

healthwatch

Kingston Upon Thames

Enter & View Visit: Tolworth Hospital, Lilacs Ward

Report & Recommendations

Healthwatch Kingston upon Thames

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1.0 Introduction

1.1 About Healthwatch Kingston upon Thames

Healthwatch Kingston upon Thames (from hereon referred to as Healthwatch Kingston) is the local, user-led organisation for involving local people in the design and development of local health and social care services and help improve patient experience. It was established in April 2013 under the Health and Social Care Act 2012.

It provides reports and updates about local services to Healthwatch England, a body that campaigns on national issues and raises concerns to the NHS and the Department of Health.

Healthwatch Kingston gathers information and feedback from patients and service users about the experiences they have of health and social services, and use this to make improvements and influence the development of those services. It works with health and social care services to make sure that the voice of local people is heard, and it goes out into the community to listen to what people have to say.

In addition, Healthwatch Kingston signposts people to local health and social care services and provides information on how to make a complaint or give feedback about those services.

Healthwatch Kingston is a registered Charity, and is funded by the Department of Health through the local authority, the Royal Borough of Kingston upon Thames. It is independent, and led by a board of Trustees who are local people with a keen interest in improving the health and social care system for local people.

1.2 Enter & View

One of the methods Healthwatch can use is Enter & View, which is a statutory function. This means that Healthwatch can visit any health or social care service in the borough of Kingston upon Thames or any that serves people in the local borough and observe how this service is delivered.

During an Enter & View visit, Healthwatch will talk to patients or service users and members of staff and make observations of the environment to ensure it is safe and clean.

After a visit, Healthwatch will prepare a report which will list its findings and any recommendations.

Where there are serious concerns, such as a health and safety issue or a safeguarding issue, this will be reported immediately to the service provider, the commissioner of the service or a relevant body such as the Care Quality Commission.

Enter & View participants receive full training, based on recommendations from Healthwatch England, and are DBS (Disclosure and Barring Service) checked. Upon completing this process they are then allocated status as Healthwatch Kingston Authorised Representatives.

1.3 The Enter & View Team

- Mari Cameron Taber - Healthwatch Kingston Authorised Representative
- Sue Ilsley- Healthwatch Kingston Authorised Representative

2.0 Method

The Enter and View visit to Lilacs Ward at Tolworth Hospital took place on Friday 23rd October, Healthwatch Kingston Authorised Representatives were on the ward from 1:45 p.m to 8:45 p.m, minus 1 hour for break.

Lilacs Ward is a secure psychiatric Ward for people aged between 20 and 40. Depending on individual cases some patients are in secure beds, they are observed and in locked rooms if there is a danger of suicide. Other patients have more freedom. Each room can be locked by the patient from the inside and out but there is instant access by staff if needed. The length of stay is variable, and the average stay is around 28 days.

The focus of visiting the Ward was to gain opinions and view points from the patients, staff and visitors to gain insight into how people feel the service works, what aspects are good about it and what areas can be improved. This has produced recommendations generated by people involved in day to day life on the ward. This report reflects the views and observations gathered for this specific date and time only.

Authorised Representatives on the Enter & View team gathered peoples views through an informal interview style. Prior planning was undertaken to ensure that sensitivity toward the environment and a flexible approach to conversations with patients was paramount.

They did not use a structured questionnaire as this was felt to be too rigid and off putting for the patients. A list of prompts were utilised by HWK members to

remind them of key areas where peoples views were required. The HWK members also recorded their personal views and observations of the environment.

3.0 Findings

During the Enter & View visit the ward was at full capacity with 23 patients. HWK members were informed that the standard staffing arrangement on the ward is 5 staff per shift; these consist of either 3 qualified staff and 2 support workers or 2 qualified and 3 support workers.

6 Patients, 2 Deputy Managers, 2 Permanent Staff and 2 Trust Bank Staff were interviewed. In the evening slot 5 visitors were interviewed.

