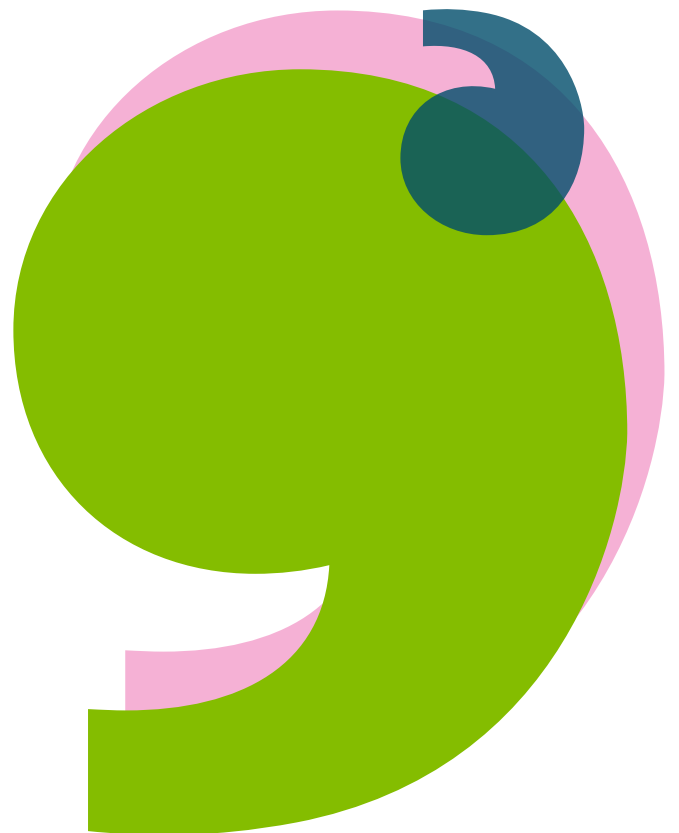




# Enter and View report

Wintle Ward, Warneford Hospital, Oxford

June 2019



---

# Contents

---

1	Introduction .....	3
1.1	Details of visit .....	3
1.2	Acknowledgements .....	3
1.3	Disclaimer .....	3
2	What is Enter and View? .....	4
2.1	Purpose of Visit .....	4
2.2	Strategic drivers .....	4
2.3	Methodology .....	4-5
2.4	Summary of findings .....	5
2.5	Results of visit .....	5-9
2.6	Additional findings .....	9
2.7	Recommendations .....	9-10
2.8	Service provider response .....	10



# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	Wintle Ward, Warneford Hospital, Warneford Lane, Oxford, OX3 7JX
Service Provider	Oxford Health NHS Foundation Trust
Date and Time	10 <sup>th</sup> June 2019 09:30 – 13:30
Authorised Representatives	Jeanne Humber, Carol Ball, Veronica Barry
Contact details	01865 520520

## 1.2 Acknowledgements

*Healthwatch Oxfordshire would like to thank the service provider, patients and staff for their contribution to the Enter and View Programme.*

## 1.3 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 service users and staff, only an account of what was observed and contributed at the time.



## 2 What is Enter and View?

Part of the Healthwatch Oxfordshire programme is to carry out Enter and View visits. Healthwatch Oxfordshire 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 local Healthwatch 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 safeguarding policies.

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.

### 2.1 Purpose of Visit

To engage with patients to understand their experience of inpatient care particularly on the areas of 'staying here' and 'getting heard'

To get a staff perspective on patient engagement, ward life and suggestions for change.

To observe how the ward operates and provides its services.

### 2.2 Strategic drivers

During 2019, Healthwatch Oxfordshire will be looking at patient experiences of mental health services. We want to hear what is working well as well as where things could be improved. We will be visiting a range of providers starting with inpatient acute care, moving on to community-based care and then looking at voluntary sector provision.

### 2.3 Methodology

We held a pre-visit meeting on 3<sup>rd</sup> May with the Ward Manager and discussed the purpose of the visit. We held a planning meeting for the Healthwatch team on 5<sup>th</sup>



June. Prior to our visit we asked the ward to display posters and leaflets about our visit.

On the day of the visit we had a guided walk around of the ward and were invited to introduce ourselves at the morning meeting before hearing from patients and staff.

We collected information by talking with patients and staff by using prompt sheets to act as an aide memoire to promote free-flowing conversation. We based ourselves within the green room to ensure patient confidentiality and privacy and met with four patients. We met with seven staff and these meetings took place in a quiet room upstairs.

