Enter and View of acute mental health wards at St Charles Mental Health Unit: Danube Ward

Healthwatch Kensington and Chelsea
Healthwatch Westminster
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Contents

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Executive summary

We conducted Enter and View visits to the four acute mental health wards at St Charles Hospital Mental Health Unit. In line with our sister organisation Healthwatch Brent, who were visiting the acute services at Park Royal hospital in response to feedback from local advocacy providers Brent Gateway Partnership and POhWER. This visit aimed to learn more about patient experiences of care and their knowledge of mental health advocacy and the complaints system. The visit also aimed to evaluate whether services are culturally appropriate and sensitive for the ethnically diverse patients on the ward. Additionally, we were keen to understand if the closure of the mental health inpatient ward at the Gordon hospital in Westminster had affected patients receiving visitors, and if the activities offered by the wards were comparable across both sites.

Visit details

Hospital address

St Charles Hospital, Mental Health Unit, Exmoor Street, Kensington and Chelsea, W10 6DZ

Ward details

Name of ward: Danube Ward

Ward Manager: Mohammed Nohur

The visit took place during one week in December.

Representatives

The Healthwatch authorised representatives in attendance were:

- Staff member: Jill Prawer (Volunteer Coordinator)
- Authorised representatives: Jacqueline Ferguson; and Shamoly Aarons.

Methodology

This report is to be read in conjunction with the overview of the four wards for recommendations across the four acute wards.

All visits were announced Enter and View (E&V) visits undertaken by Healthwatch Kensington and Chelsea and Westminster Staff and volunteers. This was part of our planned strategy to look at mental health services in general across Kensington and Chelsea and Westminster. Our aim was to obtain a clearer idea of the quality of care provided. Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services. The objective is to report on the services observed, considering how services may be improved and how good practice can be disseminated.

The Healthwatch team visited the service and recorded their observations along with the feedback from residents, relatives, carers, and staff. The report and recommendations are based on these observations and interviews with patients, relatives, carers, and staff.

We developed two sets of questionnaires, one for staff and another for patients and their family/relatives/carers. We asked patients about various aspects of the services they receive, such as views on staff performance, the complaints system, cultural sensitivity, leisure activities, care plans, medication and treatments, and access to family or friends.

We asked staff if patients were aware of the complaints system, staffing levels, if they thought that staff had a good understand of cultural sensitivity, the patients' need for dignity and privacy, and the training they received.

Background

At the time of the visit, all 16 beds were occupied. There were more male patients than female patients.

All visits began with a risk assessment with the ward manager, and distribution of panic alarms for the Enter & View team. We were advised that three patients might become aggressive and that three patients had been admitted to the ward the previous day. One of our team interview staff, while the other two worked together to interview patients. Staff had displayed posters including the questions we were asking the patients. However, nearly all the patients we tried to approach avoided us or declined our invitation to talk to us. Staff also asked several patients if they wanted to speak to us, but we were only able to manage to talk to one patient, and they would only speak to us alongside their visitor. We wondered if this meant that the patient was less forthcoming that they might have been, had they spoken to us alone. We were ultimately able to speak to one patient (with their carer), two carers (one with a patient), and four members of staff. As a result, the feedback we have received about Danube ward from users of the service is limited.

A PLACE assessment had been carried out at St Charles in November 2022.

Recommendations

The following recommendations have been suggested based on the interviews conducted with both staff and patients. To the right of each recommendation is a response from the Ward Manager, detailing changes made or to be made.

Recommendations	Changes Made
1. The manager should ensure that no staff member is made to feel vulnerable in the ward due to lack of staff cover.	To ensure rota is completed at least six weeks in advance and unfilled shifts are promptly released to Temporary Staffing team to cover with bank staff. Agency staff is occasionally utilised when there are no available bank staff to ensure safer staffing level. During the unit daily Safety Huddles, discussions are taken place about staffing level across the unit and maintaining safety by temporarily redeploying staff to provide support. In addition, I'm actively involved in the day to day activities in supporting the staff, whether or not the ward has staff shortages. The Activity coordinator, Occupational Therapist and Peer Support Worker, who are not in the staffing numbers provide a lot of support to the ward especially in terms of facilitating escorts and ward activities.

