healthwatch Brent

Enter and View of acute mental health wards at Park Royal Centre for Mental Health: Pond Ward

Healthwatch Brent, January 2023

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Executive Summary

We conducted an Enter and View visit to acute mental health wards at Park Royal Centre for Mental Health, in response to feedback from local advocacy providers Brent Gateway Partnership and POhWER. They had highlighted a lack of complaints received from patients, as well as concerns that patients are not being listened to by staff. The Enter and View visit aimed to learn more about complaints by patients and the complaints system. In addition to this, the visit aimed to evaluate whether services are culturally appropriate and sensitive for the ethnically diverse patients on the wards.

Visit Details

Park Royal Mental Health Centre, Central Way (off Acton Lane), London, NW10 7NS

Manager of Pond Ward: Monica Sewell

Authorised representatives were as follows: Ibrahim Ali (HWB Staff), authorised volunteers Nisha Gohil, Arjun Dodhia, and Pamela Wrest.

Methodology

All visits were announced Enter and View (E&V) visits undertaken by Healthwatch Brent Staff and volunteers. This was part of a planned strategy to look at acute mental health services at Park Royal Centre for Mental Health. The aim was to obtain a better 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 aim is to report on the services observed, considering how services may be improved and how good practice can be disseminated.

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

Background

Pond Ward – Park Royal Centre for Mental Health

Pond Ward has a capacity of 18 beds for adults aged 18-65, including people with learning disabilities and occasionally adolescents aged 16-18.

At the time of the visit, 18 beds were occupied – mainly young adults under the age of 30. There were three - five healthcare assistants on duty and three staff members. A total of six patients were interviewed – approximately 33%.

The Welcome Pack provides various information such as settling into the ward, care & treatment including physical checks and medication, staffing, shifts, ward rounds, and activities.

Two sets of questionnaires were developed, one for staff and another for patients and their family/relatives/carers. Patients were asked 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.

Recommendations

The following recommendations have been suggested based on the interviews conducted with both staff and patients.

1. Several women felt unsafe on the ward and expressed their concerns about the high number of male staffs on duty at night. This has caused extreme anxiety and should be addressed urgently.
2. Patients have complained about bullying and racism from other patients. Policies regarding bullying and racism from patients need to be reviewed. All incidents should be recorded and reported.
3. Each patient on the ward should be given a copy of their care plan, with an explanation by a member of staff so that they understand the treatment.
4. All patients should be made aware of what an Independent Mental Health Advocate (IMHA) is and signposted to an IMHA. Printed information on how to access an IMHA should be given to all patients and their relatives – with leaflets displayed on all notice boards.
5. Patients and relatives should be given information on how to make a complaint. Leaflets should be given directly to each patient, and relative, and displayed prominently on all notice boards.
6. Patients and their relatives should be asked if they want to bring in religious items, such as prayer mats and religious books (Bibles, Quran, etc.). Also, access should be given to spiritual and religious leaders.
7. Patients require more meaningful activities – the activity coordinator needs to develop a more appropriate program of activities.
8. The belongings of patients frequently go missing from the ward. This has caused distress and anxiety to patients. All incidents need to be recorded by staff. Handling practices need to be described and all incidents need to be reported and investigated.
    a. All reasonable steps need to be taken to ensure the safety and security of patients' property.
    b. The risk associated with handling patients' valuables should be managed appropriately.
    c. Policies and procedures on the handling of patients' belongings should be reviewed and staff should receive appropriate training.

Feedback from patients

Staff performance

Patients were questioned about staff performance. A variety of comments were recorded:

"They are understaffed and overworked."

"Staff handover and staff changes, they make a good attempt to communicate.''

"Some staff listen."

"I have been here two weeks and I have not seen any meetings - I thought there would be one-to-one support like Alcoholics Anonymous but doesn't happen.''

"Changes of staff, when you don't know someone, it can be very difficult."

Patients mentioned how problems with staffing levels have affected them and shared the view that this had an impact on the care they received.

Care plans, medication, treatments 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.

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

- Only one out of six patients knew what an IMHA was.
- Only one patient said they were aware of their care plan.
- None of the patients we spoke to knew how to make a complaint.

