



Enter & View Turner Ward, Goodmayes Hospital

18 December 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.

The decision to visit Turner Ward in Goodmayes Hospital was taken by Healthwatch Havering following a number of concerns being raised:

- Relatives of patients on the ward that patients had reported that they were not given appropriate structured and informed activities
- Patients had complained of feeling bored
- Patients and relatives had asserted that staff had little understanding of the legal requirements of their role under the Mental Capacity Act 2005
- There was a lack of involvement of patients and relatives in patients' care plans, which were not person-centred and not focused on the specific needs of each individual patient

- The CQC had highlighted a number of areas that were not meeting standards, such as treating people with respect and involving them in their care
- It was suggested that the ward was not providing care, treatment and support that met people's needs
- It was alleged that staff were not caring for people's safety and protecting them from harm
- Staffing levels were inadequate
- Doubts were expressed about the management of the ward

Although these comments prompted the visit, Healthwatch Havering took no prior view as to their accuracy.

The visit

Turner Ward is an acute ward for male patients aged 18 to 65 years. It is a 20-bedded facility, which has been open for five years and is part of Sunflower Court associated with Goodmayes Hospital. The front part of Sunflower Court is owned by the NHS whilst the back part is owned by a private finance initiative (PFI). The design of Turner Ward allows for three extra bedrooms for patients (total 23) to be treated or the numbers reduced to 17. This is accommodated by the far end of one corridor being linked to the far end of another ward of 20 beds. At the time of the enter & view there were 18 patients on the ward. There were three empty beds and two patients were on leave. Some patients go home for Christmas.

The Healthwatch team was met by the director, who had joined the ward team in March 2015, becoming director in August 2015.

The director is responsible for staffing and sets the rota on an eight-week cycle. Internal bank staff are used to fill gaps in staffing. Matrons are consulted for checking acute and inpatients. An operations group meets at 10.30am every day consisting of the matron, the director and the home

treatment team that has been set up to ensure patient safety and to record incidences. They use the Onion model, which was started by the CQC in Watford. Safeguarding incidences are investigated.

Of the 18 patients in the ward at the time of the visit, 12 were detained under section 2 or 3. There were patients from several boroughs: six from Havering, eight from Barking & Dagenham, two from Waltham Forest and two from elsewhere.

On weekdays, there are five staff on duty during the morning, three of whom are qualified; in the afternoon, there are four staff, of whom two qualified staff and two who are unqualified. At night, there are three staff, two qualified staff and one unqualified. During the day at weekends there are two qualified and two unqualified and during the night at weekends there are two qualified and one unqualified. If additional staff are required owing to sickness, then matron will represent the ward at the management meeting to get approval to get the extra staff.

Contractors are used to clean the ward. Cleaners (one of whom attends regularly) work from 7 am to 6pm on two shifts in the morning or afternoon, and at weekends.

One of the CQC criticisms (3 November 2014) was that patients do not get input into developing their own care plans. The Healthwatch team asked if patients are given information explaining their rights and are given help with regard to advocacy services. Ward staff confirmed that all in-patients are informed about the provision of the advocacy service and how to access it. Staff also confirmed that all in-patients sectioned under the Mental Health Act are advised of their right to appeal against that decision. This they said is an ongoing issue on all wards. Some patients, particularly when first admitted, are unable to interact regarding their care plans. However, there is a system in place whereby at least three times a week patients sit with staff and have a chance to discuss their care plans. These review meetings are documented and patients are asked to sign a copy of the care plans and are given a signed copy of them.

Patients may ask for more physical activity and the ward has one block in the gym regularly booked each week. Other time slots at the gym may be booked on request but this has to fit in with other wards' users of the facilities. When a Healthwatch team had visited a different ward previously, patients were not able to use a snooker room as it was outside that ward and required staff to take them and supervise them; the team was pleased to see that there was an activities room in the middle of the ward area that was being used by several patients under supervision by a member of staff. The openness of Turner ward and positioning of the activities room was ideal for supervision and also access for additional staff should any incident occur. The pool table had been available since the summer and the use of the snooker room on a regular basis had resulted in a reduction in violence rate on the ward.

In answer to the question how often are patients seen by a doctor, the team was told that the consultant saw patients once a week but patients can ask to see doctors daily. Doctors will see the patient if the patient is not ready to be allowed home and try to assure them it is in their best interest to stay longer. There are two middle grade doctors and two junior doctors.