At the end of the visit we discussed our initial findings with the provider.

## 2.4 Summary of findings

- On observation, patient - staff relationships appeared good
- Patient feedback on ward activities and staff engagement was very positive
- Once settled and orientated patients appeared positive about Wintle telling us they felt safe there
- We heard from patients that the cook-chill food is not popular, and staff report below standard customer service from the catering supplier
- Wintle is a ward that has good staff retention and is led by a dedicated and supportive manager
- The lack of a full-time Modern Matron has a significant impact on other staff
- With some additional touches, the ward environment could feel more homely
- Staff clearly recognized the value and importance of involving carers

## 2.5 Results of visit

Wintle is a 16-bed female acute psychiatric ward which was at full occupancy on the day of our visit. The ward was clearly signposted and easy to navigate once we were inside. The ward is accessible with everything being on ground level. Wintle appeared clean and well maintained but it did have a rather impersonal feel about it. Walls had been brightened up with art displays which was nice, and we liked the flowers picture at reception. It would be nice to see additional touches to make it more homely. The activity room was a lovely, bright space but only accessible with staff supervision. There was access to open space and fresh air in the garden which was open from 6am to 10pm with supervised access available after 10pm. The green room, which was a room used as a de-escalation space for patients and as an additional safe or quiet space felt cold and rather clinical, which we felt was not a comfortable environment in which to calm down.



Toilets and washing facilities are shared and sensor taps and showers are used to enhance patient safety. Each patient has their own bedroom. Where safe and appropriate, patients can be given a key to keep their bedrooms locked. Patients can store personal belongings in a secured locker. Patient safety is monitored well with regular ligature audits taking place. Issues around patient risk are escalated as priority.

Staffing levels were high with only three reported vacancies. Recruitment is problematic as housing in Oxford is so costly. We were told that Wintle reports some of the lowest use of agency staff within the trust. There is no full-time modern matron, instead they have a 0.5 post holder who has 2 other jobs. We were told that this has a profound effect on the work load of the other staff, particularly that of the Ward Manager and Deputy Ward Manager, and also on clinical decision making as the ward manager has less frequent access to the modern matron for support around difficult decision making.

### Available Information

There were boards in the corridors displaying information about patient advocacy services (SEAP), mental health recovery services (Restore), ward activities, “you said, we did” (dated November 2018), staff feedback, staff photos and a thank you board.

A welcome information pack is placed on all beds made up for new admissions consisting of 15 booklets which we felt was a lot of information for a new patient to digest. Also not every leaflet was relevant to each patient, for example packs contained information on leave for both detained and informal patients. We felt that a detained patient would probably not want to read a leaflet which states “you have agreed to be admitted to hospital”. There was also some duplication of information as the ‘Welcome to Wintle’ booklet was very comprehensive, therefore additional information on ‘care programme approach’, ‘what to bring to hospital’ and ‘PALS’ seemed an unnecessary use of paper unless requested by patients. We understand that the ward team wants to ensure that patients have access to all important information, but we would like to see it made available in a less overwhelming manner. We also wondered whether the staples in the leaflets presented a risk to patients.

### Patient Feedback

- Patients gave excellent feedback about ward activities telling us how staff ensured activities were patient led and adaptable at all times
- Once settled after admission, patients told us they felt safe, respected, listened to and looked after
- Patients did not always recall having had an introduction to the ward on admission



- Patients told us they didn't always remember receiving explanations of certain aspects of their care such as their rights under section, or why medication was administered the way it was
- One patient told us she would like the walls to be painted in different colours to make it more homely

## Food and Mealtimes

- Meals are served in the dining room where drinks and snacks such as bread and fruit are always available
- Meals are cook-chill provided by an external caterer of which staff feedback was negative. Attempts to change supplier have been unsuccessful
- Dietary and cultural needs are catered for
- Breakfast is served until 10am allowing patients plenty of time to get going in the morning which was good
- Lunch consists of soup and sandwiches with a hot meal at dinner time
- Patient feedback about the food was negative. They told us they did not like it
- Every week there is a ward cooked meal which is a cooked breakfast or dinner, this was extremely popular
- A cooking/baking group takes place in the lovely newly built kitchen but there is no limited secure fridge space for those patients who wished to cook on a more regular basis
- The dining room is an open and practical space, but we would like to some additional touches to make it more homely

