



Enter and View Report

Details of visit

Service Provider

Date and time

Authorised

Representatives:

Local Healthwatch contact details:

Rivington Unit Mental Health Inpatient Services – Beech Ward, Oak Ward & Maple House Ward at the Royal Bolton Hospital

Greater Manchester Mental Health NHS Foundation Trust

Monday, 11th September 2017 at 2pm

Christine Makinson, Jim Fawcett, Eileen Bennett, Katie Tickle and Karen Wilson (Staff Support)

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Acknowledgements

Healthwatch Bolton would like to thank the patients, visitors and staff of the Rivington Unit, as well as Greater Manchester Mental Health NHS Foundation Trust for their contribution to the Enter and View programme.

Disclaimer

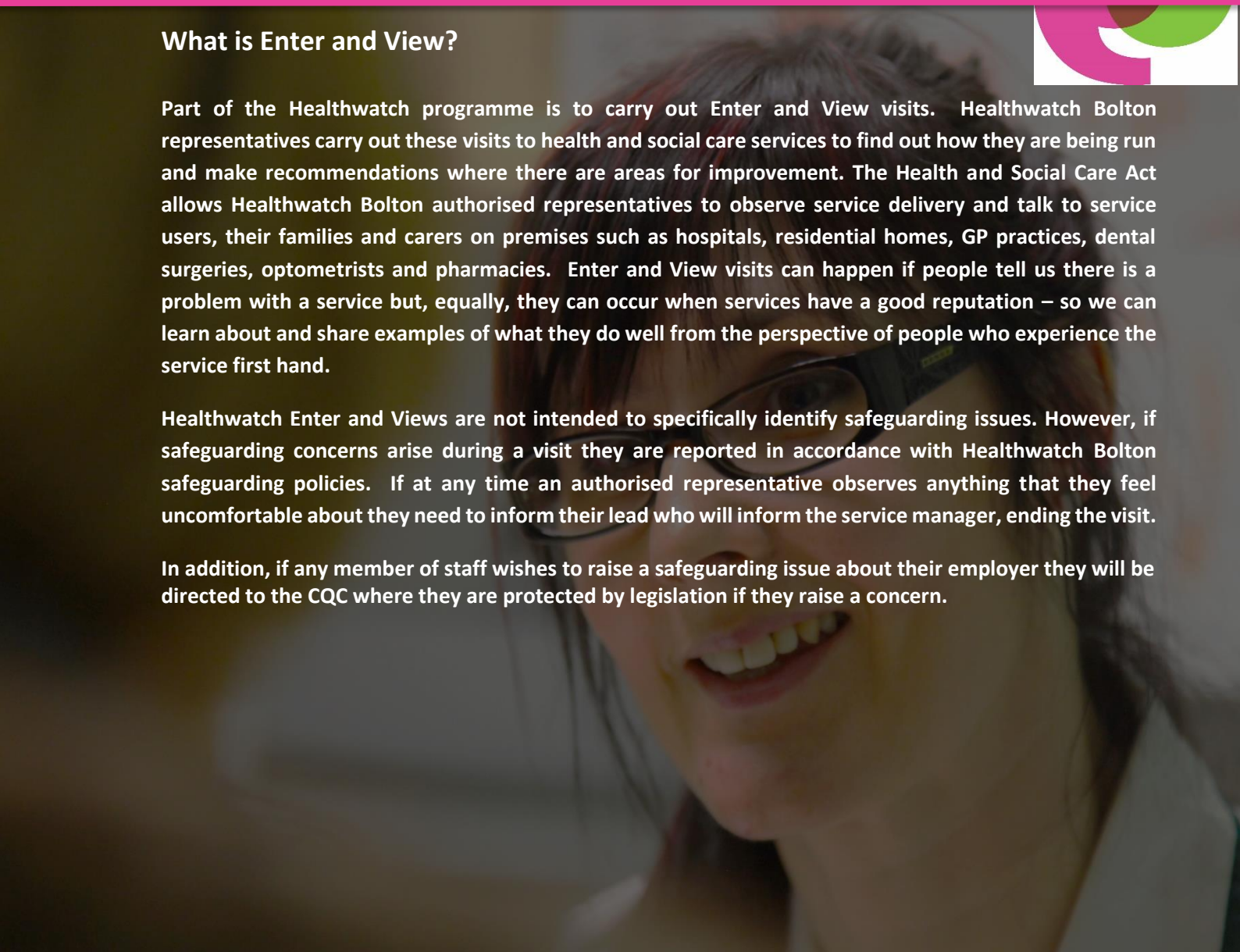
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed during the visits.