Strategies in place to deal with aggressive behaviour and defusing tense situations include staff training to manage aggression and each member of staff has a pager alarm and staff from other wards can come to assist. The staff have personal radios. The team to control aggressive behaviour consists of four staff, one of whom will be a doctor to be able to give medication. The number of incidents varies considerably. There had been eight incidents recently. The last violent incident had been five days prior to the visit and then before that incident there had been one two weeks before.

Patients' medication is reviewed daily or more often if the patient is in crisis.

There is one full time occupational therapist (OT), At the time of the visits, a locum OT was in post; however, a permanent staff member was due to join the team in January 2016. The OT works from 9am to 5pm, Monday to Friday: at weekends, nursing staff are involved in OT. Patients have access to a dentist, chiropodist and dietitians.

There was a utility room consisting of washing machines and driers and staff said that patients were expected to do their own washing and drying of clothes and would be helped by staff to be able to do these activities to help them get back to looking after themselves.

All patients' rooms are single, with en suite facilities. Patients can shower as and when they want to and are unsupervised (unless the patient is on one to one observations).

A psychologist comes to the ward on Wednesday and Thursday. The ward manager decides if the psychologist should see a particular patient. Psychologists can access the notes and the ward manager will email the psychologist if they need to discuss a patient's condition.

In response to the team commenting on criticisms of the number and motivation of staff on the ward, the director responded that there were issues that hampered recruitment of trained nurses with the right skill set mix; staff were trained when they arrived and, when staff left, their replacements were trained as well. It had also been difficult to recruit and retain enough Occupational Therapy staff.

A pilot new approach to treatment would begin in January 2016 on specific wards, Ogura (male acute ward) and Hepworth (female acute ward), with a change from a reactive culture to a proactive culture. Graduate psychology students would be recruited on one-year contracts to work closely with patients and to run groups. The assistant psychology staff would work on and off the wards, taking patients out under supervision.

Patients are not allowed smart phones with cameras on the wards but they are given basic phones with their own sim cards in so that they can contact family and friends but cannot access digital media sites. There is a computer on the ward and patients can access the computer under supervision and have to request short time slots. Patients have access to newspapers. They have access to games in the games room.

The team was told that there was a no smoking policy throughout the ward and in outside areas associated with the ward. The implementation of this policy had been quite difficult at first, as patients who were used to smoking found that, in addition to their mental crisis, they had to deal with not being able to smoke as well and this had led to tension.

The team asked whether ward staff had contact with the Richmond Fellowship, which provides support to patients when they are ready to try to get back to work. The member of staff was not aware of this support but said that Callow Ward had a community group who talked to patients about domestic violence, etc.

Patients, staff and visitors

The team spoke to a number of patients and visitors.

The ward is open to visitors from 9am to 9pm.

One patient was sitting in the open area where there were comfortable seating and a television on the wall. The patient had a visitor and was sitting talking. Another patient was sitting at the back of the TV area looking at the screen. Another member of staff was quietly talking to a patient.

In another breakout area, there were tables and chairs. Some chairs and tables were dining-room style and some seated areas had coffee tables with lower chairs. One member of staff was sitting playing a board game with a patient. At another table, two patients were sitting talking. Some patients were walking around the area. There was a staff workstation in front of the staff office and the door to the games room was within a few steps from the workstation.

One visitor said that staff treated visitors well. It was the first time that visitor had been to the ward, and had found it a good experience.

One member of staff was bank staff and said that they had seen improvements on this ward compared with other wards. There still needs to

be improvement in the way patients and staff interact and get to know the individual patients.

An observation was that for the number of patients on the ward, the team only saw a small number of the patients in the communal areas.

Recommendations

An observation of the ward is that the layout of the communal areas around a central area and with high ceilings and good natural light and lighting makes it a much more pleasant environment than Ogura ward which appeared dark, had a lower ceiling and also had a long corridor. The team also thought the colour scheme employed on Turner Ward was also pleasant and calming.

The team was pleased to hear of the initiative which was due to commence in January 2016, employing psychology graduates on one year contracts to work with patients and give better support to them in the ward and in the community. Healthwatch will be interested to review this initiative after it has run for twelve months.

Although the ward had a one-hour session booked at the hospital gym each week for patients to attend, it was not clear how many other sessions a week patients would be able to attend or how easy it was to book and get staff to supervise these sessions. The team suggests that the board on which patients could see when activities were available should be made more visible, with larger writing and positioned more prominently.

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 December 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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