



Enter and View Report

Details of visit

Atherleigh Park – Sovereign unit, Parsonage unit, Westleigh unit.

Service Provider

NW Boroughs Healthcare, NHS Foundation Trust

Date and time

Monday, 25th September 2017 at 1pm

Authorised

Christine Makinson, Eileen Bennett, Ashleigh Wilcock,

Representatives:

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Acknowledgements

Healthwatch Wigan and Leigh would like to thank the patients, visitors and staff at Atherleigh Park, as well as NW Boroughs Healthcare, NHS Foundation Trust for their contribution to the Enter and View programme.

Disclaimer

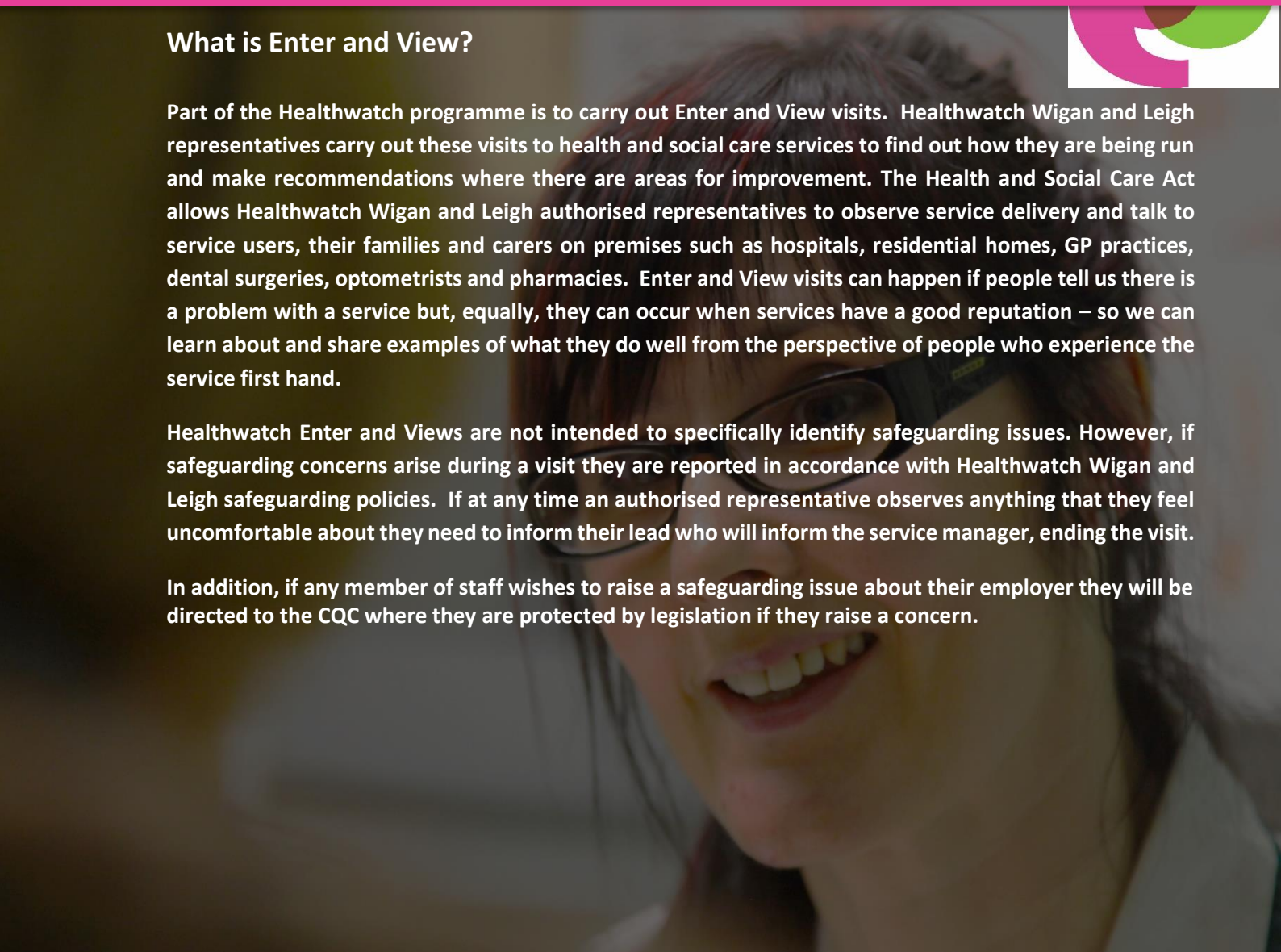
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed during the visits.