What is Enter and View?

Part of the Healthwatch programme is to carry out Enter and View visits. Healthwatch Bolton representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch Bolton authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Bolton safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.





Purpose of the visits

This visit is part of the ongoing work Healthwatch Bolton is currently undertaking under one of the priorities around mental health services in Bolton. The purpose of any enter and view visit is to gauge the views and feedback of people using the services and its staff, as well as relatives and other visitors where this is possible. These visits aim to capture the lived experience of people accessing acute mental health settings in order to complement other engagement work carried out in the community.

Strategic drivers

- Engaging with hard to reach and vulnerable communities
- Exploring experiences of person-centred care
- Monitoring quality in the provision of services
- Developing clear models for communication

Methodology

The Enter and View team met with Sharon Morrison, Operational Manager/Matron – Inpatients Bolton and Michelle Anderson, Head of Operations for Bolton at the beginning of the visit. The five Healthwatch Bolton representatives then visited three wards within the Unit. The services were Beech Ward (male), Oak Ward (female) and Maple House Ward - Psychiatric Intensive Care Unit (PICU).

The Enter and View Team observed care, practice and had conversations with patients, staff and visitors and relatives where possible, in order to gain feedback and an impression of the quality of care and information provided. Authorised representatives spoke with 11 patients, one visitor and six members of staff in total. The Enter and View Team did not observe any medical intervention nor were they present at any medical consultation. Notes were taken throughout observations and discussions with individuals with their knowledge and consent. It is the notes taken during the visit on 11th September 2017, which form the content of this report.

Background Information

Beech and Oak Wards are both inpatient mental health wards. Beech is a 22 bedded acute male ward and Oak is a 20 bed acute female ward. Maple House ward is a Psychiatric Intensive Care Unit (PICU) with six mixed sex beds for people needing more intensive support.



Summary of findings

Overall care and support offered by staff appears to be good on all three wards.

Patients are all happy with the food.

Lack of activities, or suitable activities, are an issue on all wards but particularly the female ward (Oak).

There is confusion by some patients about whether or not they have been involved in discussion about their Care Plan. However, this may be due to their poor health at the time of any conversation.

Patients seem to be being informed of their legal rights and any rights to access an Independent mental Health Advocate (IMHA) although not all patients are clear about what an IMHA can do.



Results of Visit

The findings from the visits are recorded below for each ward separately. Healthwatch Bolton representatives entered the Rivington Unit via the main hospital entrance and will therefore make no comment about the Unit's reception area.

Beech Ward – male acute

Authorised Representatives spoke with five patients who have been on Beech ward between three days and 13 weeks.

Environment

Beech was well lit with lots of pictures and information boards on the walls.

There is an outdoor garden area with a basketball hoop and seating for patients use only. There is also a designated smoking courtyard area. However, the Trust is promoting smoking cessation in advance of it going smoke free in 2018.

There is a lounge area, dining room and conservatory housing a pool table, which leads to the outdoor area.

The bedrooms are all single rooms, some have walk-in wet rooms and there are toilet and shower rooms available for others. All rooms have storage facilities and a personal safe. There is an assisted bathroom and hoist available for those who require it; this room is locked when not in use.

There is a laundry room for the use of patients in designated booked slots.

A clinic room is available where everyone has a full physical check-up within 24 hours of being admitted to Beech ward.

Activities

A quiet room is available and there are plans to install a payphone and an Xbox for patient use. There is an activity board on display, showing the weeks activities on the ward. The pool table and the TV are popular, two people enjoy a walking group and the gym group. One gentleman enjoys playing chess and would like to feed the birds but has been asked not to in case it causes rats. One gentleman said he enjoys his radio and listens to it in his room with earphones in so he doesn't disturb others.

"I asked for a tennis ball as it helps me focus and I was impressed that I was given one within three days"

"I am a Catholic and the nurse takes me to mass in the Chapel"

"I would like more time outside; running, playing football, Mosque"

Only one person we spoke with was negative about the activities and felt that TV was the only thing on the menu.