## Activities

- There is a set timetable led by the Occupational Therapist (OT) and the Activity Workers
- The ward activity timetable included smoothie making, Tai Chi, twice weekly access to the hospital gym and a number of entries to do colouring
- Patients do not have to join in the timetabled activities and staff are patient-led when it comes to alternative suggestions
- OT and activity staff take time to engage with patients about their hobbies and interests and will tailor activities accordingly
- Cooking, baking and walking were popular activities
- The ward manager told us she would like patients to have access to more physical activity
- The team are doing a great job with limited space and resources

## Staff Feedback

- We heard that Wintle was not just a consultant led ward but led by nurses and the team
- Staff told us that one of the best things about working on Wintle was the supportive staff team as well as the enjoyment of working with patients
- When asked about what was difficult about their jobs, staff told us that challenging behavior from patients could be hard. Staffing levels were also problematic particularly when requirements changed with little notice, for example due to staff sickness and acuity (the required ratio of staff to patients determined by patient need)
- Staff say they can give feedback and make suggestions on any subject at the fortnightly business meeting
- Staff find the ward manager approachable and supportive and were comfortable to take questions and concerns to her
- Staff are taking clinical concerns to the ward manager rather than the modern matron
- We heard that training and supervision received met staff needs and they are supported to carry out any additional training requested for professional development. However mandatory training was mostly e-learning and we heard it could be difficult to find time to complete it whilst at work
- Staff had plenty of opportunities for debriefing, learning from incidents, reflection sessions and 'time out' breaks
- All staff we asked knew that the whistleblowing policy was on the intranet, although some were less sure of its contents
- When asked what changes they would make to the ward, staff had a range of ideas including a ward music room, an onsite swimming pool, a modernized building, more frequent case formulation, a bigger kitchen for patient activities, a separate space for ward rounds, electronic handover projected on the wall for visual ease, facilities to show video clips to patients such as mindfulness.

## Patient and Carer involvement

- Staff do their best to involve patients in their own care. This ranges from:
  - joint patient - staff reviews of care plans





- 1-1 conversations
  - encouraging active participation through offering choices and using prompts
  - completion of an interest check list with all new patients
  - the daily morning meeting where patients can discuss the day's activities and share how they are feeling about the ward.
- Patients are encouraged to complete a review of their experience on the 'IWantGreatCare' web site. Sadly the website only displays reviews under the name of the hospital, so ward specific reviews are hard to find
  - Staff were clear that patient specific information could only be shared with carers if the patient gave consent. However they worked hard at involving carers as much as possible even where consent was refused
  - Carers were consulted to gain information to learn more about patients and were given as much support and information as was possible

## 2.6 Additional findings

We also heard that engaging with multi-disciplinary team could be difficult, especially when it came to discharge planning. The issues raised were about getting all relevant people involved and communicating with each other which resulted in discharge planning taking a long time. A twice daily telephone conference takes place to connect the ward and community resources. A flow manager is also employed to help with the discharge process.

There can be barriers finding accommodation for discharge which can result in more 'stuck' patients. The current system requires people to bid for housing online which can be challenging when people are unwell and/or have limited internet access.

There were also some challenges about referring patients to other services within the Oxfordshire Mental Health Partnership, particularly where patients have a history of drug use.

## 2.7 Recommendations

- Recruit a full-time Modern Matron to ensure a fair and appropriate distribution of work at management level.
- Involve patients in a project to make the ward feel more homely

- Together with patients, review the colour scheme, décor and furniture in the green room to ensure the space is as calming and comfortable as it can be
- Review and risk assess the use of staples in ward booklets
- Reduce number of leaflets in information pack to ‘Welcome to Wintle’, ‘how to complain’, ‘Independent Mental Health Advocacy’ and relevant leave leaflet.
- Create a board which displays all relevant leaflets so patients can have a visual reminder what is available should they request it. This will cut down on printing costs
- Update the ‘you said, we did’ board

## 2.8 Service provider response

Thank you for visiting.

We have looked at you recommendations.

- 1) Full time matron - Since your visit a Matron has been appointed for 6 months secondment.
- 2) Décor - This is out (of) our control, but can definitely see if the trust will be willing to consider feature walls in rooms or social areas.
- 3) Welcome pack - Will discuss in our team meeting, and patient meeting what they would prefer but also to communication team about the use of staples.
- 4) We have appointed a new lead for “You said and we did”, to ensure its updated monthly.

