cover questions about specific aspects of their care. In order to avoid imposing our own concerns, at the end of each interview we invited patients to tell us what they particularly liked about Crocus Ward, and what they thought could be improved. We conducted most of our conversations with patients in pairs. This enabled one person to develop rapport with the interviewee, (for example, by maintaining eye contact) while their partner made notes.

As we wanted to capture an idea of what the experience of being a patient on Crocus Ward was like, we drew up an observation schedule to complement our interviews. This covered items such as the overall 'feel' of the ward environment, how safe it seemed for patients, special provision for people with dementia or physical disabilities, and so on.

4.0 Findings

The team had agreed to visit between 2-4pm on October 26. On the day, two members of the team obtained permission from the Ward Manager (Bose) to stay on beyond 4pm in order to speak to a few more people and to observe supper time at 5.30pm.

We were welcomed by Bose and Adeshina Abdulsalam, the Matron with responsibility for Crocus Ward and three other wards. We were told that currently there were 18 patients on the ward, with two others temporarily placed at St George's Hospital. There were two patients awaiting a delayed discharge from Crocus. The staffing situation was fair, apart from one existing vacancy for a Registered Mental Nurse; the ward Occupational Therapy post was being filled by a locum practitioner, as it was difficult to retain permanent OT staff.

Following a preliminary tour of the ward, we asked for staff advice on whether it was inappropriate to talk to certain patients, for whatever reason.

4.1 Observations

Ward environment and accommodation

The ward is part of a 20th century building that has been renovated to provide mostly single room accommodation with four two-bedded rooms. There are no en-suite facilities, but shower and toilet facilities were nearby all the rooms.

The male accommodation area consists of corridor off which are two double bedrooms and five single rooms. Toilets and combined toilet/shower are separate from bedrooms and accessed via corridor (four toilets in all). A hand wash basin was noted in one of the double bedroom but not in the single room (but not all areas/rooms were observed).

The female area also has two double bedrooms and eight single rooms. We were also shown a bathroom with an over bath hoist in situ. It was noted that toilets, although wheelchair accessible, did not have grab rails in situ. The Ward Manager informed us that this had been requested. She also told us that there are plans to make the wooden floor more 'dementia friendly', which would involve replacing it. (Some team members thought that the floor was in good condition and had a helpful line on either side parallel to the wall, and that it should not be a priority to replace it.)

The day area has comfortable, age -appropriate seating in 'warm' colour and in good, clean condition. As you first enter the day area, there is an arrangement of armchairs around a coffee table and further to the side are dining tables and chairs. There are two unisex toilets off this area, both with wheelchair access and grab rails in situ (these are bright blue to comply with dementia friendly recommendations). There is a wall fixed hand wash basin and drinking water dispenser in situ within the day area.

There are large, high- quality, captioned photographs of popular film stars and entertainers from the 20th century on the walls, which we were told had been chosen by patients. Each bedroom has displayed on door, the name of patient, a photo and a few words to describe him/her e.g. previous profession/interests.

The ward has private access to a large, pleasant garden. Overall, the team's impression was that the environment was light and airy, with clear 'dementia friendly' signage and a variety of different places to spend time.

Privacy and dignity

There seemed to have been good attention to respecting privacy and dignity. For example, we noticed that the lower half of bedroom windows overlooking the garden were of frosted glass.

Activities and stimulation

In the dining area is a bookshelf with a collection of games and books. Art work by patients is displayed on the walls. We noticed that a game of dominoes was taking place between a nurse and patient at one of the dining tables. There is a TV room with comfortable and appropriate seating and a large screened TV. If a patient wishes for some quiet time, they are at liberty to return to their own room for a rest. The ward team includes an Activity Coordinator: in addition to a weekly community meeting of patients on the ward (which had taken place on the day of our visit), there is a cognition group, a relaxation group, twice-weekly music and dancing sessions and art classes.

Information displays

A large number of clear and colourful information boards/pictures are displayed in the area. These include photos and names of staff; an orientation board (day, date, season, next meal etc.); activity timetable; appreciation board; recovery tree (as patients leave the ward they are encouraged to add a comment on a leaf and attach this to the tree) and information on issues such as food/nutrition, infection control, and the ward's facilities.

Safety

Door entry phone is controlled by staff and leads the visitor into a porch area, with sign-in book. Another locked door, also controlled by staff, leads into day area. There are separate male and female bedroom areas accessed via each end of the day area. Doors are locked and opened by staff or by patients who are able to use the security code. There is also a bell to alert staff that someone would like to enter or leave. The ward has secure access to the garden.

Disabled access

Crocus ward has permanent concrete ramps with rails by the entrance and to garden area, allowing for wheelchair use. The indoor environment, as already described, is wheelchair accessible and appropriate facilities for patients with physical disabilities. Two foldable wheelchairs were available near the garden area.