2. Staff should ensure that they inform the manager promptly if they are unable to attend work.	It is part of the Sickness and Absence Policy that any member of staff unable to attend work should inform the ward in the first instance so that cover can be arranged. Should they have difficulty getting through the ward, they should inform the Bleep Holder (Unit Coordinator). During office hours, the staff member should also inform the Ward Manager. This issue has previously been highlighted during the staff meeting and reiterated that they need to call the ward when they are going to be late or unable to attend work. To remind staff again about this process during supervision and all staff to be sent a copy of the Sickness and Absence Policy.

3. Staff should ensure that patients are aware of why their breaks have been removed from them if they have been removed.	At the beginning of the day shift; the Nurse-in-Charge to identify patients for escorted leave. A list to be completed and staff allocated accordingly When there are staff shortages in facilitating escorted leave, Nurse-in-Charge to inform Ward Manager and Matron and to seek support from them as well as from Activity Coordinator, Occupational Therapist and Peer Support Worker Where escorted leave cannot be facilitated, Nurse-in-Charge to inform patient at the earliest opportunity and to give priority to these patients when staff become available.
4. Any breaks removed from patients due to staff shortage should be 'paid back' as soon as is possible.	Nurse-in-Charge to seek support from Activity Co-ordinator, Peer Support Worker, Ward Manager, and Matron when there are staff shortages to facilitate S17 escorted leave. Patients to be offered an apology for delay and/or staff unable to facilitate S17 escorted leave.

5. Activities should be provided over the weekend to avoid patient boredom..	Ward Activitiy Co-ordinator has been working occasional weekends to facilitate group activities Ward Manager has also spoken to the Peer Support Worker to work occasional weekend, which has been welcoming. Nurse-in-Charge will include nurse-led activities with patients on shift allocation sheet.
6. Staff should ensure that all patients and carers are aware of how to make a complaint.	Posters are visible in communal areas and details of how to raise complaints is also included in the patients' information notice board. As part of the admission process, all patients and carers to be provided with information leaflet about how to make a complaint. Information provision will be clearly documented in the patients' notes. Complaints procedure will be discussed during Patients' Community Meeting as part of the agenda. A laminated poster will be placed in each bedroom with information as to how to make a complaint, comments and suggestions. A Complaint/Compliment/Suggestion box is available at the Nurses' Station for patients' use.

7. The overall cleanliness of the ward needs to be addressed. The manager should arrange a thorough cleaning of the ward.	The ward manager has informed the domestic staff's manager of the issue. Staff allocated to undertake patients' hourly checks will also carry out environmental checks and address cleanliness issues promptly. Staff to continue weekly environmental checks and escalate issues to ward manager Ward manager to walk around the ward on a daily basis to monitor cleanliness. Matron will carry out at least monthly random environmental audit.

Response from Healthwatch Service Manager

Having received a response from the Ward Manager of Danube Ward, Danni O'Connell, Service Manager for Healthwatch Westminster and Healthwatch Kensington and Chelsea, said the following:

"We received this response back efficiently, and in reading through there seems to be a couple of our recommendations met. The further response from our findings and current reflections is the lack of weekend activities that had an impact on the mental health of the patients. In addition, the level of staffing issues directly impacting the patients. We acknowledge that staffing issues are at a high across the UK; however there is a noted Peer Support worker and Activity Coordinator who should look into developing a system of working through these issues."