The patients we spoke with were asked if they are encouraged by the staff team to get involved in planning or recommending activities provided by the ward. There was a mixed response although they did appreciate the community meetings to share ideas.

There is a self-soothe room including sensory equipment and CDs for mindfulness and books on breathing techniques, although we did notice that the poster on the entrance door is in small font and does not display pictorial information.

Patients have access to a gym and exercise equipment upon request.

Four of the five patients felt that there are opportunities to take part in meaningful activity and are able to choose what to do with their time.

Food and Hydration

Hot and cold drinks are available in the dining room from 6am to midnight every day. We observed patients making drinks and one gentleman offered to make the Authorised Representatives drinks.

Four meals are provided each day, including supper. There is a menu board displaying mealtimes the choices available for the day.

"The food is excellent. You get four good meals a day and I'm very happy with the food"

Health and Safety

Authorised Representatives spoke to five patients who have been on the ward between three days and 13 weeks. The majority of the patients felt safe but said that there have been fights and incidents on the ward, although the staff are good and violent offenders are moved quickly.

"Yes I feel safe, but if something sparks off you need 2/3 staff to stop it. That's not a very nice situation to be in"

One gentleman informed us that he had been attacked twice and gave details of the incidents. This was raised with the Matron who was aware of the incidents and explained what steps had been taken. We did ask that staff speak to this patient to ensure he feels supported and to check if there are any other problems.

Information and Communication

Meetings with patients are held at 9.30am every morning to discuss the day and plan escorted leave.

There is a storyboard sharing recovery stories of previous patients who have given consent.

There is a photoboard showing who's who on the ward team, including the Learning Disability Champion.

There is a mindfulness board giving information and tips.

There is an expectation board for staff and patients, along with a 'You Said We Did' board.

There is a patient's community meeting every Friday open to any staff or patient who wish to attend.

There is a notice board giving information on complaints, advocacy and CQC information.

We spoke with five patients about whether they had sight of their Care Plan or if they had been involved in agreeing their Care Plan. One person said yes, two were unsure and two said no, although the two who said no felt that they may have done and taken no notice.

"They ask me what I think. I'm not sure if it about a care plan"

"We have sat together. I am Jewish and they have been very good in respecting my religious beliefs"

Legal Rights and Access to Independent Mental Health Advocates

Patients did inform us that they have been made aware of their legal rights; including entitlement to an Independent Mental Health Advocate (IMHA) although one person said he had learned a lot more from other patients.

Three of the five patients we spoke with said that they are entitled to an IMHA, two of whom said that they found the IMHA helpful whilst one person was waiting to see the IMHA and seemed unclear about

"I got one in no time and was given a list of who I wanted to see"

"I haven't got one yet. Can they give you help with your stay, treatment and any unfair treatment?"

what they could offer.

One gentleman said he had stopped the IMHA for a while but got him back because he found him effective.

Service from the Unit and Support from Staff

Four of the five patients we spoke with felt that the service from the Unit is very good.

They felt that the staff are very nice people and that if you work with the staff they will work with you, although one person did comment on their psychiatrist and felt that he was being patronising.

The majority of patients we spoke with felt that they knew their Named Nurse and staff very well, saying there are different shifts but you get the opportunity to get to know the staff well. Staff listen and offer good advice and seem to get on well with most patients, although there are always the exceptions.

“The staff are helpful and listen to me, they are nice people”

“The staff are very professional and well trained. They work well together and support each other”

“They are like bouncers and bullies to patients that are supposed to be ill”

Patients said that each member of staff has their own way of doing things so he tries to work with the ones he gets on with and be polite with the ones he’s not so keen on.

Overall patients were happy with the support from staff on Beech ward.

Oak ward – female acute

Authorised Representatives spoke with three patients who have been on Oak ward between one and three weeks; one visitor; and three members of staff who have worked on the ward between 6 months and 6 years.

Environment

Oak was well lit with lots of pictures and information boards on the walls.

The ward has recently been refurbished to a high standard. There are plans to put a punch bag in a small room to give patients an outlet should they feel stressed.

There is a bright lounge area and dining room.

The bedrooms are all large single rooms, with bathroom, storage facilities and a personal safe. There is an assisted bathroom and hoist available for those who require it. However, it is locked when not in use.