Provision of feedback mechanisms

Sited prominently in the day area is a kiosk that enables patients and visitors to provide electronic feedback on their experiences of the ward. This information is relayed to the Ward Manager, and centrally within the Trust, so that there can be a check not only on quality but on the numbers giving feedback. The ward is notified if the number responding is too low compared with other wards and departments. This indicates to staff that they should ensure patients and visitors are aware of this facility and know how to use it.

The environment for mealtimes

Although mealtimes are "protected" from visitors, supper was observed by one of our team discretely and with the permission of the ward manager. It was placed in a serving kitchen with staff, including the ward manager and deputy, helping to get the right meals and quantities and preferences for each person (e.g. whether the person liked gravy). Those who needed help were given it sensitively and one person had a special cutlery to aid eating independently following a stroke. An example of good practice was that the deputy ward manager let this patient as much as possible independently but then intervened when there was evidence that this required too much effort. In this way, both promoting independence and nutritional needs were supported.

4.2 What we learned from patients and visitors

We spoke to a total of eight patients, one relative and one visitor who was also a former patient. We spoke to another relative on the phone on the evening of our visit (with the agreement of the patient, who gave us the phone number).

After introducing ourselves and explaining the purpose of our visit, we asked people if they were happy to talk to us. We guaranteed that, unless they specifically asked us to report anything to the Ward Manager, we would safeguard their anonymity. One patient declined to be interviewed, because they had had enough of being asked for an opinion. (This reminded us of the risk of over-consultation, and is something to take in to account when planning E&V visits.)

Food

Overall, the patients who we talked to seemed satisfied with the food and the choice given, although one person remarked that the food was sometimes not hot enough. The relatives we talked to did not agree, but had not necessarily been present at mealtimes. Patients could have snacks between meals and while we there we observed the tea trolley, which had a variety of drinks, cakes and snacks. One of our team was concerned that a patient who had told us that they were diabetic was given tea with two sugars and an iced bun. (This was reported to the Ward Manager at the end of our visit, who reassured us that blood sugar levels were being regularly monitored.)

Carers, family and friends

The Trust is committed to the principles of the Triangle of Care and we saw evidence of this in practice although we consider the ward's current carers' leaflet in need of review.

The majority of patients we talked to had regular visitors, and there were several visitors in evidence when we were there. Some patients told us how they used their own or the ward phone to talk to relatives regularly. There are set visiting times: 10:00 -12:00; 14:00 -17:00; 19:00 – 20:00. These seem to suit most people, although poor transport links to the hospital were raised as an issue by some. The ward has suitable spaces in which patients and relatives can have private conversations.

We spoke to two relatives. Some difficulties with staff had been highlighted, but seemed to have been resolved through meetings between relatives and staff. At the time of our visit, the staff were very visible and the door to the office was open, which made it easy for visitors (or patients) to approach staff.

The admission process

For some patients, the admission process was not a pleasant experience to talk about and we did not press for information. Because of their mental health condition at the time, many patients were initially unclear about why, or when, they had been admitted. (One person described how surprised they had been to wake up and be told they were in a mental health facility.) This might explain why some felt that they

had not been given enough advance information about the ward, although one patient told us that the information contained in the admission leaflet was clear. One patient had been transferred from a different ward in the Trust, and that not been an easy experience as they had been settled before.

Concerns and being heard, and relationship with staff

Most patients said that the staff were friendly (if sometimes a bit rushed) and felt that they could talk to any of the staff easily and with confidence. But most (apart from one patient) had no knowledge of having a specific staff member or “named nurse” to talk to. A couple of patients, including one who had some trouble with speech raised concerns about being able to talk to staff. Some patients did not recall seeing a doctor, but those who did had particular praise for the consultant.

Privacy and dignity

Without prompting, one patient told us that staff had been good at respecting their privacy; additionally, that their named nurse, consultant and physiotherapist had all been ‘very good listeners’. Without exception, the patients we spoke to who were sharing a bedroom said that they were happy with the arrangement: it provided company, and if they wanted to be private there was enough space for the dividing curtain to be drawn

Treatment and involvement in care

All the patients we talked to were happy with their treatment and care and felt that their mental health was improving. There was also evidence of attention to physical health needs and we were told that there has been an application for funding to the CCG for medical sessions to focus on physical health needs. Some patients said they were getting help with Occupational Therapy or Physiotherapy.

Discharge planning

We observed the Discharge Coordinator meeting with a patient and relative. Those patients who were willing and able to talk about discharge did report satisfactory involvement of themselves and other professionals and family members in the process. In two cases, patients had been given trials of being at home for brief periods. Two patients were experiencing delays over their discharge, as a result of factors beyond the ward’s immediate control (such as the unavailability of suitable accommodation) which was frustrating for them and their families.

