



Enter & View Ogura Ward, Goodmayes Hospital

19 January 2015

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383



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, who are supported by a team of part-time staff and volunteers.

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 an 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.

Background and purpose of the visit:

Healthwatch Havering (HH) 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 or patient is not compromised in any way.

This visit to Ogura Ward was undertaken as part of the general programme of visits, to see how the Ward operated and how patients there were cared for.

The authorised Healthwatch Havering team arrived at the ward at 10.30am and were welcomed by the Ward Manager, who introduced her deputies.

Almost immediately on the team's arrival at the ward, which is a male-only ward, there was a Fire Alarm and the team were led to a day room where all service users were also assembled and a roll call was carried out.

The team were then taken to an interview room by the ward manager and were later joined by the Modern Manager, who has responsibility for the whole complex within which Ogura ward is situated.

The ward manager explained that the ward has 20 beds, 19 of which were currently occupied. The diagnoses of the service users are wide ranging with a number being the subject of Mental Health Act sections. DoLs is not used in this service. In-patient stays vary from a few days to 3 months or more. The age group catered for ranged from 18-65 years, although most current users are at the lower end of this range.

The ward is regarded as an acute mental health ward; elsewhere in the hospital there are a low-secure unit and a PICU ward. Whilst it is possible to enter the ward freely, a member of staff has to “fob” visitors out. The team felt that this was a much simpler method of ensuring service users’ safety than some other systems.

Staffing levels are 2 qualified staff and 2 Health Care Assistants on days and a minimum of 2 qualified staff and 1 Health Care Assistant at night, although there are occasions at night when there is a need for 1 to 1 care for individuals, for which extra staff are drafted in. At the time of the visit, there were two service users needing 1 to 1 at night. Staff mainly work 7.5 hour shifts, with some overlaps between shifts to ensure handover of pertinent information. Handovers are carried out between 7.00-7.30, 1.00-1.30 and 8.30-9.00. Qualified members of staff are registered mental health nurses. Cover for absence is provided by bank staff, as far as possible, although some agency staff are used. One agency staff on duty at the time of the visit was about to join the hospital bank.

Our team was told that new members of staff all undergo an induction period, when they are supernumerary, and all staff undergo all statutory

training as well as training in de-escalating challenging behaviour and aggression techniques. Unmanageable clients may be referred to the high security unit within the complex.

Ward rounds are undertaken between 10am and 1pm four days per week with each service user being allocated a half hour slot with their consultant.

There is a multi-disciplinary approach to care with pharmacists and other professions, e.g. Social Workers, attending ward meetings and individual reviews. The pharmacist attends daily to ensure medication is updated in a timely fashion. There is no self-medication and at the time of the visits no patients were on a warfarin regime.

Visiting times are between 10am and 9pm but meal times are protected.

There is a full time Occupational Therapist allocated to the ward to assist activities etc. and there is a programme of varying activities. The team observed one being held on current affairs although it was noted that this was poorly attended by service users, most appearing to prefer to watch TV/ videos. Other activities available include board games, psychology, healthy living and relaxation. There is a shared games room where there is pool table within the complex but this is for the use of other wards and, because it is outside the ward, a member of staff needs to be in attendance. Because of the low staff/service user ratio it is often not possible for service users to make use of this facility until the early evening when the demands of an acute ward have abated.

Given the age group of the current client group it was felt that there needed to be provision for more physical activities but although this was not possible because of the very low staff allocation, there was also the possibility that, even if made available, it might not be taken up.

The clinical aspects of care appeared to be good but the team were concerned that the activities did not appear to match the likely requirements of the residential group. The team were advised that regular measurements such as weighing were carried out on a weekly basis.

After the meeting with the ward manager, the team undertook a tour of the ward, the layout of which appeared appropriate to the service provided. It was clean and mostly tidy and there were extensive notice boards offering wide-ranging information likely to be of use to the service users.

The overall appearance of the wards was shabby and run down. All areas were in need of decoration and there was damage to the upholstery of a large number of armchairs in the day room. This presented hazards in terms of control of infection and fire safety as the foam filling can give off dangerous gas if ignited. It was recommended that the two most badly damaged chairs be removed from use and the manager arranged for this to be carried out. There appeared to be no personalization of bedrooms, perhaps because this is an acute ward, but it was felt that the drab appearance of the ward could be improved with the addition of some pictures/posters. All furniture needed to be heavy for safety reasons.

A cleaner was spoken to when the team visited the bedroom area. She had been working on the ward for a number of years and was very happy to be working there.

There is a locked pharmacy room where all medication is stored.

There is an ECT room elsewhere within the hospital but this treatment is not carried out on the unit.

The team was given the impression that access to the shared games room was through the dining room and across a garden area, which was very muddy and a potential slip hazard during wet weather but subsequently learned that there is also an indoor route. The garden area was the designated smoking area at specific times during the day and was a supervised activity.

The team were advised that there is a larger garden area for outdoor activities and that a bid has been made against a £300,000 fund to improve this area. A large high wired play area for basketball and football, were ideas spoken about.

The dining room was very functional with tables and chairs fixed to the floor in the interest of safety. The team also noted the lack of occasional tables for the same reason. There was a menu displayed with the day's meal choices. A small water jug and paper cups were sitting on the side, but it was noted the jug was empty. It was felt service users needed to be more regularly hydrated.

There is a ward kitchen from which food is served via a serving hatch. Cereals and toast was offered for breakfast.

There is a faith room and a chaplain visits the unit.

Recommendations

That:

- Urgent consideration be given to increasing staffing levels to enable staff to offer more input to stimulating activities
- That the ward be re-decorated with a more vibrant colour scheme

- That pictures/posters be introduced to all areas, including bedrooms, if considered suitable
- That the bid to improve the external garden area to provide more physical pursuits to the service users be pursued vigorously
- That all damaged upholstered furniture be repaired/replaced as a matter of urgency

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 19 January 2015 and is representative only of those patients, 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

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
enquiries@healthwatchhaverling.co.uk



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