Feedback from patients and carers

Staff performance

- Patients and carers were asked if they were happy with staff and if they were listened to. A mix of comments were recorded:

- "Staff are sometimes rude, but not always. Some are okay."
- "Very friendly, helpful, and thoughtful. My experience is positive." (carer)
- "I don't agree my daughter should be in the hospital – staff seem ok, but they don't listen to carers." (carer)

"Staff are sometimes rude, but not always. Some are okay"

Care plans, medication, treatment, and advocacy

Individuals who are compulsorily detained under a section of the Mental Health Act are legally entitled to have access to an Independent Mental Health Advocate (IMHA). An IMHA can help patients access information and help them understand their rights. The Advocacy Project has an Independent Mental Health Advocacy Service based at St Charles MHU.

Patients were asked about the care they received. Very detailed comments were recorded:

- The patient knew what an IMHA was, but neither carer did.
- The patient did not know if they had a care plan. One carer was aware their loved one did have a care plan but had not been involved in the creation of it. They were unaware about any involvement on the part of their loved one.

When asked about their care plans and making complaints, the following comments were recorded:

- "I do (have access to MHA) but I don't like them."
- "I would like to change my medication."
- "I would like to be more involved with their treatment and know what medication they are on." (carer)

Complaints system

Patents were asked if they have been made aware of the complaint system.

Three patients and one carer were aware of the complaints system. Two were not and wanted to make a complaint.

Here are some examples of the responses:

- "I've been given a lot of papers with different dates."

> "I've been given a lot of papers with different dates"

Safeguarding and safety issues

We did not become aware of any safeguarding or safety issues.

Cultural sensitivity, cultural needs, and dignity

We got very little feedback from the patients, and the carers didn't provide any feedback regarding the provision on Danube Ward. One carer stated that their loved one doesn't practice a religion, while the other carer felt that the intervention team had treated their loved one differently due to their religion (feedback not related to the ward).

- "I need a yoga mat."

"I need yoga mat"

Communications

- "They take my breaks away without explaining the reason."

"They take my breaks away without explaining the reason"

Activities

We got very little information from the patient and carers about the activities that took place, although we were given photocopied sheets with the weekly activity schedule. There appeared to be at least two activities a day, some needing booking in advance and some offering 1:1 input, and some often fortnightly (meaning that access would be limited). The weekend offered board games, books, art work, movies and 1:1, however on our visit we did not observe that any of these were taking place, and all required the assistance of nursing staff. The ward was quiet and calm. During our visit four patients were hanging around the reception desk sometimes chatting to staff, while a number of patients appeared to be in their rooms.

There was also a December calendar of events which had activities relating to Christmas on several days, and baking, tai chi and relaxation and pampering on others.

We received the following comments relating to activities:

- "I enjoy music and the make-up people."
- I would like some healthcare related stuff."
- "There are no activities here. It's like prison. Would like to see more open space/a garden. It's like a jail." (carer)

> "I would like some healthcare related stuff"

One patient spoke of having reacted against not being allowed to go outside to have fresh air and exercise.

Two patients commented there was no television.

Access to visitors

Patients seem to be happy with the arrangement in place for people to visit them. They stated that it was easy for people to visit and that the ward had a relaxed attitude to visits from family members. Comments recorded were:

- "No problem visiting." (Carer)
- "It's easy." (Carer)

> "No problem visiting"

What is working?

We asked patients and carers what they thought was working well on Danube Ward. The following comments were recorded:

- "The general environment is good." (carer)
- "I don't know. I visit daily." (carer)

"The general environment is good"

What can be improved?

We asked patients and carers what they thought could be improved on Danube ward. The following comments were recorded:

- "Standards. It's dirty. There are flies in the kitchen. Improve the lights, these are too bright. Other patients can be verbally rude." (carer)
- "I would like to change rooms (as I am unhappy with my room number)."
- "I would like to be access the piano whenever I need it."
- "The environment doesn't help. When here they get addicted to vapes, gets bored, and get distracted by the other patients." (carer)
- "The general environment." (carer)

"Standards. It's dirty."

