

Enter & View

Ogura Ward, Goodmayes Hospital (Second visit)

Barley Lane, Goodmayes
IG3 8XJ

18 April 2017



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***‘You make a living by what you get,
but you make a life by what you give.’
Winston Churchill***

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident, patient or other service-user is not compromised in any way.

The visit

This was the second Enter and View visit by Healthwatch Havering - the first took place in January 2015¹.

The team was welcomed on to the ward by the Matron and her Deputy

¹ See the Enter and View report of January 2015

and had a constructive meeting with them. The Matron had worked for NELFT in various positions for the last 23 years. The Deputy had been in place since the end of last year.

Ogura is an all-male acute ward with 20 places available. At the time of the visit, there were sixteen patients who had been compulsorily detained (“sectioned”), which seemed to the team to be too many on one ward: it gave the place an austere feel, and the lay out of the ward made it appear prison-like. However, over the past couple of years, the number of admissions has risen as the demand for mental health services has grown. Staffing of the ward has risen commensurately with the increased demand as NELFT has carried out a safer staffing review.

The age range of the patients was from late teens to well into the sixties, with an average length of stay of 27 days. Individuals’ lengths of stay varied as all the patients had very complex needs and, with the need also to involve Community Care Teams² with regard to housing and physical health issues, some patients require repeated admissions to the ward. At the time of the visit, three patients were being cared for on a one to one basis. The Psychiatric Emergency Team³ were often involved, particularly when patients ‘kicked-off’, to try to talk them down and diffuse the situation.

Staffing levels had increased substantially since the first Healthwatch visit, as was indicated on the staffing board. It was also noted how much more information was available on the notice boards at the entrance to the ward. Visitors were welcomed and everything was much more open, in an effort to make the ward appear less institutionalised. Meal times were protected. Drinks were available for all in the dining room. There were five members of staff during the mornings, four on the late shift with two support workers, and five on the night shift, also with two support workers. Matron was also pleased to inform the team that a psychologist had been recruited for the ward, who was permanently

² The Home Treatment team, which provides 24/7 crisis teams to prevent admission or facilitate early discharge; and the Community Recovery Team which works with patients to provide longer term recovery support for their recovery

³ See the separate report on the Street Triage Team of November 2016

based there. Bank staff were used regularly, as were agency staff, depending on whether existing staff were available to do more hours. Staff handovers took at least an hour. Three senior nurses were on duty at any one time.

The Directorate, which has seen a change of staff in recent times to try to bring the hospital more in line with the times, organised open days for the recruitment of staff. Staff meetings were held daily, taking 30-45 minutes, with ward rounds carried out four times a week. All nurses were qualified and their training was kept up to date through e-learning and one-to-one training. Corporate inductions were held, comprising five days of training, including handling behaviour, etc. There is also yearly training refresher. NELFT enforces a no smoking rule and offers patients nicotine replacement therapy; arrangements to supply e-cigarettes are expected to be in place in October 2017.

Doctors spend as much time as needed with patients depending on their condition, probably 30-45 mins. A full-time occupational therapist worked on the ward, whose work schedule showed a very good programme of events, much better than was seen at the last visit. There was a lot of encouragement on life skills also in place; unfortunately, however, outside activities were still not available. Meetings were held involving patients as to what activities they would like, involving arts and crafts, current affairs (and newspapers), social gatherings, food groups, gym groups, pool and music groups as well. All patients were encouraged to take part (although there was no evidence of such activities going on during the visit). At the time of the visit, one patient was sitting in the TV room; it was noted that the chairs in that room had been replaced, although there did not appear to be sufficient in the room for the number of patients on the ward.

A pharmacist attended the ward daily in the mornings and no patients were self-medicating. The pharmacy cupboard was kept locked at all times. Patients were weighed weekly and their vital signs were recorded daily. Care plans were put in place on admission and were very detailed. A rehabilitation programme was in place. Visiting times were from 9am

until 10pm. Ancillary staff were employed by OCS, which also provided food ready to be plated up. All violent episodes were recorded and the local authority were involved along with safeguarding.

This is clearly a ward where challenging situations can arise at any time.

Since the summer of 2016, the ward had been updated in an ongoing redecoration programme. Safety being of the utmost importance, potential ligature points were in the process of being removed; for example, in the bathroom and toilet areas, personal belongings were kept in wardrobes without doors and the shower heads were incorporated into the walls. Blinds had been provided without chords of any sort.

Nonetheless, the high level of patients who demonstrate challenging behaviour inevitably could result in potential risk to staff it would be helpful to learn what steps are taken by the management team to ensure the safety and wellbeing of staff and what support is available to those who are injured and unable to work.

All patients had a named nurse and a tree of hope was used by staff, with mutual expectation of moving forward. Pictures and posters were not put up as notice boards would sometimes be pulled off the walls and they were considered too dangerous. Staff carried personal alarms on them at all times, as it was felt that the lay out of the ward could leave areas that might not be safe for patients or staff and, given the high number of sectioned patients, the ward could become a very volatile place. Doors were kept locked at all times.

Furniture in the ward is kept to a minimum and it was clear that patients' rooms were not personalised. Patients were checked hourly at night. Meals were healthy and patients had a choice; the food was discussed at the community meetings held on the ward, and films and music were chosen at them.

The ward office seemed very congested, but was a hive of activity. It was noticed that patient files were kept in cardboard boxes as a temporary expedient while the redecoration work referred to above was under way. The files relating to all admitted patients were stored on the ward for a

year before being appropriately archived. The team was pleased to note that treatment for all mental health patients was improving all the time and to notice a marked improvement in the way the ward was running since the last visit.

Owing to the nature of the ward, it was not practicable for the team to speak to patients or staff.

Recommendations:

That:

- Outside exercise areas be created (this was recommended in the report of the last visit but had not been instigated). *See note below*
- More information be provided about the water system on the ward.
- The outside fencing be raised to the correct height.
- Garden seating made available to allow a socialisation area to be created, which the Occupational Therapist could use for discussions etc. (weather permitting)
- Updating of the ward (painting etc) continue, so that it appears more patient-friendly and less institutionalised.
- That, in view of their inevitably sensitive nature, a lockable metal cabinet or cabinets be made available as storage for patients' files in place of the cardboard boxes currently in use.

In addition, it would be helpful if the management team could explain how the safety and wellbeing of staff is assured and what support is available to those who are injured and unable to work.

Note: NELFT has subsequently advised that the need for attention to the outside fencing is under consideration, and that it is working with the friends of Goodmayes Hospital to identify exercise resources for the garden areas.

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 18 April 2017 and is representative only of those residents, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email
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