What is Enter and View?

Part of the Healthwatch programme is to carry out Enter and View visits. Healthwatch Wigan and Leigh 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 Wigan and Leigh 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 Wigan and Leigh 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

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.

This visit is part of the ongoing work Healthwatch Wigan and Leigh is currently undertaking under the priority of Complex Lifestyles. 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 on this theme.

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

Background and Methodology

Atherleigh park is a specialist unit for those experiencing an acute mental health episode and in need of admission.

The Enter and View team met with Louise Buffey, Business Administration Manager Wigan Borough, North West Boroughs Healthcare NHS Foundation Trust- Atherleigh Park at the beginning of this visit.

The five Healthwatch Wigan and Leigh representatives then visited three wards at the unit; Sovereign (20 beds, male), Parsonage (16 beds, older adult/mental health), Westleigh (20 beds, female), 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 **16** patients, **2** visitors and **8** 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 25th September 2017 which form the content of this report.



Summary of findings

- Overall – patients were content with the care being provided.
- Activities – there were many ongoing activities planned, and patients felt they could take part if they wished.
- Food – the food was good enough for most patients, though a small number did not like it.
- Care plan – some had seen their care plan, though others had not or did not know it in detail
- IMHA – there was advice on getting an advocate and those that had them were happy. A smaller number were not aware of the IMHA offer.

Results of Visit

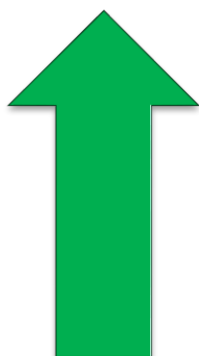
Healthwatch Wigan and Leigh representatives entered the Atherleigh Park via the main entrance which was light, airy and welcoming.

The findings from the visits to each ward are recorded separately below.

Sovereign – male ward

Authorised Representatives spoke with seven patients, one staff, and one visitor on Sovereign ward. Patients had been on the ward between one day and over one month.

Overall patient comments



"Everything – good staff."

"Warm, good food."

"Friendly staff and patients."

"Food good. I like to go outside, get some fresh air and clear my mind."

"I'd rather be coming and going as I please, but it's good I like it here."

"My own room...a TV. A lot better than the old unit."



"I want a private room."

"I want to be able to lock my door at night. Security worried about it."

"Basketball net in courtyard. More access to gym. Sandwiches – protein bars, crisps. Would like PlayStation or Xbox."

"Restriction on going to gym. Procedures to use gym. Need staff clearance."

"Wii U, KFC."

"Give us a proper smoking area – just for patients – then encourage patients to keep it clean and tidy."

Environment

There was one issue about non-smoking, which had been introduced on the wards. The staff recognised this was unpopular with some, but suggested perhaps inhalers (nicotine) or patches could be used.

Activities

Five patients said they had meaningful activities, one said sometimes. A variety of activities were on offer including sports, pet therapy, cooking, quizzes, and mindfulness.

Patients did feel able to make choices on what to do, and were encouraged to take part.

- *“Can choose what activities to do. You don’t have to. Enjoy listening to your own music that you have brought in from home.”*
- *“Can get involved if I want.”*

Food and hydration

One person commented that the food is good, two people said they would like sandwiches, protein bars and KFC. Patients can get drinks when they want to but there is no facility to heat food up.

Health and Safety

A majority of those asked said they felt safe on the ward, only one person said they did not feel safe.

Feeling warm, having a separate room and toilet, and staff checking on patients contributed to feeling safe.

There was concern that not being able to lock bedroom doors could be unsafe. One patient also stated that they had a wrong diagnosis.

- *“Security is really concerning, you can’t lock your door at night.”*
- *“Doctors diagnosed me wrong.”*

Information and Communication

Regarding sight of their care plan two people said they had seen it, two were not sure, three said no.

The staff interviewee said they built rapport by ‘chatting with patients daily’. The service was said to be good with:

- *“Genuine interest. Always trying to do what is best for patients in their own interest.”*

Legal Rights and Access to Independent Mental Health Advocates (IMHA)

Patients had been informed of their legal rights (five people), though one was unsure and one said they had not heard about this.

In general patients were also aware of their rights to an IMHA if relevant (four people). Though some did say they had not heard of this (two people).

