



# Enter and View report

Darwen ward, Pendle View

August 2017

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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
<b>Service Address</b>	Pendle View, Royal Blackburn Hospital, Haslingden Road, Blackburn, BB2 3HH
<b>Service Provider</b>	Darwen ward
<b>Date and Time</b>	Wednesday 21 June 2017 10am - 12 noon
<b>Authorised Representatives</b>	Ben Pearson, Sharon Hardman, Ron O'Keefe, Alwyn Cooper
<b>Contact details</b>	Healthwatch Blackburn with Darwen, Suite 17, Kings Court, 33 King Street, Blackburn, BB2 2DH

## 1.2 Service description

Darwen Ward is a male acute admission ward for adult Mental Health services providing individualised inpatient care across East Lancashire for people with severe and enduring mental health needs. The wards provide single sex accommodation and serve the age ranges of 18 to 65 years. Care is delivered on a needs led basis in the least restrictive way possible and is planned following a robust assessment of needs by a variety of professionals making up the Multi-Disciplinary Team involved in the patient's care. Therapeutic engagement is positively promoted in a safe environment by staff who receive support, development and training in the delivery of the services we provide.

Families/carers and service users are actively encouraged and supported to be fully involved in the planning of the service user's recovery journey of which this service forms part of and in providing feedback as to how this service is responding to the required needs of our client group.

The wards form part of Step 5 services and well established interworking relationships with community teams and other agencies exist, which help facilitate care in the least restrictive environment for service users and help with the facilitation of early discharge from the wards, to home or other appropriate service providers.



### 1.3 Acknowledgements

Healthwatch Blackburn with Darwen would like to thank Darwen Ward, service users, visitors and staff for their contribution to the Enter and View visit and for making us feel welcome during the visit.

### 1.4 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.



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## 2 What is Enter and View?

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Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch 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. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

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

This visit was a follow up visit as a result of an Enter and View in this setting on 6 June 2016. We decided to do a revisit to look at progress made following recommendations and action plan from this previous visit. Previous feedback highlighted a lack of storage facilities in rooms, male staff checking rooms on the female unit to be reviewed to ensure service users dignity maintained, service users needed simple information and staff should ensure they understand their treatment, family and friends to receive information so they can offer the best support and care and information about mental health advocates to be made available. Healthwatch Blackburn with Darwen wanted to observe the ward themselves and to engage with service users, carers/families and staff to understand their experiences at Darwen ward.

## 2.2 Research Methods

On Wednesday 21 June 2017 an unannounced Enter and View visit was undertaken by authorised representatives from Healthwatch Blackburn with Darwen who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and to obtain the views of those people using the service.

The team of trained Enter and View representative recorded their observations using a pre-prepared observation sheet and semi-structured interview questionnaires for residents, staff and carers/family to allow feedback from service users, staff and where possible relatives and friends. The team compile a report reflecting these observations and feedback. The report is sent to the Ward Manager for validation of the facts. Any response from the Ward Manager is included with the final version of the report which is published on the Healthwatch Blackburn with Darwen website at [www.healthwatchblackburnwithdarwen.co.uk](http://www.healthwatchblackburnwithdarwen.co.uk)

The team reviewed the original Enter and View report from June 2016 and considered the findings when conducting this Enter and View. In order to find out whether previous recommendations had been implemented we spoke to 6 residents, 1 relative, 3 staff members and 1 admin worker structuring our conversations around areas identified in the original report. The aim was to gather information concerning patients experiences at Darwen ward, Pendle View. The 19 bedded unit was fully occupied on the day of our visit.

Ethical considerations were made such as:

- We checked with the provider if there are individuals who should not be approached or are unable to give informed consent. It was stated that there were no residents, staff or family/friends that should not be approached, or have their views formally recorded.
- We were transparent about why we were there as each authorised Enter and View representative verbally explained why we were there and it was made clear to any member of the public that talked to us that they could stop the interview at any time.
- At the end of the visit brief findings were discussed with the provider based on our visit recording a snapshot in time.



## 2.3 Executive summary

- 100% of residents said they were always treated with respect, involved in the planning of their care, had access to physical health care, had access to mental health advocate and were able to stay in touch with family and friends.
- 100% of staff said they had time to talk and listen to residents as well as deliver services, said residents get up and go to bed when they want to, are sensitive to resident's cultural and religious needs and know how to get additional support for residents, staff are aware of procedures for dealing with agitated residents, staff said they received good support by management to provide patients with a safe, caring environment and said there were no issues regarding cleanliness
- There was no Ward Manager or Deputy Manager on site when we visited.
- There was a lack of activities to engage residents.
- Each patient needs allocating a key worker.
- There were issues around toiletries not being supplied.

