

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

Healthwatch Kensington and Chelsea

Healthwatch Westminster

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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: Ganges Ward

Ward Manager: Elmira Charles

The visit took place during one week in December.

### Representatives

The Healthwatch authorised representatives in attendance were:

- Staff member: Jill Praver (Volunteer Coordinator)
- Authorised representatives: Jacqueline Ferguson; and Christine Vigers.

# 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

According to the website, Ganges ward is a mixed provision with a total capacity of 17 beds for adults aged 18-65, including people with learning disabilities and occasionally young people aged between 16 and 18.

At the time of the visit, all 17 beds were occupied. Ten of the patients were male, and seven were female.

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 there was no identifiable risk from the patients. One of our team interview staff, while the other two worked together to interview patients. We were guided towards the patients the staff felt would be most likely to talk to us. Staff had displayed posters including the questions we were asking the patients. We spoke to three patients, and two members of staff.

We visited on a Sunday. The ward was very quiet with very little activity. We saw graffiti - a telephone number with 'Sex Line' written underneath it on the wall of the mixed balcony. In the shared area of the ward, we saw a crude drawing of breasts drawn on the wall. When a member of staff was alerted to the existence of both bits of graffiti, they hadn't seemed to have noticed it, and did not seem too troubled by it.

The noticeboards we observed on the ward were full of information, but it was not presented in a coherent way. It was hard to understand when the activities were taking place, or if the information was current. In the art room there was some impressive artwork. There was a full activities timetable, but very little at weekends. There is no occupational therapist at the weekend, but the peer support worker does come in. There was very little equipment in the gym.

The whiteboard with a note of the staff for the day was not completed. One washing machine and one dryer were out of order.

The quiet room is not in use for patients, as it is now used for meetings.

In the art room there was some impressive artwork. There was a full activities timetable, but not at weekends. There is no occupational therapist at the weekend, but the peer support worker comes in. There was very little equipment in the gym.



# Recommendations and responses

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.

Our recommendations	Response from the Ward Manager
1. Where appropriate, staff should work with patients with access needs to learn how best they can be supported. A number of staff should be trained to support and work with the patient.	Staff are usually being spoken to about the care that is being provided on the ward and about meeting patients needs. Staff meetings and supervision as well as staff discussions, are some of the mediums that are being used to address this situation as Ganges ward aim to meet patients needs as much as possible, and as long as these needs are realistic.
2. All graffiti should be removed as soon as it appears	Staff to take steps to address graffiti found on the ward. If this can be cleaned up by the cleaners or staff it is being done. If not, this is being escalated to the facility department to see what can be done example painting to remove graffiti. The facility department was approached earlier this year regarding graffiti in patient's bedroom. Bedrooms were painted.

3. If patients are a 'graffiti-risk', extra vigilance should be taken to ensure that nothing new has appeared.	Patients who are a 'graffiti-risk' are being discouraged from keeping writing or art materials in their possession in order to reduce that risk. Staff are able to identify and intervene to reduce that risk by doing environmental checks.
4. The noticeboards need to be reviewed and the information displayed made visually clear and easily accessible.	Noticeboards have been reviewed to make information visually accessible to patients
5. The poster describing the activities available should be up to date and dated to clarify the information is current.	Activities timetable has now been updated. Information is also written on a board daily, listing of activities and the time of these activities, to make information clearer for patients.
6. More activities should be provided at weekends.	Board games are available for patients to use during the weekends in addition to the activities that are being facilitated by the peer support worker. In the meantime, discussions are being held regarding providing nurse-led activities for patients.

<p>7. Overall cleanliness on the ward in shared areas should be improved.</p>	<p>While the cleaners usually clean the shared areas, this is being done once a day, and as the day progress, patients tend to leave shared areas untidy. Staff are being encouraged to tidy up the shared areas example disposal of dirty cups, tidying of tea area.</p> <p>Nurse in charge will also remind the staff allocated to carry out patients' hourly check to also include environmental checks to identify areas of concerns and address promptly.</p>
<p>8. Patients and relatives should be given information on how to make a complaint.</p>	<p>This information is included in Ganges ward welcome pack. Staff to ensure that these packs are being given to patients and relatives as part of admission process.</p>
<p>9. Leaflets should be given directly to each patient and relatives, and should be displayed prominently on all notice boards.</p>	<p>Staff to give patients welcome packs and leaflets on arrival on the ward.</p> <p>This information will also be displayed on notice boards.</p>



# Summary from Healthwatch Service Manager

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

"We received the response from Ganges Ward within our 22-day window after the Enter and Review visit. In reference to the 'graffiti risk' and cleanliness of the ward, our involvement with this ward will continue and we will visit again this year. This decision has been based on the response and our prior findings. It seems the lack of cleaning provision has a further effect on the patients, and something we will continue to check.

"Notably, Healthwatch is on hand to provide further work with inpatients to ensure they're aware of their rights and entitlements. Additionally, Healthwatch will ensure that the staff are also aware of their rights, too, and could offer a session around signposting and what's available within the boroughs."

# 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:

- “Do not always listen – not all of them.”
- “In general, the staff are good, but some of them are not up to par, they’re not caring enough.”
- “They’re not always helpful. Sometimes I have to ask the same thing five times before I get help.”
- “This ward is better than the previous ward I was in (Hillingdon Hospital).”
- “I sometimes need staff to be more supportive of my (access) needs.”



“Do not always listen – not all of them”



## 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:

- All of the patients we spoke to knew was an Independent Mental Health Advocate is, and all were complimentary.
- All of the patients said they did not have a care plan, although one said that the doctor was in the process of putting one together, a process they were involved with.