During the visit there was also an occupational therapist worker who seemed well included in the Ward team. They appeared to have a good rapport with patients, knowing them all by name which demonstrates they provide a consistent service in visiting the ward. All staff members appeared very friendly and personable. All staff members said they felt comfortable and safe whilst on duty. When interacting with patients they communicated well and were very helpful in showing HWK members around the ward, answering all questions and providing their full cooperation.

The following section outlines key areas which were observed by HWK members and discussed by patients, staff members and visitors.

3. a Availability of staff and interaction with patients

- It appears the best attempts are made to ensure there is continuity of regular staff but due to the nature of bank staff zero hour contracts this seems to be a challenge. It is felt by staff and patients that if a staff member has to leave the ward to accompany a patient to a general hospital visit, the staff member is often not replaced. This causes a lack of staff leading to the remaining staff having to work longer shifts with a negative impact on their break times.
- Staff revealed they would like more time to interact with patients and visitors, and time to organise more skill based activities for patients. They felt that much of their time is required to complete admin tasks on the computer taking time away from engaging with patients on the ward.

- A visitor said they wanted to speak to a nurse, but commented they can seem “invisible” on times; they have concerns that their friend stays in their room most of the time and does not have much interaction with staff.
- The apparent lack of staff appears to be causing an issue for visitors requiring entry to the ward. A visitor commented that they had to wait 10 minutes to be let into reception: they said this is not an unusual occurrence. A HWK member also experienced a ten minute wait to enter back into reception after walking outside to speak to a visitor.

3. b Disabled access

- It was observed that the notice board with the patient’s assigned nurses was very high on the wall and not easy to read. A wheel chair user would unlikely be able to see it
- It was observed the work tables in the activity room appeared too low to fit a wheelchair under comfortably.
- All activity sheets are too small (A5) and in small print.
- A patient commented that the beds are too low they struggle to put on socks and shoes etc, they said they are not easy to get out of.
- The wet rooms in both men and women’s facilities are not usable for wheelchair users as there are no rails or aids. Patients who are disabled must use separate rooms with hoists. A patient said they would like a handrail in the female shower room to provide extra support and safety.

3. c General environmental observations

- It was observed the roof had a leak in the activity room.
- A patient stated that smoke can often be smelt in female corridors and bedrooms.

- A patient said in their bedroom the curtains do not cover the whole window which they did not feel comfortable with. This was observed to be the same in all the bedrooms.

3. d Patient rights and advocacy

- The Real Time Feedback Machine (an on ward computer for the purpose of patients logging their feedback or complaint about a situation) was not working at the time of the visit.
- The 6 patients were asked if they felt they had their patient rights explained to them. 4 said no, the other 2 didn't answer. Patients said they did not have knowledge of any advocacy opportunities available to them.
- On the ward there is a white board which lists the nurses allocated to each patient. It seemed that on the whole patients are not aware of this, out of 6 patients asked 1 said they knew where to find the white board, but did not know the name of their Nurse. 2 patients said they did not know where the board was and 2 said they did not know about the white board or nurse allocated to them.
- A patient revealed they had tried to make a complaint about an incident which occurred at another service, but felt they hadn't been listened to by staff so hadn't taken it further. When asked if they were aware they had patient rights they said they did not know that, and was not aware of the complaints procedure.

3. e Treatment and therapy

- Patients were asked whether they were able to express their wishes when their treatment was under review, out of 6 patients 4 said that they feel they can openly communicate their views, 1 said they have expressed their views but were not sure they were being properly listened to. 1 had not yet been reviewed.
- A visitor raised a concern that their relative was not being medicated properly. "No one is listening to him. I feel he is getting worse the longer he stays here."