## 2.4 Findings

### Residents Views

1. What are your overall views of the ward?

- 66% (4 out of 6 patients) were happy on the ward, 1 patient said it was "boring, nothing to do, we need more activities" and 1 patient said there was "no improvement, not listened to"

2. What are your views on the ward cleanliness?

- 83% (5 out of 6 patients) said the ward was very clean with one patient saying "Couches and chairs are wiped down every day". 1 patient discussed the restrictions on toiletries and washing powder and said "I've no family and can't purchase them."

3. Are you always treated with respect?

- 100% of residents said they were always treated with respect and 1 resident said "staff brilliant"

4. Do you feel safe in the ward?

- 80% (4 out of 5 patients) said they feel safe on the ward. 1 resident said "Staff check at night and make sure ok", another resident said "Not at night, staff on phones sometimes and make you wait while they finish."

5. Do staff meet your individual needs?

- 80% (4 out of 5 patients) said staff met individual needs. Examples included "when asked for ovaltine at night they made 1-3 for me", "Have named nurse, staff very good" and "Have 1-1s when needed." 1 resident said not always



### 6. Are you involved in the planning of your care?

100% of residents were involved in the planning of their care. Comments included "Yes, I attend meetings with staff to discuss care", "Yes. Go through medication and changes" and "Staff talked about needs. Plans started for discharge"

### 7. Is there access to physical health care?

100% of residents interviewed had access to physical health care. Examples included " Do regular blood tests etc of problem" and " Had ECG. Xray"

### 8. Is there access to mental health advocate?

100% of residents said they had access to mental health advocate. 1 resident said "Advocacy First coming to my review"

### 9. What is your opinion of the choice of food and drink?

83% of residents rated the food good or excellent. 1 resident said " Excellent quality and quantity. Choice of 3+ sandwiches. Always hot, temperature excellent" 1 resident said portions were too small.

### 10. Are there any activities?

66% (4 out of 6) said they would like more activities for example 1 resident said, "Need more gym equipment. Would like more activities and colour eg arts, graffiti, hand prints. No dvds to watch."

### 11. What is your opinion of your bedroom?

80% of residents were very happy with their room. 1 resident said "Very nice, clean, enough space, always clean laundry when asked. Enough storage." 1 residents said "Can't personalise room, want to see something and be proud of it."

### 12. Are you able to stay in touch with family and friends?

100% of residents said they were able to stay in touch with family and friends

### 13. Additional comments from residents

"Once I'm in can't get out, might put me off accessing services in future."

"From Blackpool - no beds in the Harbour. Now in Blackburn and if bed came up in Harbour staff wanted to move him there. He said wanted to stay here and request acknowledged."

## Staff views

### 1. Do you have time to talk and listen to residents as well as deliver services?

100% of staff have time to talk and listen to residents as well as deliver services. One member of staff said, " can have 1-1 with patients."



2. Is there flexibility to meet residents individual needs?

66% of staff (2 out of 3 staff) said there is flexibility to meet residents individual needs.

3. Can residents get up and go to bed when they want to?

100% of staff said residents can get up and go to bed when they want to. "Yes, encouraged to get up and go to bed but people can stay up" said one member of staff.

4. Do residents have a choice of daily activities? If so what are they?

One member of staff said, "9 or 10 activities on board for Open Doors. May take 2 or 3 patients there. More well patients can leave grounds and go to shop."

5. Are residents encouraged to attend activities or socialise outside the ward?

"Yes, more well patients can leave grounds and go to shop" said a member of staff

6. What support is given to those residents who are socially isolated?

"Some people just want to be alone. Try to encourage them to do things" said a member of staff.

7. Are staff sensitive to resident's cultural and religious needs and how to get additional support for residents?

100% of staff are sensitive to resident's cultural and religious needs and how to get additional support for residents. Examples included "Eid on at present - working round this - allowing people to sleep at different times" and "Would take patient to chapel in main building, prayer room."

8. What are the procedures for dealing with agitated residents?

100% of staff are aware of procedures for dealing with agitated residents. Methods include, "Talk to people & use body language to deescalate, special training for physical intervention - response teams."

9. Are you always given enough support by management to provide your patients with a safe, caring environment?

100% of staff said they received good support by management to provide patients with a safe, caring environment

10. Is this your normal place of work?

66% of staff said this was their normal place of work, 33% of staff said this was not their normal place of work

11. Are there any issues regarding cleanliness?

100% of staff said there were no issues regarding cleanliness

12. Are there any issues regarding this ward?



One member of staff said, " Everything running smoothly. Thinks there are not enough staff on the wards"

13. Any additional comments

Staff comments included " Use bank staff a lot" and " I find working with residents very rewarding and feel very proud when a resident leaves the ward improved in health."

