

healthwatch
Knowsley

healthwatch
Warrington

healthwatch
Wigan

healthwatch
St Helens

healthwatch
Halton



Enter and View Report

5 Boroughs Partnership NHS

Foundation Trust

Leigh Infirmary

Cavendish/Lakeside Wards

Visit: Lakeside 14th January 2016

Cavendish 15th February 2016

Report published: 22nd March 2016

List of Contents

Background	Page 3
• What is Local Healthwatch?	Page 3
• What is Enter and View?	Page 3
• Disclaimer	Page 3
• Acknowledgements	Page 4
• Background and Purpose of the visits	Page 4
Details of the Visit	Page 4
• Location	Page 4
• Date/Time	Page 4
• Panel Members	Page 4
• Provider Service Staff	Page 5
• Details of the Service	Page 5
Results of the Visit	Page 5
Recommendations	Page 16
• Distribution List	Page 17
• Appendices	Page 18

Background

What is Local Healthwatch?

Local Healthwatch organisations help the residents and communities of their area to get the best out of local health and social care services. They gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services. This report was jointly undertaken by the Healthwatch organisations covering Halton, Knowsley, St Helens, Warrington and Wigan Borough, co-ordinated by Healthwatch Warrington.

What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Warrington has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

Please note that this report relates to the findings observed on the specific dates set out below. This report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Acknowledgements

We would like to thank all the staff for their time in showing the team round and answering questions. In particular we would like to thank Carole Unsworth and Nicola Fox.

Background and Purpose of the visits

The five Local Healthwatch that cover the 5 Borough Partnership footprint have 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 is services provided in:

- Halton
- Knowsley
- St Helens
- Warrington
- Wigan

The purpose of the visits is 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 Visit

Location

Acute Inpatient units (Lakeside & Cavendish) at Leigh Infirmary

Date/Time

The visits took place on 14th January 2016 at Lakeside from 11am to 12:30 pm and Cavendish on 15th January from 10:45am - 12:15pm. The visit to Cavendish was delayed due to a virus on the ward.

Panel Members

Susan Gambles - Healthwatch Wigan, Enter and View Panel Member

Esstta Hayes - Healthwatch Warrington, Community Engagement Officer

Ruth Walkden - Healthwatch Warrington, Enter and View Consultant

Jillian Marl - Healthwatch Halton, Enter and View Panel Member

Janet Roberts - Healthwatch St Helens, Enter and View Panel Member

Provider Service Staff

Carole Unsworth - Deputy Ward Manager, Lakeside

Nicola Fox, Deputy Ward Manager, Cavendish

Details of the Service

Lakeside unit is a 25-bed male unit of which 15 patients are detained. The unit consists of 4 x 5-bed dormitories, and 5 x single rooms. The unit is always full. Patients are from throughout the Five Boroughs footprint not just the Wigan/Leigh areas. The Deputy Manager explained that if there is need for extra beds, they can procure places at Cheadle Royal and Chester.

Cavendish unit is a 25 bed female unit made up of 4 x 5 bed dormitories and 5 x single rooms. 13 of the patients are detained. As part of the transfer to the new build there will need to be a reduction as there will only be 20 beds per ward at Atherleigh

Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the team's reports have not been altered.

Observations from the Visit

First impressions

One member of the visiting team travelled by bus from Warrington to Leigh Bus Station. The bus had two pull downs seat bays, suitable for passengers with mobility

aids or wheelchairs. Access across the bus station was well signed, with pedestrian crossings. Signage from the bus station to the Infirmary was limited - the visiting team member got a little lost trying to find the site using the available Fingerpost signage. They did not find it easy once on site, to find the main reception, as they entered from the back of the site. A friendly nurse and member of ambulance staff offered directions.

Other members of the visiting team travelled by car. Car parking spaces were at a premium, a small space was found at 9:30 am, by 9:45 the car park was full with the visit delayed, whilst the third member of the visiting team found a space after driving round the car park several times.