- A patient said that medication times often vary, this makes them feel anxious. Two members of staff said they would like to change the way medication times are set so that the times are more reliable, they said it has a negative effect on them as they are then not able to take their full breaks.
- 2 visitors expressed concerns that their family member was not getting counselling or therapy. One visitor said they wanted to ask “Is he getting any psychiatric treatment other than medication?” but found it difficult to get explanations.
- It was observed there is a poster promoting the availability of psychological one to one appointments in the reception area, and one small poster in the main TV room, which is a good service but does not seem to be promoted well enough.
- Patients were asked whether they had been offered a one on one session with a therapist. All 6 said no.
- A visitor said they felt their friend was getting worse and raised this with the staff, they felt disappointed the only thing offered to the patient was a discussion about increasing medication. They commented that the patients sometimes refer to the ward as a “holding pen”

3. f Information for patients

- On the ward there were information posters on patient rights displayed, carer’s information and advocacy, all in the one location.
- It was observed the ward information rack which contains information about community organisations and services was almost empty. The information board was not up to date, leaflets on display were not current, and no current magazines were available
- From conversations with patients it seemed that most are unaware of supports groups which are available in Kingston for different mental health conditions.

3. g Patient discharge

- Patients were asked if they feel that their discharge is being planned well. No patients were able to comment on this question. They did not know about any plans for their discharge.

3. h Safety

- It was observed that all alarms around the ward are not obvious, almost to the point of invisibility. There are no prompts as to what they are used for. Alarms are not near the toilets themselves, but outside the cubicles.
- Patients were asked if they felt comfortable and safe whilst on the ward, Out of six patients four said yes. Two female patients said no because a male patient unexpectedly came into the female ward this week. They said this happens frequently (about twice a week). A visitor confirmed that the patient had told them they were very scared about this incident occurring.
- A patient commented that being transgendered, they had felt responsible for helping the staff members understand issues that arise because of this, they felt staff don't have adequate knowledge in this area.
- A patient said they sometimes don't feel safe on the ward, as people talk about strange things.
- In the activity room it was observed the seating appears unsafe, the stools are low and patients could be easily toppled over.

3. i Food and drink

- It was observed there is a well stocked larder room on the ward. A patient said that snacks are not available from 5pm - 8am because the staff can often forget to put them out, "It is a long time to go without anything especially when you are on medication"
- There were no sign of menus on display. A patient said they would like to see a menu posted for main meals.
- 6 patients said Halal meals are better than the regular meals.

- A patient said that the plastic cups used are not suitable for hot drinks as they get hot to hold.
- A visitor said their friend had told them the food is not good, and commented they felt the patient had lost weight during their stay.

3. j Outside space

- There is a large garden which is currently used for an exercise group weather permitting; however it is rarely used by patients. It was explained by staff members that this is because there aren't enough members of staff to supervise the patients using the garden. Staff members said they would like to be able to take patients out into the garden on sunny days, but there was never enough staff to cover her if they escorted patients in the garden.
- A patient commented "I would like to have more fresh air and exercise." Another patient commented "The exercise groups are not that good for people with mobility issues, who are elderly or who lack confidence like me."
- A visitor said the person they were visiting wanted to go out into the big garden but couldn't. They said their relative "needs more time outside in the garden."
- It was observed and raised by a patient that the small garden is used frequently mainly for smokers, but it is not very clean, as there is usually cigarettes and rubbish on the floor which is grubby.

3. k Cleanliness

- It was observed that the men's shower room did not look clean.
- Floors and surfaces on the ward were clean but patients said cleaning can be inconsistent as it is not a daily process.
- In the ladies toilet it was observed the sanitary bins were overflowing. A patient commented that the sanitary bins are not frequently emptied.
- A patient said they would like a bin to be put in their room, it was observed there were only bins in 2 of the patient rooms.

3. l Visiting patients

- It was observed that although Healthwatch Kingston members were given alarms on arrival to the ward, visitors were not.
- Staff members were asked if they have enough opportunity to speak with visitors, they said they don't have enough available time so don't get the opportunity to speak to visitors very often.
- It was raised by patients and visitors that visitor facilities are not private. A visitor said that this is "off putting" and they would like private space in which to meet their friend. 3 visitors out of 5 said they found the visiting time very "noisy and disruptive". Another visitor said "I would like to spend some private time with them in a quiet space, so I can hear them. They are so anxious with all the chaos." One patient commented "I have no privacy when my brother comes to visit we are often interrupted by other patients and it is noisy."