Patients mentioned the issue of consultants not always being available and delaying important meetings and decisions that need to be made about their care. The notice board did display a care plan leaflet. The leaflet stated, **"Did you get your care plan? Were you involved? Did you receive a copy? Please ask your nurse"** – however, when patients were asked about their care plan, the following comments were recorded:

"I would like to have an IMHA. Staff do not help with this. I have a social worker from Brent Council."

"I don't know how long I am going to be here. I think I finished my treatment and I feel better – I want to be discharged."

"I am not aware of any care plans and when I will be able to leave."

"I need something to aim for and Christmas –I don't know anything, and I need clarity on discharge."

"I would expect empathy and it should be easy to talk to staff about medication."

"With meds the system is difficult. If they see you as difficult, then the whole process becomes difficult."

"As someone who struggles with meds, I wake up at 4am and no one available – some meds have side effects – have to take into account they are sometimes understaffed – it would be nice to have other therapies."

"I don't have a care plan – key thing is meds – I get ill on medication, and I prefer lower dosage – sometimes they listen and sometimes they don't."

"IMHA – I don't have access to one – there is a sign – maybe as an older person, there is less expectation from staff of me. Sometimes people can be dismissive because of age."

"I don't know why I am here; it would be good to have an induction to know where you are and why."

"Not happy with medication."

"I know nothing about a care plan."

"They drug me up for their own reason – I am not happy with medication."

"If you can't sleep at night then okay to take meds, but why so much medication in the daytime – we are like zombies."

The patients lacked access to information about advocacy, care plans, and the complaint process. The feedback indicates severe issues regarding communication between staff and patients, which can have a negative impact on the patients.

Complaints system

Two notice boards were observed, however, there was no information about complaints. The notice board in the corridor had information on Brent Carers, CQC rating, carers' information, and Covid-19 handwashing instructions.

Patents were asked if they have been made aware of the complaint system. Here are some examples of the responses:

"Once I asked if we could write a complaint on a board, but this was long time ago. I spoke to a lady so we could do this."

"I don't get it. Patients and staff should be able to have a say."

"There should be a balance. People come in at different times with very different problems."

"For me, sometimes I feel it is difficult to engage because anxiety increases when you feel unsupported."

"Verbal complaints are listened to but when things go missing, they are not good at retrieving items."

"No one explains the complaint procedure."

Safeguarding & Safety Issues

Several women raised issues about not feeling safe on the ward:

"Once I asked if we could write a complaint on a board, but this was long time ago. I spoke to a lady so we could do this."

"I don't get it. Patients and staff should be able to have a say."

"I prefer to lock my door at night. There is too much noise with the bell ringing, I think it's the alarm, it goes off regularly. "

"It's good to have lots of female staff."

"Feel unsafe with too many male staff at night, and I am too 'drugged up. I was assaulted, sexually, previously in Northwick Park, they made me take my trousers down for no reason by male staff. And I am a Muslim woman."

"At night too many men, it should be less. It is very intimidating to have this situation – this needs to change. It makes me feel scared."

The issue of racism and bullying from other patients was mentioned:

> "Racism from other patients is too high – use of [insulting language] by patients it is not correct – too much bullying from other patients -staff need to notice of various types of bullying."

A few patients raised concerns over their property going missing frequently. Typical statements recorded were as follows:

"People stealing all the time – they know who stole but don't take any action," and "things go missing. could be staff or patients- nothing is done about it."

Cultural sensitivity, cultural needs and dignity

Most patients agreed about the food and regarded it as good – there was a range of food, which included halal and vegetarian choices.

However, patients mentioned the lack of diversity reflected in ward-based celebrations for patients. The following comments from patients indicate a need for more sensitivity regarding religious and cultural needs:

"I don't have a prayer mat, so I just pray using my jumper." " No prayer mat, they refused."

"The food is good and varied with halal and vegetarian options, but other religious needs are not met – don't have my religious stuff or access to things such as a prayer mat – they do the minimum."

"I asked for a prayer room, and they said no – I haven't got a prayer mat."

"For hair products, I asked my husband – staff are not sensitive to this."

"As a Muslim, I would prefer to have access to female staff. I don't feel listened to most of the time."