The entrances seemed pleasant and clean. Reception staff members were friendly and approachable. Pictures and signs lined walls along the long corridors towards the entrance, very much separate from the rest of the hospital. Signage was clear and easy to read, though access to the unit was down very long corridors, with limited signage. Signs indicated “5 Boroughs” rather than ward/unit names which could confuse a first time visitor.

Access

Upon arrival at the Lakeside unit the visiting team were asked to sign in via reception and were taken to speak to the Deputy Manager (Carole Unsworth) in the office, as the Ward Manager was not available that day.

Staff seemed cheerful and obliging. The Deputy Manager apologised on behalf of the Ward Manager, who was unavoidably detained in meetings, but The Deputy Manager seemed happy to accommodate us for the visit.

We were briefly joined by the Business Manager (Ian Stirton), who introduced himself, offered to help with any queries, and explained that he was going to be with the Home Treatment Team that afternoon.

On Cavendish Unit the visiting team had to wait a while for the buzzer to be answered. Nicola explained that she knew the team was coming, she was currently

acting up in her role. She mentioned that a “who is who” noticeboard was sited on the ward but had been damaged by a patient. It had not yet been replaced.

Boards throughout the unit (and reception area) show information for visitors, carers and patients. A CQC chart and thank you cards were also on display. The Deputy Manager told the visiting team that upon admission a new patient is monitored every 2 hours for 72 hours.

Staffing & Leadership

Lakeside unit receives 40-60 admissions and discharges per month. One patient is currently on 1 to 1 monitoring, due to personal risk. He is elderly and at risk of falls/dizziness - care includes monitoring of diet/fluid levels.

Cavendish is one of the largest inpatient units and has the highest number of admissions/discharges within 5 Boroughs. There are many recurrent admissions and most patients admitted are in crisis. There are many patients from outside the area, often readmissions. The reason for readmissions is that discharge was too early or the required level of support in the community wasn't provided.

All new patients should have a named nurse within 48 hours of admission. An initial assessment is done by the admitting nurse, this is updated as required.

Every day the Multidisciplinary Team (MDT) meet in the main office from 9:30am - 10:00am to discuss the day's activities. Patient journeys are logged in the office on a whiteboard which displays all the patients' information at a glance - it is closed when not in use to maintain privacy. This board explains where each patient is, their needs, care and discharge plans and section expiry date if appropriate.

Patients can record their recovery in a 'My Personal Recovery Story' book - this goes along with their notes, and records a patient's recovery plan. Staff urge patients to complete this themselves, in their own words. It also helps give patients ownership of their care and recovery.

The daily rota includes three shifts; 6 staff on the morning shift, 6 staff on the evening shift, and 4-5 staff on the night shift. Cavendish currently has several nursing staff absent. Nicola said that staff turnover over the last year has been quite high with a low level of applications for vacancies, due to the high number of beds/turnover.

A whistleblowing policy is in place. Staff are confident about using the policy which has resulted in the loss of two staff.

The team consists of a psychologist, occupational therapist, activity worker, designated consultant, pharmacist and pharmacy technician, as well as nursing staff. On-call consultants cover Saturdays and Sundays, and can be called in at night. There are also 2 housekeepers on the unit.

There is a treatment room, available for physical health checks and discussions (laid out/set up like a GP treatment room). The Deputy Manager fed back that there is definite support for physical health on the ward, as some patients have quite complex physical health needs that must be supported.

There are 2 named carer champions on the unit, displayed on wall boards.

A patient - Mr Y spoke to the team about staff, saying they are “fantastic” and are always there if he needs help. He said he would “recommend the staff to anyone”.

A chaplain is available for those who seek support or practice their spirituality.

Activities & Leisure

The Deputy Manager told us that patients are able to purchase takeaways, usually on Saturday nights, provided that staff know what is being ordered and where from.

There are activities every day, and at weekends, e.g. animal therapy. The Occupational Therapist is often on the ward, and staff (e.g. Band 3 Nursing Assistants) host groups e.g. anxiety support and relaxation.