Therapeutic activities and other stimulation

Most patients said that they liked at least some of the organised activities, and that they could choose what to take part in. There was a good choice. Art was mentioned as being particularly enjoyable. The garden was obviously a favourite place, and on the warm, sunny day we visited it was well used by at least some of the patients.

Overall experience

We invited patients to make any suggestions that they thought could improve the ward. The only one we recorded was for access to a radio. Responses to what they particularly liked included:

'It's all very nice'

'The staff are very understanding....and good at listening.'

The nurses are very friendly'

The activities provided on the ward were widely appreciated, particularly the art classes, as was access to the garden. One visitor on the ward was a former patient who had recently been discharged and had come back to visit. This person spoke very highly of the staff and treatment in the ward.

5.0 Recommendations and conclusions

Overall, we formed a favourable opinion of Crocus Ward as a place to receive treatment and care. The environment was stimulating, clean, pleasant and comfortable with information clearly displayed and a positive, personal and 'caring' attention to detail. Patients paid compliments to the listening skills and understanding approach of ward staff and the consultant psychiatrist. We were impressed by the very low number of readmissions to the ward in the past year or so (only one).

On the downside, we were made aware of two cases where a patient's discharge plans were being delayed. Due to the complexity of individual cases, we do not feel qualified to make a simple recommendation about this, but note it as a regrettable failure of multi-agency working.

Based on our observations and interviews, we would like to make the following recommendations:

5.1 We consider that the carers' information leaflet should be reviewed, in particular because it contains no mention of discharge planning, or the roles of the Discharge Co-ordinator and that of the nurse who acts as the designated Carers' Lead for the ward.

5.2 In view of the concerns we heard about a patient's experience of being transferred between wards on different geographical sites in the Trust, we recommend that such transfers should be kept to the absolute minimum and greater care taken with patients' adjustments during and after moving.

5.3 Most of the patients we spoke to seemed unaware that there was a specific member of staff (their 'key nurse') that they could talk to about any concerns. Ward managers might consider reviewing how well the role of the key (or 'named') nurse is being implemented and whether there is more that could be done to improve patients' awareness of it.

5.4 Care should be taken to ensure all staff looking after patients are made aware of any dietary restrictions (e.g. in the case of patients with conditions such as diabetes).

5.5 People who are visiting a relative at the start of a first admission to an inpatient mental health ward may find the experience distressing. Staff should try to provide them with support and understanding.

5.6 We understand that the ward has made an application for funding for some medical sessions to focus on patients' physical health needs. Given the complex health needs of many of the patients on Crocus Ward, we would like to offer support for this initiative.

Disclaimer

Please note that our findings in this report relate to observations and interviews on a single day. It should not be taken as a representative portrayal of the experiences of all service users and staff on Crocus Ward over time.

Response by managers to HWW's recommendations about Crocus Ward

5.3 Most of the patients we spoke to seemed unaware that there was a specific member of staff (their 'key nurse') that they could talk to about any concerns. Ward managers might consider reviewing how well the role of the key (or 'named') nurse is being implemented and whether there is more that could be done to improve patients' awareness of it.

All patients admitted to the ward are allocated a named nurse, associate nurse and a second associate nurse. All patients are informed of who their named nurses are. We also display this information on a board in all the individual patients' bedroom. On the board we write who their Named nurse is and the name of their consultant. On every shift we also display the names of the staffs that have been allocated to each patient during the shift.

5.4 Care should be taken to ensure all staff looking after patients are aware of any dietary restrictions (e.g. in the case of patients with conditions such as diabetes).

All staff are made aware of the patients' dietary restrictions. E.g., patients that are diabetic staffs always ensure they are offered sweeteners when serving tea or coffee instead of sugar.

In a situation where staffs are unsure they will usually check with the Nurse in Charge.

We have a dietician and speech and language therapist that attend the ward weekly. They send a weekly update to all staff and also update the dietary information board.

5.1 We consider that the carers' information leaflet should be reviewed, in particular because it contains no mention of discharge planning, or the roles of the Discharge Co-ordinator and that of the nurse who acts as the designated Carers' Lead for the ward.

We are more than happy to update the carers' information leaflet and will try to ensure this is done before 14/2/17.

The designated carers' lead for the ward is displayed on the carers' board and is also indicated in the carers' information pack.

The patients' ward Information pack (p24) gives information about patients' discharge (*'Leaving the ward'*). This page talks about things to consider before leaving hospital such as:

"Do you have a suitable accommodation?"; "Is your house secure and fit to live in?"
etc

ACKNOWLEDGEMENTS

The Enter & View visiting team from Healthwatch Wandsworth would like to thank the staff, patients and visitors who contributed to this report on Crocus Ward. We were made to feel very welcome during our visit.

E&V members involved in planning and visiting:

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