There is a laundry room for the use of patients in designated booked slots.

A clinic room is available where everyone has a full check-up within 24 hours of being admitted to Oak ward.

Activities

Female patients also have use of the gym and there is a sensory room on Oak ward.

Patients we spoke to said there are not really any opportunities to take part in meaningful activity and no real choices about what to do with their time.

They can use the gym but it depends on the staff. One person said she wanted to use the sensory room at night but it was locked and she was not allowed to use it.

Patients said sometimes there are things to choose but it's not always what anyone wants and patients do not feel encouraged to get involved in planning or recommending activities provided by the ward. Most people prefer to get out and about.

"There is one person who is actively involved. There's nothing going on and nothing to do all day. There is always a lot of staff on but never enough to do anything. I can have leave with my mum or a staff member but very rarely staff are available and I can't go unless my mum takes me."

"I have been told Tai Chi will happen and I'd like to do it but it keeps getting cancelled."

They said that the men have a pool table and basketball, while the women have colouring in, but even that's locked in a cupboard.

"You come in here to get better but you're left to your own devices and they wonder why people kick off. It's drama for something to do"

Patients we spoke with would like TVs in their bedrooms as people like to watch different channels; they suggested a library and opportunity for manicures, pedicures, facials and a visit from a hairdresser would be good.

A visitor said that he visits a friend and she does go for a walk now and again with an escort, but also knows she is bored.

Staff also felt that patients become bored and there could be more activities.

Food and Hydration

There are facilities to make hot and cold drinks in the dining room. Patients said that they are well fed and the food is good.

Health and Safety

Authorised Representatives spoke to three patients on Oak ward who had been in between one and three weeks. One person felt safe and said there are plenty of staff watching; the other two were unsure and said they only felt safe sometimes as people hide their true selves and the shouting is very unsettling and makes you smoke.

The visitor we spoke with felt that his friend felt safe and she had not indicated that she didn't.

Information and Communication

There is a notice board giving information on complaints, advocacy and CQC information.

Staff we spoke to know how to access interpreter services, if necessary, and the service is very good.

Staff told us that they have opportunities to build relationships and get to know patients by speaking and listening to them, during risk assessments and discussions about care plans, through one-to-one sessions and by being pleasant, making eye contact and building trust.

We spoke with three patients about whether they had sight of their Care Plan or if they had been involved in agreeing their Care Plan.

Two people said they had not and one person was unsure.

“I can’t remember if I’ve been involved”
“No but I will be involved in creating the plan”
“No, but I would like to see it and be involved”

The visitor we spoke with said that although he had not been involved in the care plan, her family may have been.

Legal Rights and Access to Independent Mental Health Advocates

Two patients we spoke to were informal patients, but one person said she had been informed of her legal rights and entitlement to an IMHA and that it was very well explained, but she wasn’t sure if she was getting an IMHA and therefore could not comment on the effectiveness.

The three staff we spoke to all said that every patient is informed of their legal rights and if it is missed occasionally there is a backstop with the right staff. IMHA meetings are arranged with advocacy visits twice per week. Any qualified nurse makes the referrals to the IMHA.

Service from the Unit and Support from Staff

There was a mixed response from the three patients we spoke with about the service on the ward – ok, not good, very good.

“They should make more time for us. We are left sat to our own devices. Often there is agency staff on both day and night”
“There is a lack of funding in the NHS. It’s scary if you haven’t been on a ward before”
“They feed you up well and the staff talk to you. I’m happy but I’m bored”

The visitor we spoke with felt that his friend had received a good service. He said the care has been good and she is a lot calmer, but she is bored.

The staff we spoke with felt that the service on the ward is good and that staff are also well supported. However, there is always room for improvement; an increase in staff especially at night would help, and more regular staff.

Staff felt that the ward is very patient focussed and the manager is accessible; that psychology services and group work are good and that staff relations are good which have an impact on patient care.

One person knew her named nurse and said she was a very kind nurse; the two other patients we spoke with either didn’t know their named nurse at all, or very well, but they did all say that that all the staff are friendly.

The visitor we spoke with did not know the staff at all but felt that they were caring for his friend well. Saying that they make sure she’s taking her meals, going to bed, getting up etc.