Family therapies are available on Mondays, and experienced patients host groups on issues like Hearing Voices. A display board shows an at-a-glance view of the different groups available to patients, e.g. depression, anxiety management. This board is a simple way of showing patients what group support then can access.

The pool table (which was broken and is being replaced) and table tennis table are often in use. On our visit a TV was in use in the main communal room, with patients watching/talking. A Quiet Room is available and the Hospital Chaplain visits the ward regularly, and engages with patients to offer support.

On Cavendish the Activity Co-ordinator has left with a new person recruited and due to start soon.

Administration

The Deputy Manager was positive about the future for the team and patients due to the new build (Atherleigh Park) at Leigh, currently under construction.

Staff have been able to help inform the build's development with monthly feedback opportunities, and available weekly on foot site visits. The new unit will reduce beds from 25 to 20 patient beds. The unit will not only offer inpatient care, but care for Dementia patients and those with memory problems.

The Deputy Manager explained the new facilities will be better for patients, as each will have a single room and en-suite bathroom. The inpatient team aim to be moved to the new site by 20th September 2016. The new build will also include a Psychiatric Intensive Care Unit and a 136 Suite (for people brought in by the police from a public place).

Recovery boards recording patients' care and pathways are cited on a whiteboard in the main office, which is shielded from view. The board is shared by the team to monitor/manage patients' care.

Cleanliness

Patients are encouraged to do their own laundry, however for those patients unable to, the Housekeepers are able to do it on their behalf. Laundry is not left unattended to avoid items going missing.

The unit's décor, though functional, was quite tired. Paintwork needed a tidy up and some flooring needed to be repaired. The unit's temperatures differed throughout- it was hot in some areas, draughty in others.

Some maintenance was required. The team saw a blocked sink in the accessible bathroom, some lining coming off a wall in one of the bathrooms and water damage on a toilet ceiling from a recent leak above the unit. In one toilet there was a smell of urine, but it was likely due to recent use.

Areas near to bathrooms in Lakeside were a little dark and might benefit from replaced bulbs/more light fittings.

On Cavendish, toilets, showers and baths are available off the main corridors but are kept locked by staff. The single rooms do not have ensuite facilities so all patients use the communal facilities. One bathroom has a hoist.

Management of Medicines

Medications are dispensed daily from the clinic room at 10am, 2pm, 6pm and 10pm. There is the opportunity for patients to discuss issues at this time.

A treatment room is available for physicals or self-harm injuries. It is also used for injections and patient consultations.

Mr Y said that he has a tendency to get confused over his medication, but staff help him to understand what the meds are and how he should take them.

Food and Refreshments

The Deputy Manager led us around both units. Meal menus are displayed on walls in the dining room with approximately three choices available per meal time. A starter, main course and sweet are available. Meals are the same every week.

Food is cooked on site, and the kitchen is able to cater for any specialist dietary requirements. The dining room includes wall mounted art work produced by patients.

Meal times are protected and are from 12pm until 1pm, and 5pm until 6pm.

Throughout the day fresh fruit is available on the unit, as a snack. Snacks/cup a soups are available during the day if needed. Monday - Friday mornings the housekeeper puts out cereals and toast for breakfast (at weekends this is done by nursing staff). One day a week is breakfast club where patients meet or are taken to the canteen.

Patients do not sit with staff at meal times, it was thought this was not allowed.

Tea and coffee are available in the kitchen for patients to make their own. Patients can order takeaways one night a week.

Smoking

Patients are allowed to smoke on site in the courtyard area on Lakeside, which is open from 6am until 12pm every day. The Deputy Manager told us that this practice of no smoking after midnight helps to encourage healthy sleep habits.

On Cavendish smoking is permitted every two hours in the courtyard area. Nicola explained that the area cannot be left open as there is a steep stairwell to access it which is a potential hazard. The fence is also a risk for potential absconding. Staff often find patients smoking in the toilets and despite all their efforts they cannot stop this. It has also resulted in fires on the ward.

Privacy & Dignity

There is an assisted bathroom available, for patients with extra needs or mobility impairments. During our visit staff knocked on doors to request entry where possible.