## 2.5 Additional findings

### Observations from Enter and View authorised representatives

- The ward was clean and tidy.
- There was full access to dining area, kitchen and lounge. Access to 2 private rooms for 1-1s and to watch DVDs was available on request. Both rooms looked dull.
- There is restricted access to outside area, it is opened during the day when staff are on to supervise this, these times are not displayed.
- It was recognised in minutes of community meeting in January 2017 that there was a need to renovate the garden area, as yet this has not been actioned.
- There were no activities going on when we visited, there was no activity plan displayed and there were no activities written on today's activities white board.
- The bedrooms were well equipped with storage facilities and access to toilets, bathrooms and washing facilities as all rooms are ensuite.
- There was an unused nurses station taking up a lot of space in the corridor.
- There was no hand gel at the entrance of the ward, sufficient reasons were given for this at the end of the visit.

### Good practice example:

100% of residents were involved in the planning of their care. Comments included "Yes, I attend meetings with staff to discuss care", "Yes. Go through medication and changes" and "Staff talked about needs. Plans started for discharge"

### This is evidence of NICE Guideline CG136: Service User experience in adult mental health: improving the experience of care for people using adult NHS Services

1.1.2 When working with people using mental health services aim to foster their autonomy, promote active participation in treatment decisions and support self management.



## 2.6 Recommendations

Feedback indicated that from the minutes of community meetings actions needed to be implemented to ensure resident's voices are heard, acted upon and their experiences of the ward are improved.

### NICE Guideline CG138

Patient Experience in adult NHS Services: improving the experience of care for people using adult NHS services

1.2.4 Listen to and discuss any fears or concerns the patient has in a non judgemental and sensitive manner

Residents said they would like the garden area to be renovated in patient's project to help patients relax, reduce stress and improve well-being.

Findings indicated that there is a need for a planned programme of a wide variety of activities to engage individual's interests, the activity plan is displayed and the notice board is completed with today's activities.

Residents would like trips/days out to venues of patients choosing to encourage people to access community services.

### Nice Guidance CG136

Service user experience in adult mental health: improving the experience of care for people using adult NHS Mental Health Services

1.6.9 Ensure that service users in hospital have access to a wide range of meaningful and culturally appropriate occupations and activities 7 days per week, and not restricted to 9am to 5pm. These should include creative and leisure activities, exercise, self-care and community access activities (where appropriate). Activities should be facilitated by appropriately trained health or social care professionals.

A Ward Manager or Deputy Ward manager needs to be on duty at all times.

Residents said they would like to personalise their rooms to make it look more homely.

Findings indicate that toiletries/washing powder need to be supplied to people who are unable to purchase their own or family/friends are able to purchase to enable patients to maintain personal hygiene.

### NICE Guideline CG138

Patient Experience in adult NHS Services: improving the experience of care for people using adult NHS services

1.2.9 Ensure that the patient's personal needs (for example, relating to continence, personal hygiene and comfort) are regularly reviewed and addressed. Regularly ask



patients who are unable to manage their personal needs what help they need. Address their needs at the time of asking and ensure maximum privacy.

 We recommend that there are volunteers/lay people to talk to who are not medical.

## 2.7 Service provider response

Comments from Beverley Fielding, Ward Manager at Darwen Ward, Pendle View Mental Health Unit on 25 July 2017

"Many thanks for your report received today and for the acknowledgement of things we do well.

Darwen ward is in East Lancashire, but accepts service users from all areas under LCFT remit.

2.3 every service user is allocated a primary nurse, associate nurse, and associate HCA on admission. The term key worker is not used.

2.5 Nurture have been booked to landscape the communal courtyard, which is opened as and when requested, rather than at prescribed times. The nurses' station is to be removed as part of the on-going anti-ligature works.

2.6 I do not think day trips are appropriate activities for service users on an acute treatment ward. The restart team facilitate leave to the bank, hairdresser, home visits, dentist appointments, optician appointments, shopping trips, as well as conducting occupational therapy assessments. This work is an important aspect as it is fed back into the MDT reviews. The restart staff are heavily involved in supporting service users to apply for appropriate benefits and assist with the process of sourcing and referring for accommodation.

The service users have care coordinators who are also involved in maintaining links with their community and family.

Open Doors and the gym are activities based off the ward, and in their absence Darwen staff will facilitate leave to Open Doors and the gym. Staff also provide escorted leave, both in the grounds and local community.



Toiletries and wash powder are still provided for the service users in the absence of being able to provide their own.

At the time of your visit my deputy was on sickness absence and I was on day off as I was the on-call manager at the weekend. This is a new aspect to the ward managers' role as it has been recognised that senior support should be available 7 days a week."



## Contact Details

If you would like more information about Healthwatch Blackburn with Darwen, a hard copy of this report or to find out how you can get involved in future projects please get in touch.

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