Healthwatch Authorised Representatives spoke with three members of staff who had all worked on Oak ward for between six months and six years. They all enjoy working on the ward, stating that they are happy with their workload and that staffing is adequate, although one extra person per shift would help.

They all said that they would feel comfortable speaking to a senior member of staff if there were any concerns or problems relating to their work. The Matron is very accessible and supportive, there are regular staff meetings and relations with senior staff are good.

Staff told us that they are offered opportunities for further training and they have received dementia training through an e-learning course.

The general view seemed to be that the service on the ward is good, staff are friendly and the food is good. However, staff and patients would like to see a more regular staff workforce on the ward to allow staff to make more time for patients.

Maple Ward – Psychiatric Intensive Care Unit

Authorised Representatives spoke with three patients who have been on Maple ward between one week and two months, and with three members of staff who have worked on the ward between four and 21 years.

Environment

Maple ward is a low stimulation environment with a large lounge area with a TV. There is a small lounge which can be used on request and an activities room at the end of the ward where patients can participate in arts and crafts.

Activities

Authorised Representatives asked patients if there were opportunities to take part in meaningful activity or if they are able to choose what to do with their time. One person said yes, but two patients said not really, but one of them did say they don't really want to be involved.

"I listen to music in my room wishing the day away sleeping. I've just started sleeping so I don't want to be involved in activities on the ward"
I like watching films, playing cards. I would like to go to the gym and I'd like to do some cooking"
Gym, walking, cooking group. It's enough activity for me, I don't feel the need for any more"

They did say they are encouraged to get involved in planning or recommending activities at the morning meetings.

However, patients did feel that there are a lot of restrictions. One gentleman said he would like to do Activities for Daily Living (ADL) with the Occupational Therapist (OT) and would like to go to the gym. Healthwatch raised this with the ward manager, who assured us it would be brought up at the next daily meeting.

Food and Hydration

There is a small dining area at the end of the ward where patients eat their meals. Cold drinks are accessible by all patients but hot drinks are made by staff.

The patients we spoke with all said the food is good or excellent and the times meals are served is ok.

Health and Safety

Authorised Representatives spoke to three patients on Maple ward who had been in between one week and two months. They all said that they felt safe and that the staff are good, and the staff feel that they are a supportive team.

Information and Communication

Information is generally communicated verbally as Maple is a low stimulation ward.

Staff we spoke to know how and when to access interpreter services, if necessary. They said access is fine and there have been no problems.

Staff told us that they have opportunities to build relationships and get to know patients by talking, spending time and listening without judging; during activities and discussions about work plans.

We spoke with three patients about whether they had sight of their Care Plan or if they had been involved in agreeing their Care Plan.

Each response was different, i.e. 'yes, no, not sure'.

"No input whatsoever in informing my care plan. I have not been asked to become involved"
"I'm unclear as to what a care plan is"
"Maybe. Not really sure what a care plan is"

Legal Rights and Access to Independent Mental Health Advocates

The three patients we spoke to on PICU had all been informed of their legal rights. Two patients were entitled to an IMHA but weren't sure that the IMHA was being effective.

Staff said they inform patients if they are entitled to an IMHA, information is given to patients and the service visits twice per week. Any member of staff who communicates with patients can refer but patients can also self-refer.

Service from the Unit and Support from Staff

Two patients felt that the service is good and one felt it is not so good.

"Communication is poor – I feel like some staff are not listening and looking at their watches. I don't feel listened to"

Three staff we spoke to said that they enjoyed working on Maple ward and are happy with their workload.

“I love my job – it’s very challenging but rewarding”
“It’s the best cohesive team – very close knit”

They all said that they would feel comfortable speaking to a senior member of staff if they had any concerns or problems relating to work and that management are very approachable and that staff are encouraged to voice their opinions.

Staff said they are offered opportunities for further training and although dementia training is not really applicable to the ward, they have used an e-learning course.

The three patients we spoke with knew their named nurse very well and felt that they are given time to talk. One person said that some of the other staff are not bad but sometimes feels that they are not friendly.

There were some negative comments about the ward. One patient felt that communication is poor, although another felt there was nothing needed to improve the ward.