- *“Not been told about this although appealing section would like advocate.”*

Three people said they were getting IMHAs or already had them, one said they were not getting one. When asked about their effectiveness the comments were positive (two people):

- *“To speak on your behalf – helpful.”*
- *“He helps me to find the right words if I don’t agree with something I ask him to speak for me.”*

We asked a visitor about IMHAs and if their relative had been made aware, they were unsure if the person that had spoken to them had mentioned IMHAs.

Service from the Unit and Support from Staff

Four of the seven patients we spoke with felt that the service from the Unit is very good. One thought it was good, one thought it was ok, one not good.

Patients were happy with the staff and also liked the food and activities:

- *“Staff help you, food is very good, activities are offered but you don’t need to do them if you don’t want.”*
- *“Could be a little better.”*
- *“Promised they would send me to see a doctor ‘female’ – would see a male doctor if available.”*
- *“Approachable staff – point in right direction – reassuring.”*
- *“A lot better than lakeside. Facilities are good. You can get drink when you want. Food is very good. Been good getting something you want if you don’t want a full meal.”*

Regarding how well they knew their named nurse, patients felt mixed, with two saying very well, two quite well, two not very well, one not at all. Those that were most positive said they knew their named nurse well. Others commented that it depended on who was on shift, or that they did not know some names. It should be noted that patients have been in the ward for a variety of time periods.

- *“She sorts things out like she should. She listens to me and what I want. She tells people what I want.”*
- *“Don’t know her name. Have spoken to her but don’t recall her name.”*

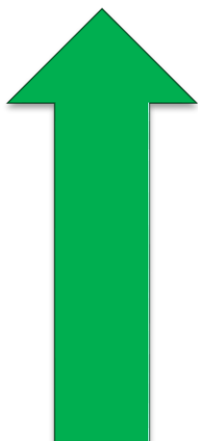
The staff member we interviewed said they enjoyed working at the unit and that it was a team environment. They were offered extra training, but did not need to take this up at the moment.

The visitor spoken to in this Enter and View was happy with the staff, saying they are ‘amazing’.

Westleigh – female ward

Authorised Representatives spoke with nine patients and six staff, on the Westleigh ward. Patients had been on the ward between one week and seven months.

Overall patient comments



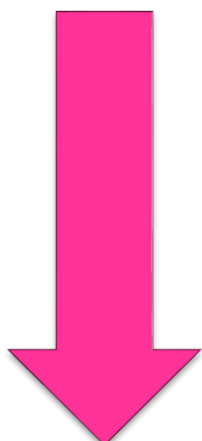
"There are separate clinic and treatment rooms so less waiting. You get your own room and you know your stuff is safe. Lots of space. Outside space. It's calmer than Cavendish and lakeside. Staff have more time for you."

"No complaints – friendly – talk to you. Can always look at a newspaper."

"Most things are good. Have choices when I get up and go to bed. Can go out with family and staff. Have choices of food but not that good. Am getting new dentures (asked about it and it was arranged from here)."

"Nice open bright, food is good."

"It's lovely. Food is good. Get plenty of choice. Staff are good – can't knock them."



"Need an activity worker on the ward. There's nothing to do. Previously at Cavendish there was at least lots going on. Need space for visitors that isn't dining room or TV area."

"The food could be better – choice and cooking needs improving."

"Better staff training – crisis management. Staff not always equipped with right attitude. Just want to give you medication. Cannot take medication that is given here. So have no coping skills to help when at home. This has caused me to return here."

"Do not like the rooms locked. I am afraid to be left in the room. Must get out of the building."

"The alarms are far too loud and quite unsettling."

"The no smoking policy."

Environment

Staff noted that there could be more activities for those without section 17 leave. There was also acknowledgement that the smoking ban was difficult for some patients and could cause tension.

There seem to be complaints on the male ward that doors cannot be locked but they can be on the female ward.

Activities

When asked about activities seven people said they were meaningful, one sometimes, one not really.

Patients mentioned different therapies being available, crosswords, bowling, walking basketball, table tennis and exercise. There might also be baking and craft making.

One comment suggested the resources were not always stocked, and that people could be bored at times. Another said they did not have their glasses.

- *“There are therapies and we have a timetable for what’s going. There’s one for the ward and one for the therapy hub. Not seen much going on, on the ward. There’s a small activity room but there are some colouring pens but no paper. People are bored. If you’re not fit to go off the ward you can’t use therapy hub.”*
- *“But I do not have my glasses.”*

When asked about encouragement five said they felt encouraged, one was not sure, and one said no. People were generally positive about this aspect of the activities.