3. m Activities

- There are currently no activities available for patients to participate in on weekends.
- Patients said they feel there are not enough activities on offer during the week. There is an art group run by Mind once a week, patients asked for more of these Art group sessions. A visitor said they are unhappy with the fact that there are no weekend activities and said "My friend has asked if they could just do some simple colouring, but it never happens."
- There was a computer available for patients to use in the quiet room however at the time of the visit it was not available for use. Patients said they would like it to be reinstated as soon as possible.
- A patient commented that the board games available in the activity room should be changed regularly to add variety.

4.0 Recommendations

4.1 Availability of staff- Ensuring staff members are fully enabled to provide professional and compassionate care

- The Hospital could take measures to ensure that if a staff member has to leave the ward to accompany a patient to Hospital there is always an available bank staff member to fill in the gap without delay.
- It has been found that staff members are not able to interact with patients and visitors as much as they should. This not only has a negative effect on patient wellbeing and recovery but also on the ability of staff to provide a good standard of care (lack of staff breaks is detrimental to this). Possibilities of employing more staff/ providing more bank staff additional hours should be explored by the Trust. Staff also suggested using tablets which would enable them to leave the PC and spend more time around patients.

4.2 Disabled access - Ensuring all patients are able to use the facilities safely

- We suggest notice boards should be assessed and lowered if they are found to not be visible to patients in a wheelchair.
- We suggest work tables could be assessed and replaced with suitable alternatives if they are found to not be usable for patients in a wheelchair.
- All activity sheets should be printed on A4 paper and at least font 12.
- As it has been commented that beds are low and difficult to put socks on etc, chairs could be made available in rooms for this purpose. These could be bolted down to limit safety risk.
- We suggest handrails should be fitted in the male and female shower rooms for patient support and safety

4.3 General observations- Ensuring patients and staff are living and working in a comfortable environment

- The roof leak should be fixed in the activity room
- We suggest an investigation should be carried out to establish why there are smoke smells from cigarettes in the ladies corridors and bedrooms. Changes can then be explored to prevent this unpleasant occurrence.
- We suggest the curtains should be replaced with ones which completely cover the windows so that patients feel they have privacy and feel secure in their own room.

4.4 Patient rights and advocacy - Ensuring patients, friends and family members are fully informed and understand their rights

- We suggest the Real Time Feedback Machine should be fixed and the submissions routinely monitored for themes and trends to be identified and resolved.
- As patients seem to not have a clear understanding of their patient rights, advocacy which is available to them and knowledge of the complaints procedure, we recommend an information pack should be produced for each patient on the ward, this should also be provided to the patients friend or family member so they are able to support the patient in understanding the information
- We suggest there should be clear posters, leaflets and information which is up to date, accessible and understandable, and is displayed in as many different areas on the ward and reception room as is possible.
- We recommend that staff members from the local advocacy services could carry out regular visits to the wards to talk to patients about what their role is as an organisation, and how their services are able to support the patients in understanding and exercising their patient and human rights.

- As there seemed to be variable levels of understanding amongst patients regarding the nurse allocation board it is suggested that on initial entry to the ward all patients are briefed on the purpose of the board, its location and why it is important that patients know their allocated nurse. Staff can then also routinely remind patients to check it. The information should be clearly displayed and up to date. The nurses could also ensure they remind patients to check the boards each day.
- We recommend that staff members receive regular information updates and training in the complaints processes and advocacy services. They will then have good knowledge to pass this information on to patients if requested and raise the awareness levels amongst patients and visitors on the ward.
- We suggest that the ward provides an information area which has up to date information on all the local mental health support organisations, services and groups. Staff members will need to be allocated the periodical task of updating the information and being aware of the non statutory services which are available to empower patients to access their own support out in the community when they are discharged.

4.5 Treatment and therapy- Ensuring patients, family members and friends have a say in their treatment, and are listened to.