One to one sessions are done in a single room, to ensure privacy and confidentiality.

Over the last five years Cavendish has placed more focus on the physical health of patients due to medications, complex needs and self-harm.

On Cavendish challenges exist in relation to patient reviews. These should be done once a week but present staff shortages make this difficult. The number of ward rounds has been reduced from five a week to three: Monday morning, Wednesday all day, and Friday all day. There are also issues in keeping paperwork such as care reviews up to date. The Consultants are available in different ways, one visits Tuesdays/Thursdays while others visit during ward rounds.

Safety & Security

A locked patient property room is used to store at risk/prohibited or valuable items. This can only be accessed by staff with a key.

Visiting times are fixed as; Monday to Friday 1pm until 2pm, and 6pm until 8pm, and Saturday/Sunday 2pm until 4pm, and 6pm until 8pm.

Visiting times, however, can be flexible according to the needs of the patient or those visiting the unit. Visiting on the unit often takes place in the dining room, but most visitors take patients off-site or outside. There is a small separate room for family, under 18s, child visits, or in the event a visitor is vulnerable. Children are not allowed on the ward and any visits to patients must be risk assessed and agreed by the Consultant and Ward Manager.

Single rooms are allocated according to risk and need for example a patient with a stoma bag would require the safety and privacy of a single room.

Bathrooms are fitted with recessed taps, and are monitored for safety (where staff knock on the door to check if patients are ok/need help). The dorms are open plan, with curtained off beds. Personal safes are available at the end of the room, for secure storage.

The team were interested to hear about patient experience of the shared dorms. Mr Y, a patient for just under a month, said he was a patient in one of the shared dorms. He said the patients in his dorm got on well, and that he felt he still had privacy when he needed it. He told me that he had lived alone in the past, but living on the dorm felt better, and meant “having your mates nearby”.

Mr Y told the team that sometimes patients can be unruly, but patients on the unit are mostly ok and have posed no safety concern to him during his stay.

Cavendish Ward has a seclusion room (which is situated off the ward, in the PICU unit) - it is used several times per month, however, access to the seclusion room is off the ward past the front door and is not very practical. Staff try to stay on the ward with patients whenever possible. The time a patient spends within the seclusion room varies according to need. The room is used as a last resort and the ward has a non-stimulation area to work with patients to de-escalate those at risk of seclusion. Medications are used as/when needed.

Self-harm is an issue within Cavendish unit. Patients receive support from a psychiatrist and use of the Self Injury Pathway. For those patients at risk of self-harm, staff and the patient work to plan and agree care and put in place necessary coping mechanisms e.g. one to one support, activity timetables, distraction techniques. Staff management plans to show the team how to care for those patients at risk of self-harm.

Discharge

The unit offers 7 days a week discharge.

Once a week, the Housing Support Officer comes to the ward, to help advise on housing advice and information for patients.

The team spoke with a male patient, Mr Y. He was due to be discharged on the day of our visit, after a 3 week stay. He felt supported throughout his care and discharge, and said he “wished he could stay”. He said the ward “felt like being at home”.

In Cavendish it is felt that sometimes the team find there are not enough community services to support a patient before/after discharge. The Home Treatment team do lots of referrals but there is sometimes a lack of support from other services. It is felt on Cavendish that discharge could be more timely, one patient has been waiting eight months for discharge due to social care funding issues and accommodation delays. The patient has relapsed several times whilst awaiting discharge.

The average stay for a patient is around one month but some patients have been on the ward for well over a year.

The Deputy Manager on Cavendish explained there is relatively little GP engagement with the ward apart from during admission and upon discharge. Pharmacists contact GPs for information on patients during their care and GPs are usually required for opinions if the Mental Health Act is used/in use with a patient. The nurse discharging usually develops a plan for discharge. A Housing Officer Support is also available once a week on the ward to give accommodation advice and support with housing issues.

Discharge reviews also include medication, staff and follow up, and community services.

Staff Training

All staff receive internal emails called “In View” to highlight available training. The Deputy Manager said that staff are able to access a vast array of e-learning.