“I hate it here. No Support Time Recovery (STR) worker who will take me for my hair done etc.”
“Staff are really good. They keep me informed”

Staff said that they the team is really motivated and well managed and that they have a good rapport with the medical team so can offer good patient care. However, they did comment on the regular use of bank staff.

Additional findings

Beech ward

Healthwatch Authorised Representatives witnessed that one gentleman handed out cigarettes whilst on the ward and two people approached him asking for cigarettes. We would like assurance that vulnerable patients are supported.

Oak ward

Staff on Oak ward commented on the good services received from podiatry, physiotherapy and psychological services but complained about the lack of opportunity for patients to receive dental health services unless they required emergency treatment.

Staff and patients also commented that opportunities for the female patients to have access to a hairdresser and some beauty therapies would be welcomed.

Maple ward

Staff on Maple ward commented on the good services received from podiatry, physiotherapy and psychological services but complained about the lack of opportunity for patients to receive dental health services.

Recommendations

- Look at the activities available on all wards and include activities that are what patients want. Make certain that there are enough staff to allow activities to take place
- Ensure patients are fully involved in the writing of their care plan and that discussions take place at a time when the patient is most likely to be able to engage
- Revisit the care plan regularly with the patient so the patient is kept both involved and up to date
- Check how much written information is being given by the hospital in regarding IMHA. The IMHA service should be providing this.

Service Provider response

Thank you for your report, GMMH notes, the summary of your findings and also the areas that raised a concern during your visit, we have addressed each recommendation individually below.

- **Look at the activities available on all wards and include activities that are what patients want. Make certain that there are enough staff to allow activities to take place.**

Beech Ward

In the quiet room, a payphone has been commissioned and is in situ on the ward.

The Xbox has been purchased, we are awaiting casing to be made so that the TV can be put on the wall to allow the Xbox to be used, the facilities team have measured up and are in the process of making the casing.

Oak Ward

The ward manager has looked at the provision of some new activities with the wards, unfortunately, there is a lack outside available space within Oak to allow for a basketball net. We will discuss with the patients the possibility of a pool table within the female ward.

The gym is available but does need to be supervised by staff who are trained to use gym equipment.

The self soothe room is available for patients to use until 12am, when we would be encouraging patients to retire to bed as a general principle for sleep hygiene.

The ward did have a library of books, we will look to replenish these and also ensure that self-care stocks are replenished on the wards and that patients know how to access them.

- **Ensure patients are fully involved in the writing of their care plan and that discussions take place at a time when the patient is most likely to be able to engage.**
- **Revisit the care plan regularly with the patient so the patient is kept both involved and up to date.**

Care planning and whom their named nurse is, is a regular standing agenda item on the ward community meetings to ensure that patients know who will be assisting them with their care plan.

In September, the wards were using bank and agency workers, particularly on nights, this has largely resorted with the recruitment of new qualified and unqualified staff. Which will assist with the staff's availability to revisit care plans on a regular basis.

- **Check how much written information is being given by the hospital in regarding IMHA. The IMHA service should be providing this.**

We have information available on all wards about IMHA services that are available to patients.

Oak ward

Staff on Oak ward commented on the good services received from podiatry, physiotherapy and psychological services but complained about the lack of opportunity for patients to receive dental health services unless they required emergency treatment.

Staff and patients also commented that opportunities for the female patients to have access to a hairdresser and some beauty therapies would be welcomed.

Maple ward

Staff on Maple ward commented on the good services received from podiatry, physiotherapy and psychological services but complained about the lack of opportunity for patients to receive dental health services.

Dental services and hairdressing are not available on the wards, we will ensure that we communicate to patients how they can gain access to these services.

Beech ward

Healthwatch Authorised Representatives witnessed that one gentleman handed out cigarettes whilst on the ward and two people approached him asking for cigarettes. We would like assurance that vulnerable patients are supported.

This issue has been discussed with the ward manager, we will ensure that staff are visible and available within the general ward area, to prevent patients from being exploited by others, where it is noted that patients are approaching others or being approached staff will intervene and a 1-1 conversation would be instigated.

Maple House

The report makes reference to some of the necessary restrictions that are needed within a PICU setting, we regularly review restrictions and work towards providing care within the least restrictive environment, a low stimulus environment is required within a PICU setting.

Sharon Morrison

Operational Manager/ Matron - Inpatients Bolton Beech, Oak and Maple House

06/02/2018