- *“The woman who comes with the activities talks to me about what I like.”*
- *“They make a program every week. Get on really well with staff who plans activities.”*
- *“We have a planning meeting in the morning and I participate in this.”*

A staff member wanted to highlight that at times an activity might not get done if a patient decided to drop out before they arrived as a group. This was because the whole group had to return to the ward to bring a person back, and then set off again. Should more staff be available then one could return with anyone that changes their mind, while the rest continue.

Food and Hydration

Two people said the food on the ward was good, one said the choice and cooking could be improved. Patients can get drinks when they want to but there is no facility to heat food up.

Health and Safety

When asked about safety, nine patients said they felt safe, one did not.

The care of staff and having a safe environment where nobody could get in were important.

- *“I can lock myself in my room if I want and no one can get in only staff.”*
- *“Staff make me feel safe and patients.”*

However there was concern by one patient about the levels of noise. Another comment also referred to not liking being locked in.

- *“I feel very safe but do not like to be locked in.”*
- *“Very noisy.”*

Information and Communication

When asked about involvement in their care plan, six said they had seen it, three were not sure, one said no.

There were some that had not seen the care plan or seemed unaware of the full contents:

- *“Never seen one a couple of staff have explained what is going on.”*
- *“Seen but not read it. Staff just did it.”*
- *“Didn’t see one.”*

When asked about interpreter services, staff said that they had been informed by email:

- *“Email sent round – British sign language, language interpreter, structured sessions for all volunteer – sign language.”*

Staff would get to know the patients through talking to them and having one-to-one time when possible.

Legal Rights and Access to Independent Mental Health Advocates (IMHA)

Broadly people were aware of their legal rights, six said yes and two were not sure.

Regarding IMHA advocates, five said they were aware and two said they were not. Of those entitled to have an IMHA three were getting one and one was not.

A number of people said they did not want an advocate, or had other arrangements. There was one comment related to wanting an IMHA and one which suggested they were not useful.

- *“Don’t know if I am entitled but would like an advocate. Would prefer help at home.”*
- *“Didn’t feel it was helpful, didn’t seem to have time for me.”*

Not all staff informed patients about legal rights; two said yes, one not sure, three no. This is due to the role often being delegated to staff nurses. Mentioning rights in an informal way was felt to be better for patients.

Regarding IMHA staff said there was a procedure by which:

- *“It’s on the sheet we have to go through so if staff are doing it right they should *Wigan family welfare*.”*

Service from the Unit and Support from Staff

When asked about the general service on the ward patients were mostly happy, four said very good, three said good, only one said ok.

Patients described being able to talk to staff when they needed to, and were positive about the ward. One comment mentioned the food being good.

- *“I have structured sessions and staff but I can also speak to them when I want.”*
- *“When you ask for something there is always someone there.”*
- *“It’s lovely, it’s a fantastic place.”*
- *“Brilliant.”*

There were two comments of note where people had an issues to raise:

- *“Had a urine infection – didn’t give me the results of sample – Doctor not been to see me yet.”*
- *“Not being able to go for a bath is a big problem. No staff.”*

We spoke to a number of staff on this ward and most said it was good (four people) working there. Out of six, three were happy with their workload and the other three said most of the time.

- *“Forward thinking in terms of care. Psychologist changing cultures. Hear negative but been opposite.”*
- *“I like coming into work, we have a good time.”*

There was recognition that the workload varies, and could be busy at times.

- *“I like being busy, it’s not for everybody but it is for me.”*
- *“Workloads can vary, some days it’s ‘bouncing’, others it’s quiet.”*

Except one, all the staff said they had further training opportunities, though this was dependent on the individuals experience as well. All staff felt comfortable to speak to senior staff if they have a problem.

Overall staff felt the ward was good for patients and had a strong caring ethos. There was a call for more staff, though recognition this is not always possible. In addition some staff said they should wear uniforms as this helped recognition. The smoking ban was mentioned in some comments, for them it was too restrictive.

Parsonage Ward – older people

Authorised Representatives spoke with one staff member and one visitor, on the Parsonage ward.

Environment

Bright open spacious ward. The outside area had raised beds in which various flowers and vegetables had been planted.

Activities

The patients all had individual activity planners which were pictorial.

One staff member did comment on the activities, this was quite positive:

- *“Amazing - activities - activity workers and OT team is really motivated. If not in still do activities with patients exercise, dancing, singing - not always most popular. Patients like more active things.”*

Food and Hydration

The Authorised Representatives were not present whilst food was being served, however, there was a small kitchen area and several patients had not drinks.

When asked the visitor interviewed said they were able to stay at mealtimes to help with feeding time. This was appreciated.