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

- "The IMHA was helpful."
- "Yes, his name is Toby, he's based in the hospital. He is excellent."
- "Quite helpful."



"The IMHA was helpful"



## Complaints system

None of our three respondents knew how to make a complaint. The following issues were raised:

- "This should be part of the information for new patients."
- "Can I do it online?"
- "I don't want to make a complaint as it might compromise my care – there is an organised meeting on a Friday where we can bring up issues."
- "I haven't been told."



“This should be part of the information for new patients”



### **Safeguarding and safety issues**

The graffiti on the walls was of a sexual nature which was inappropriate and may cause distress and unsettle patients.

### **Cultural sensitivity, cultural needs, and dignity**

One patient felt their access needs were not catered for as well as they might be, leaving them to be more dependent than they needed to be. The comments we received were:

- “I think there are enough food options.”
- “Food is good – cater for needs, there is enough variety – I have no religious needs.”



“I think there are enough food options”



### **Communications**

Some patients were unaware of the activity offer, what a care plan is and how to make complaints.

- “They started a staff notice board, some staff had pictures up. It took two weeks to complete it.”



“They started a staff notice board... It took two weeks to complete it.”



## Activities

Two of the patients we spoke to seemed to have no idea of what activities were taking place (or how to find out). We visited the ward on a Sunday afternoon and it was very quiet and calm, with some patients in the main area and interacting with each other.

We received the following comments relating to activities:

- “I have had no information about activities; nobody has told me.”
- “Nobody has informed me. I’d like to do gym, swimming, boxing, physiotherapy.”
- “Have tried pottery, painting and music therapy, but I always seem to miss drama.”
- “Would like to go out for more walks.”
- “Perhaps offer tai chi?”



“I have had no information about activities; nobody has told me”



## 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. Some comments recorded are:

"I live in Westminster, but my parents have to travel a long way. Nobody has been to see me yet (been here for two weeks)."

"They live 15 minutes away."



"I live in Westminster, but my parents have to travel a long way"



### **What is working?**

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

"Food is good, bed and shower are good. Ward is nice and clean."

"The checks are good, they come in and speak to you."

"The money weekly which is much better."

"Community therapy, i.e. regular weekly meetings."



"Ward is nice and clean"



### **What can be improved?**

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

- “Would be nice to have more choice (of food) at night.”
- “More information from staff about activities on offer. New staff and patients should be informed.”
- “One or two of the staff could be better.”
- “Would be nice to have a reception manager”
- “Help with the iPad chargers.”
- “Patients to staff ratio seems very high and could be improved.”
- “Staff should tell us more what is happening”
- “Heating is a problem, it’s much too hot in the rooms.”
- “I do my own washing, but some machines and dryers need fixing. Would like them to be fixed as soon as possible”
- “I have particular needs – I would like there to be a system whereby I am always looked after by the same 3 or 4 nurses who I can tell how to look after me properly.”



“More information from staff about activities on offer. New staff and patients should be informed”



# Feedback from staff

Staff told us that staffing levels were problematic on the ward as there were currently two vacancies despite bringing in two internationals registered nurses. However, these two members of staff were currently on their induction period. Bank staff were used frequently but only rarely were agency staff used.

Asked whether they had enough time to do their role, both staff said sometimes, and that the ward could be chaotic when there were unforeseen events.

Staff mentioned that being short on staff affected patient care, as well as staff morale. It was difficult to escort patients out on leave when staff numbers were low.

The staff member we spoke to felt that staff were sensitive to different cultural issues and that the patients were good at giving feedback so that any issues were addressed immediately. Examples of protecting privacy and dignity were given including using meeting rooms to talk to patients and/or their relatives, and if that not available, making sure no other patient or visitor was nearby. Enabling patients to receive visitors with some privacy. If visitors brought stuff in for patients, this was searched in a private room.

The staff stated that cultural needs were attended to; diets were catered for, as were suitable hair products. An organisation called Beautiful People came in every two weeks to do patients' hair, and was very popular. Bibles and the Koran and all types of religious books were provided on request, and there is a faith room on the third floor. The ward had been visited by an Iman and a priest.

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. The mandatory training includes equality and diversity training - culture, religion and disability, and is mostly online. Training in restraining 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'. This had to be updated every year and if the training lapsed, staff had to re-do the five-day course.

Staff felt patients had good access to Independent Mental Health Advocates (IMHA) and mentioned that they came up to the ward to ask if anyone wanted to talk to them and to be introduced to new patients. Advocates could attend the ward round if a patient had issues. Staff also related that they explained to patients their rights, and the role of an IMHA. Patients were informed about how to make complaints when they arrived on the ward and that also there were

leaflets on the ward which could be given to them. Any complaints received were given to the ward manager to deal with, and/or the Matron. Complaints were dealt with immediately unless they needed to be escalated to the official complaints process. All complaints were discussed at the team meeting and discussions were had about how to improve.

Regarding communication with relatives, we were told that there had been one carers forum but that one carer attended, and generally, carers tended not to participate. Relatives were communicated with over the phone, via email when visiting, and when attending patient reviews. Staff mentioned that if consent was not given by a patient to share details with their carer, staff would often revisit this issue as the patient became more well.

We asked staff to tell us what was working and what could be improved.

### **What is working?**

Staff told us there was good support from the matrons and from the rest of the team, and that the matrons would get involved in patient care if needed.

### **What can be improved?**

- “Would be easier to keep up to date if we had more staff.”
- “Full staffing quota would be sufficient.... If only!”
- “Sometimes it’s difficult and staff need more support.”
- “Unforeseen stuff does happen, and then it’s challenging.”
- “Patients can come from all over – some won’t see their carers.”



“Would be easier to keep up to date if we had more staff”







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