- We suggest that as patients do not seem to know that one on one therapy sessions are available- this information is clearly displayed around the ward, and staff members and nurses remind patients of the therapy they can access and its benefits, to actively promote the service and improve patient wellbeing.
- If a patient and/ or family member/ friend have any concerns over their treatment they should be encouraged to provide their views and have the opportunity to organise a meeting to discuss their concerns. Within this meeting they should then have their treatment plan explained fully and the opportunity to explore alternatives or amendments to treatment if appropriate. If after the meeting the patient, family member or friend is still not satisfied with the outcome they should be referred to an advocacy organisation to explore the next steps.

- Medication times seem to be sporadic causing patient and staff issues, we recommend that a rota is produced to enable times to be as regular as is possible. This rota should be monitored and reviewed by the ward managers.

4.6 Patient discharge - Ensuring patients, their family members and carers are fully involved in planning a safe, person centered discharge plan

- As no patient spoken to was aware of his/her discharge plan we recommend that patients are fully included in the process of planning it, to provide their views on their personal situation, needs and requirements. The patient and carer should have allocated discharge meetings to ensure the plan is as comprehensive and supportive as possible to prepare the patient for successful discharge minimizing risk of readmission.

4.7 Safety - Ensuring patients, staff and visitors feel safe and secure

- As the alarms around the ward were not easily visible it is recommended that the alarms are clearly signed. Large arrows could be placed at their location to draw attention, with a sign explaining when they should be used and what will happen on sounding the alarm.
- The issue of male visitors entering the female only areas has been raised as a cause for concern. We recommend that every incident is recorded, and a meeting be set up with all staff members to discuss possible solutions. Patients should be consulted to gain their views and input around this issue, resulting in an action plan which should be shared with all patients, implemented and monitored for effectiveness.
- It has been recommended by a patient that all staff members on the ward should receive training on gender and sexual orientation based issues. This will equip staff to understand the challenges and potential problems surrounding these issues, to ensure patients are not discriminated against or experience unnecessary distress.

- Staff should be on hand to interact with patients, talk to them generally and spot if a patient is feeling unsafe due to the behaviour of other patients. The staff member should be able to dedicate some time to reassure the patient and resolve the situation of them feeling unsafe

4.8 Food and drink- Ensuring patients make their own choices and enjoy meal times

- It is recommended that staff members ensure snacks are available during the evening after dinner.
- Patients have requested they would like to see a daily menu displayed with the meal choices.
- It has been raised by all patients spoken to that the Halal meals are better than the alternatives. A discussion could be had with patients to find out why they are better, patients could then be given a say in having more of the halal style options for dinner if that is what they prefer. Patients could also be consulted on whether they are happy with the plastic cups for hot drinks, if not they should be replaced with appropriate alternatives which patients suggest work better.

4.9 Outside space -Ensuring patients have access to outside space and fresh air

- Inability to use the large garden has been a dominant issue raised by patients, visitors and staff members. It appears to be a significant asset which is not being utilised due to staffing constraints. Healthwatch Kingston understands the current financial challenges facing the Trust and lack of resources available to employ staff members however as the benefits of accessing outside space is scientifically proven as vital in improving patient welfare and wellbeing this issue must be resolved. A level of compromise can be applied but increasing access is vital. We recommend the Trust has a meeting with senior Management to discuss enabling extra staff to be recruited in order to supervise patients whilst in the garden.
- Although the small garden is accessible it is predominantly utilised by smokers which has a negative health impact and is unpleasant to non smokers who

would otherwise like to use the garden. It has also been pointed out that the garden regularly has cigarette butts on the floor and rubbish. Efforts should be made to ensure rubbish is disposed of regularly to keep the garden a clean space which is a pleasant a space as is possible.