Staff must undertake mandatory learning and this is tracked to ensure this learning is undertaken. Often staff look at general training to bring back other skills to the unit.

Some staff are studying degrees, and seven staff on the unit are participating in mentoring. According to the Deputy Manager the unit has a good retention rate for staff, but they are currently recruiting for several staff.

Nicola on Cavendish Ward explained that students on the ward tend to either love or hate the experience. Staff need to be driven, busy and active as the ward is very fast paced.

The visiting team talked to staff who had worked on both male and female wards, some said they found it easier to work on male wards as the patients were not as needful of input.

For well over six months staff have been acting up to senior roles. A member of staff from the Sefton unit is due to come over for four weeks to help staff the unit but more staff are needed - the unit is in crisis from a staffing perspective. There is the hope that some bank workers will become full time members of staff.

E-learning is available to staff, and staff try to do it when/if they care able to do so and training is undertaken especially if it is needed. Staff told the visiting team that Cavendish unit is sometimes lovely, but at other times it's so busy and understaffed that it feels like an uphill struggle. The ward is currently quite settled, which means that staff have the time to put more plans in place.

Summary

Lakeside Unit was constantly active, with staff coming and going, but the overall atmosphere was calm. Patients seemed relaxed and engaged with each other. We passed one room with a patient support group going on, which looked to be well attended.

Though some property maintenance was required, there were no repairs that posed a risk to patients or staff. The impression was though the ward was a little old and worn, the staff were committed to doing their best and that care quality was of great importance.

Overall, an example of compassionate care with committed staff.

The Deputy Manager on Cavendish seemed very committed to the ward and care for the patients, but it is evident that given the small active staff team and lack of recruitment/secondment, the team are very over stretched.

The Deputy Manager said that staff often find that they work extra hours or over-allocation because they want to help the unit, but this is not always feasible and is not a long term solution. For those staff who are shortly due to join the team, it is often due to existing vacancies, so staffing is not growing in sufficient numbers to keep pace with the number of patients and needs of the unit.

Staff limitations and reduced numbers also mean that ongoing paperwork and training is not being adequately undertaken. This could potentially cause issues with safety of both patients and staff.

The ward itself was tidy and spacious with well used communal areas, but several of the patients we saw seemed quite sedate. It would be interesting to find more out about use of medication for patients on the ward. The lack of variety in the menu and limitations of activities could be difficult for patients to have fulfilling care, and could impact on patient journeys.

Overall a challenging ward with a committed team.

Recommendations

- 1. Staffing issues on Cavendish must be addressed as a matter of urgency. It is essential that staff have the time to fulfil their role properly, including paperwork, without the need to cut corners and raising the potential risk for accidents/mishaps. It must concentrate on retaining existing staff by addressing the issues which makes them leave and putting in place appropriate recruitment processes to ensure all**

current vacancies are filled as soon as possible. It is not acceptable for current staff to have to work extra hours to cover essential services.

2. The visiting team understand that major maintenance/ upgrading is not going on as preparations for transferring to the new build take place. However, it is recommended that lighting in the ward is reviewed and broken fittings/ bulbs are replaced

Distribution List

This report has been distributed to the following:

- *5 Borough Partnership NHS Foundation Trust*
- *Wigan Borough CCG*
- *Care Quality Commission*
- *Healthwatch England*
- *Appropriate contacts within the Councils covered by the 5 Boroughs footprint, including Adult Social Services*
- *Relevant organisations as decided by the Local Healthwatch contributing to this report.*

Appendices

Appendix A

Response from Lesley Osbaldestin, Acting Ward Manager, Cavendish Ward, Leigh Infirmary

A couple of issues:-

1. Cavendish have not reduced ward reviews we have changed them, therefore instead of having 7 morning reviews a week we have 5 morning and 2 afternoon sessions allowing for more flexibility.
2. In the report it states we monitor new admissions every 2 hours for 72 hours, this is also incorrect, we place all admissions on level 2 observations which means we check the service user 6 times within each hour.