Information and Communication

When asked about interpreter services, the staff member commented they did not have a hearing loop, but that this had never been needed. A deaf lady had been referred to SALT, and the staff

member had done some training themselves. Writing was used for communication, and they also had some aids.

The visitor that we spoke to said their relative had not been in the ward for long, so they had not yet got to know staff, or the details of their plan. But they did say staff were good.

Legal Rights and Access to Independent Mental Health Advocates (IMHA)

The staff member interviewed said a named nurse from the team was making referrals for the IMHA if requested. Patients were told on entry about the availability of advocates and those without capacity would be assessed for need.

Service from the Unit and Support from Staff

The staff member that we talked to said this was the best ward she had worked on, answering that the workload was manageable with opportunities for training. Management were said to be approachable.

Overall the staff member felt the ward was well run:

- *“Would recommend. Environment much more relaxed. Not restrictive – a lot of choice. Very person centred...involve patients with the care plans can be difficult if they don’t agree with the contents.”*

There was an additional comment that community services should attend at patient reviews. It was felt that by only meeting patients at discharge meetings they had insufficient time to get to know the patient and their needs

The visitor we spoke to was happy with the ward. They felt personal care, individual needs and safety were all taken care of:

- *“He needs to be here and this is the right place for him to become well enough to come back home.”*

Recommendations

1. More meaningful activities for the patients who do not have leave from the hospital.
 2. Ensure patients receive feedback regarding their physical health.
 3. Ensure that community staff who will be working with patients on their discharge, attend meetings regularly prior to discharge to allow them to become acquainted with their patient.
 4. Ensure all patients are aware of their care plan and IMHA rights. The majority are aware, but some were not.
 5. Some patients wanted to be able to lock their doors, a discussion about this with patients would be welcome.
 6. Though not raised by all, the no smoking policy was an issue for some patients, they wanted a space to be able to smoke outdoors.
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Service Provider response

1. There are currently a number of vacancies within the activity hub team which are being recruited into. This has resulted in a limited number of staff being able to offer a wide variety of activities on each of the wards or in the therapy hub which would be accessible to patients who did not have any leave from the wards. The wards have daily meetings to plan activities and wherever possible care staff are released to support with ward based activities.
2. Patients can be provided with all correspondence and care plans relating to all aspects of their care and treatment and are always encouraged to collaborate with planning their care needs. Copies of any information regarding any health aspect are provided by the ward staff. There is opportunity for patients to ask for and gain feedback regarding in a number of ways which include; 1:1 nursing sessions and multi-disciplinary reviews.
3. There is always an effort to ensure that an introduction visit with the community practitioner following up a patient after discharge occurs. However sometimes this is not always possible. We are exploring with the recovery teams how we can improve discharge planning in the future.
If patients are followed up by the home treatment team after discharge, the practitioners will work with patients prior to leaving the ward to build a relationship and promote early discharge.
4. Staff will always endeavour to develop a collaborative care plan with the service user in line with the care programme approach framework, however this is not always possible. All service users are offered a copy of their care plan and staff are instructed to spend time going through the care plans to ensure that a service user is happy with the content. The feedback that some patients did not have a copy will be raised with the wards and can be explored further in ward meetings of how this can be improved. All patients who are detained are offered a referral to the IMHA and there is information about IMHA services displayed within the patients environments. Every morning the multidisciplinary team will discuss if someone requires additional information or a further attempt to support them to understand their MHA rights and this is then tasked to a member of the team to support this.
5. All patients have their own wrist band which allows them access to their own bedroom, access cannot be gained by anyone but the patients or a member of the ward staff. In line with trust risk management policy and procedure en-suite bathroom doors are locked back (permanently open) on admission but this is reviewed within 24 hours or if a patients requests for the door to be released. At all times this is risk assessed to maintain the safety of the patients.
6. The Trust has implemented the smoke free policy in line with guidance from NHS England and NICE. What the guidance tells us is that most of the reduction in life expectancy among people with serious mental illness is attributable to smoking. As a secondary care

provider we have a duty of care to protect the health of, and promote healthy behaviour among people who access our services. This also includes providing them with effective support to stop smoking or to abstain from smoking while using our care services. All of our patients are offered a variety of Nicotine replacement therapies upon admission and E-cigarettes are also now available to patients. All staff are trained to support patients to make informed choices about nicotine replacement and how to support patients who wish reduce or stop smoking.

Caroline Cain
Operational Manager
Atherleigh Park
23/01/18