Feedback from staff

One staff member told us there was usually adequate staffing levels on the ward, with a very occasional use of agency staff. However, other staff member told us that bank staff were often used on the ward and that there was sometimes not enough cover overnight. One staff member told us that 'everybody was bank' and that staffing levels were sometimes quite tricky. Although the recommended staff quota was 3 nurses and 2 health care assistants, they said that usually it was only 2 nurses and 1 health care assistant, and if a patient needed to be in seclusion with staff members attending, then staffing levels were very thin. If they ever did have a full staff quota, at least one member of staff was usually moved to another ward to cover a shortfall there.

One staff member told us that staffing was an issue but that it was not just a problem for Danube ward. They said that CNWL did not pay enough. Another staff member felt that staff should be more proactive about informing the ward about their absences so that staff cover could be arranged in advance. Often the issue was staff calling in to say they wouldn't be in that day.

Asked whether staff had enough time to do their role, staff talked about the need to prioritise, that having enough time depended on what was happening on the ward and could be changeable.

The staff members felt that staff were sensitive to different cultural issues and that the food was generally suitable for patients, and if individuals wanted or needed something not provided, this could be requested. Vegetarian and Halal meals are available.

They told us that a multi-faith prayer room is provided, and that Muslim patients can bring in their prayer mats. Patients are also enabled to have visits from religious people, such as a Vicar or an Iman. Some are given leave to go to the Mosque to pray. Staff highlighted that they were aware of the times of prayer for Muslim patients and didn't disturb them during these times.

One staff member told us that there is a Chapel at St Charles and that patients had been provided with a Koran and a Bible.

Staff felt that there was a good understanding of individual needs such as dignity and privacy. They mentioned examples such as knocking on the door of patients' room before entering, and when a patient was covered in faeces, closing their door while they were disrobed and cleaned up

The staff member we spoke to told us that they were generally up-to-date with their training, and that CNWL offered good training opportunities. There is a mix of mandatory and elective training courses and staff are monitored to ensure that the mandatory training is completed and kept up to date. Two of the staff members we spoke to had not yet received much training, one was still receiving

their induction, although had had relevant training elsewhere. The mandatory training includes equality and diversity training -culture, religion and disability, and is mostly online. Training in restraint techniques was mandatory, and staff attended a 5-day face-to-face course that followed the guidelines of the Mental Health Unit Use of Force Act 2018, or 'Seni's Law'.

Patients were informed about how to make complaints, and there is a community meeting every Friday for patients to raise their concerns. Issues can be dealt with on a 1:1 basis during the ward rounds. Staff told us that carers tend to offer feedback and concerns without any prompting.

Regarding communication with relatives, we were told that there was a carers forum (although this had only just resumed after the covid lock-downs, with only one attendee), there were feedback forms that carers could complete, and that relatives were communicated with over the phone, when visiting and when they attended patient reviews.

A suggestion box is available in reception.

Staff told us there was good communication and teamwork among the team.

Staff felt that a sensory room/calm room would be good for the patients, and that therapist working at the weekend could improve patient experience.

What is working?

- "If there is short staff everyone works together, and the manager comes along and checks if you want a tea or a break."
- "I try not to overwhelm myself, I go out and get some fresh air."
- "The Manager's good – he's available at weekends if needed."
- "Get a lot of support from the senior management team and staff."
- "I tell the patient if they want to write down their concerns, I will tell the nurse in charge."
- "The clinical team leader deals with the complaints, the process is very clear and by the next day the issue has been dealt with."
- "Complaints are reviewed on a regular basis."

- "We tried to move a patient to her room to give her some medication and had a debrief with her afterwards."
- "If a female patient is disinhibited, we tend not to send male staff to attend to them."
- "Whatever is done is done in the patients' interest."
- "Men tend to have more respect for women and be less aggressive."

> "If there is short staff everyone works together"

What can be improved?

- "There's always something disrupting my routine."
- "On Saturdays have patients involved in activities, they often say "I'm just bored". It would be good if weekend activities were embedded in the schedule."
- "Things can always be improved."
- "Could utilise resources a little more."
- "Everyone is bank."
- "Regarding leave, there's not enough staff to take them out."

> "Regarding leave, there's not enough staff to take them out"

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