4.10 Cleanliness - Ensuring patients live in a comfortable and pleasant an environment as is possible

- As the ladies toilet sanitary bins were overflowing and the male bathrooms did not appear to be clean it is recommended that cleaning sessions should be increased to keep the environment at a good standard to promote wellbeing and dignity in living in the environment.
- We recommend that bins be available in all patients' rooms so they are able to easily dispose of their own rubbish and keep their rooms a pleasant space

4.11 Visiting patients - Ensuring patients and visitors get the most out of their visit time

- Due to staffing constraints visitors said they don't feel as though they are able to talk to staff about their concerns. Although Healthwatch Kingston understands staffing pressures faced by the Trust it is important that visitors (who are often unpaid carers of the patient) must be informed as to the patients wellbeing and have a say in the patient care. This is crucial as they may be the person responsible for taking over the role of supporting the patient after discharge. The Care Act 2012 stipulates that unpaid carers now have the same rights as the patient and must, within the appropriate patient confidentiality policy be fully involved in the patients care choices, treatment and support. Therefore opportunity to communicate with ward staff is vital.
- It was a concern raised by patients and visitors that there is no opportunity for privacy at visiting times. As there are various rooms around the ward it is recommended that a room be kept separate as a visiting room so if patients and visitors wish to have privacy and quiet they can. Every attempt should be made to make the room a location which is away from ward noise if possible, and have comfortable furniture.

4.12 Activities for patients - Ensuring patients can have a choice to partake in pleasurable activities

- The availability of activities on Lilacs ward has been observed by HWK members and revealed by patients and visitors to be limited. This is especially true for weekends, and activities on offer through the week only seem to provide art. Some patients requested more art sessions as they enjoy the activity; This should be explored by the Trust however this is only one activity so it does not provide the patients with ability to choose their activities depending on their own personality and interests. It is recommended that a variety of activities should be explored so that there is a stimulating range of activities to prevent boredom and repetitiveness.
- A patient commented that when exercises did take place in the large garden, they were found to be not suitable for them. It is recommended that the Trust explores possibilities of redesigning an activities schedule which has a range of activities covering health, nutrition, wellbeing and any ideas which are brought up by patients. Local organisations in the community could be involved in providing their services such as yoga, meditation, cookery etc. It also serves to increase awareness and knowledge of mental health in the community, and the services which Tolworth Hospital provides.
- Patients had revealed they would like to be able to use the computer. As in previous occasions patients have “hogged” the computer it was suggested that it be positioned in the activity room as opposed to the private room which would help to ensure all patients have a fair amount of time to use the computer if they wish.
- It was observed that there are a number of old scruffy board games in the activity room which don’t appear inspiring to use. A patient commented that the games available in the activity room should be changed regularly to add variety.

5.0 Next Steps

- This report will be presented to Tolworth Hospital and we will provide adequate time for staff to respond. We expect that not all recommendations will be implemented straight away, but we anticipate that the management will provide us with a plan to address these issues.
- It will be presented to the Care Quality Commission to share information.
- The Mental Health Task Group wishes to communicate with the Hospital to explore the feasibility and practicality of the recommendations- providing service user insight, views and ideas in how the recommendations could be implemented.
- The Healthwatch Kingston Mental Health Task Group wishes to build a positive partnership with staff at Tolworth Hospital, to be fully involved in ensuring patient and carer views are part of the ongoing monitoring process which is vital in the increasing the performance of the Hospital.
- We are planning our schedule of Enter & View visits and will return to Tolworth Hospital in the near future as part of an ongoing process of involving patients, visitors and staff in improving their service.

6.0 Acknowledgements

Healthwatch Kingston would like to give great thanks to members of the Mental Health Task Group for their work throughout this Enter & View, throughout the pre- visit planning, participation on the day and the production of this report. It would not have been possible without their team work and effort.

Thanks to Sue Ilsley and Mari Cameron Taber for spending time on the ward collecting a comprehensive view and insight into the patient, visitor and staff experience.

We would also like to thank the staff at Lilacs Ward who took the time to show HWK members around the ward, took the time to explain the service and answer questions honestly on the day.

7.0 Further information

This report was produced by Healthwatch Kingston upon Thames and will be made available to the public on our website, and hard copies will be made available on request. Should you require this report in a different format, please contact the Healthwatch Kingston office at:

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