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Halton



Enter and View Final Report
5 Boroughs Partnership NHS Foundation Trust
Hospital
In-Patient Wards
June 2016

Background and Purpose of the visits

The five Local Healthwatch organisations that cover the 5 Borough Partnership footprint met and agreed to do a series of Enter and View visits to inpatient services provided by 5 Boroughs Partnership Foundation Trust. For clarification purposes, this was services provided in:

- Halton
- Knowsley
- St Helens
- Warrington
- Wigan

The purpose of the visits was defined as:

- To identify what services are offered in each borough
- The standard and ease of access to those services
- To obtain service users feedback on the quality of services
- Analysing commonality/difference in services provided across different boroughs

Details of the visits

The visits took place over a period from 6th January 2016 to the 15th February 2016. Visits lasted about one and a half hours. Enter and View Panel members from Halton, St Helens, Warrington and Wigan took part.

Key Findings

This report contains a combined summary of all the visits. Copies of the individual visit reports are available from Healthwatch Warrington.

Services available

Each hospital provides inpatient wards for male and female patients aged 18 and over who are experiencing serious functional mental health difficulties. Capacity in each ward is generally about 18 beds, larger wards are provided in Leigh but numbers will be reduced in the new build from 25 to 20. Most wards had private or ensuite rooms,

though Cavendish/Lakeside mainly provided dormitory accommodation, this will be replaced by ensuite rooms in the new build (Atherleigh Park, Leigh).

Wards are usually full to capacity with patients situated out of borough on occasion, Chester and Cheadle Royal were named as alternative places. One patient had been admitted to a hospital in Bradford before a place locally became available.

Standard and ease of access

Parking was available, though only at Peasley Cross and Hollins Park was parking free. Wards were not always clearly signposted, sometimes referring to “5 Boroughs” rather than specific ward names. Access was usually straightforward with lifts provided where necessary.

Service User Feedback

When possible Healthwatch spoke to patients for feedback. At Hollins Park, patients said that they were supported and well cared for, one said that care was “*fantastic*”.

There were mixed views on involvement with care plans, some patients felt involved and understood their plan, others commented that that hadn’t seen it or couldn’t remember what was in it.

A patient at Peasley Cross stated that the activities coordinator had been on leave over the Christmas period and there had been little to do during that time.

Take-aways were a valued part of life on the ward by patients spoken to. Some wards had takeaways available as a regular activity on a Friday or Saturday night others put restrictions on the availability which meant they didn’t happen as much as patients would like.

Flexible visiting hours are available in some units and have proved effective for both visitors and patients. Some patients felt that they would like more flexibility in visiting in that often visiting was restricted to dining room areas with family rooms booked up in advance.

Lack of privacy was mentioned in the context of when other patients become distressed or angry and that sometimes some patients feel unsafe and feel the need to stay in their rooms.

The quality of hot food varied across settings (one patient didn't like the food and ordered chips regularly) but hot and cold drinks, snacks and fruit were readily available in all the wards.

Commonality/differences

Staffing

Recruitment and retention of staff varied in the different settings with some able to attract the right staff who stayed and others finding it very difficult. Others found it very difficult to manage, being dependent on staff doing extra hours and cutting corners on paperwork and training. It was felt that nursing in the community was seen as a more attractive option.

One unit was dependent on locum consultants because of recruitment issues.

Activities

These depended on the availability of an activities co-ordinator. One setting had a music room which was well used others had an IT suite and a gym. Organised activities included art groups and pet therapy visits. Outside visits were dependent on the availability of staff for those patients who needed accompanying.

Visiting

Visiting times tended to be flexible though meal times were protected. In many settings children are not allowed on the wards so alternative arrangements have to be made.

Environment & Surroundings

Ward environments varied across boroughs and were often clean. There was a marked difference, however, between some of the male and female facilities across sites. Where the difference was apparent male facilities were often serviceable yet well-worn and in need of updating. Women's facilities felt more focussed on recovery and sensory experience with more evidence of modernisation and better maintained.

Ward rounds

Hollins Park allowed visitors to be present at ward rounds if the patient gave consent. At Lakeside/Cavendish patients can record their recovery in a “My Personal Recovery Book”. They are encouraged to complete this themselves.

Physical health

In all of the wards the team visited physical health was noted as a priority and facilities though sometimes cramped were available. Self-harm and substance misuse were noted as major risks.

Seclusion room

It was noted that in some settings the Seclusion Room was some way from the main ward, it was the case that anyone taken into seclusion at Peasley Cross would have to be taken past the main entrance to the wards and the family room. Not only is this distressing for all concerned it also impacts on staffing. Most units used seclusion only as a last resort and for a short time.

Discharge

It was noted that the average stay on a ward differed, dependent on the ward. Hospital staff said that discharge could be delayed due to a lack of suitable accommodation and that follow up services weren't always available. Better engagement with GPs during the discharge process would be helpful.

Training

Staff training was encouraged at all levels. Mandatory training was usually available as e-learning and included safeguarding.

Summary

Wards were staffed by caring teams, working hard under pressure. Privacy and dignity was maintained at all levels and wards were clean. Where possible outside areas were utilised not just for smoking but for recreational purposes. Activities available were varied and often patient led.

There were some differences across the units with differing attitudes to what is available to patients. This could be driven by the availability of staff to arrange the activities but it is unfortunate to say the least, that some practices that work well in some units are not available in others.

Recommendations formed part of the original reports, most wards (but not all) provided responses to the reports. The following recommendations apply to all of the units.

Recommendations for 5 Boroughs Partnership NHS Foundation Trust

1. When patients are admitted out of borough there can be issues on discharge due to a lack of knowledge of follow up services available. Healthwatch recommend that a Directory of Services across all five boroughs is produced and kept up to date so that the necessary information is easily available whenever and wherever a discharge is taking place
2. Healthwatch fully understand that there is an issue with patients and/or visitors bringing illegal substances on to the ward. Bearing in mind the vulnerability of some patients particularly those new to the ward, a recommendation is made that a review of notices, both in number and tone is undertaken with the view of producing less threatening materials.
3. Signage at all site is reviewed to ensure commonality - using the 5BP logo and ward name systematically to benefit patients and visitors alike. Within the wards ensure that there is an up to date "Who is Who" board identifying staff with a photo
4. The Trust to consider having a cross-borough policy allowing patients to have takeaways on a regular basis (suggested once a week). Patients looked forward to this and staff on the wards where this was a regular occurrence thought it a positive activity

5. The Trust to consider a review of all gender-specific wards in order to share good practice across all environments and ensure equity of service for male and female patients.

Further actions to be taken by Local Healthwatch

1. Arrange a visit to the new unit about to open in Leigh (Atherleigh Park), replacing Cavendish & Lakeside, with the purpose of identifying service improvements undertaken in the new build
2. Meet with senior managers at the Trust to discuss the content/recommendations of both the final and individual reports and discuss the way forward
3. All five Local Healthwatch organisations to monitor patient feedback across the service (including complaints/compliments information provided by the Trust) and provide appropriate updates to 5BP on a regular basis

Report produced by Healthwatch Warrington

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