"It is not easy to keep your clothes clean here. There needs to be a specific person in charge of the washing machine – it is difficult to access the key."

Communications

Patients mentioned problems in accessing the phone on the ward. One patient mentioned not bringing her phone onto the ward because she had items go mission on previous occasions. There was only one accessible phone for patients on the ward.

Activities

Overall, patients were not happy with the activities provided on the ward. Activities seem to be very limited and poorly organised. From the comments collected, it seems that activities have not been prioritised for the patients. Examples of comments recorded are:

"There are no activities; there might have been some time ago, but not now."

"There is an activity coordinator, but they are not proactive – it's boring here- staff should talk and chat more."

"They closed the activity room because someone spilt milk – the tables are not very good at all."

"Fitting 18 women in a small room –not appropriate."

"A man playing the piano to us, how does that help? It would be good to have a choir we can all join in with."

"We need inclusive activities."

"There used to be a room downstairs – we use to have creative writing in small groups."

"Lady use to come in and do makeup – this does not happen anymore."

"Creative writing is good for our mental health; I would like this."

"Nothing to do in here; bedroom or communal room – nothing else."

"We used to have a lady who played music and it helped people relax; but we just listen only - it would be nice to include people in the activity and having a choir would be nice."

"Movement therapy, nail polishing and music therapy mentioned – they do listen. They listen to suggestions."

"I listen to music and do my prayers and light exercise."

"Some art is organized here; I love drawing and colouring."

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:

"They are relaxed with visitors."

"It has been a positive experience, in general."

"My family is afraid to visit."

What is working?

- Cleaning is very good.
- Bedrooms and amount of space on ward is good.

What can be improved?

- Would like to change my room.
- Staff do not have enough time for patients.

Feedback from staff

Staff felt that training was accessible and well run. Staffing levels were a concern sometimes but were regarded as currently being adequate. Staff felt overwhelmed at times. Staff said the rota was working, but sometimes they had to work through their lunch break. They stated it was easy to claim time off in lieu (TOIL) and that training was well run and accessible.

However, the staff brought attention to the need for better training for new staff and more refresher training, especially on basic things like care plans and risk assessment. Some examples of comments from staff include:

"My experience working here, in general, has been positive."

"Staff security is good – well supported."

"It's easy to claim overtime."

"I am not sure if informal complaints are discussed at monthly meetings."

Response from Ward Manager

Thank you to the Pond Ward manager for providing the following response:

Correction: Pond Ward Welcome 18 patients which is correct - the reviewing team commented on their welcome pack saying there was "24 beds" which is incorrect. [This has been amended].

Response:

1. When generating the rota, we will ensure a lower male to female staff ratio at night to put our service users minds at ease. We will also review skill mix on each shift so there is balance across every shift.
2. Bullying: The trust has a zero-tolerance policy that applies to staff and service users alike, we will ensure this is reinforced and made clear to all staff and service users on arrival and at weekly ward community and Staff Business meetings.
3. Care Plan: Each nurse will be encouraged to have regular 1:1 session with their named patient and discuss their care plan with them initially and at every review and give them a copy.
4. IMHA: IMHA literature is important – IMHA leaflets are displayed on the ward however a specific board with posters as well as a leaflet rack will be created where it is easier for relatives and service users to see. On admission and when welcoming service users and when they are being given their Section 132 rights staff will be encouraged to provide them with an IMHA leaflet and explain to them how to access the service. Posters will be displayed in the lounge and corridor. Named nurses will be informed to ensure each service user is informed of their right to advocacy at every care plan review.
5. Complaints: Complaints procedure will be posted in the communal area notice boards and all staff will be made aware of the procedure to ensure correct information is given to service users and their relatives.
6. Religious Diversity: Respect is one of our values in this trust and we will ensure our service users are able to practice their faith as much as possible during their hospital stay, we will encourage family members to bring in items as well as provide religious scriptures of various faiths.
7. Activities: the activities co-ordinator will be invited to the next ward community meeting where we will discuss appropriate and meaningful activities based on the service users' suggestions, develop an up to date activity timetable for the week and review the activities weekly at the community meeting.
8. Property: Handling of service user property and the use of safes in-service user bedroom will be discussed. We will do a "coaching" course on the importance of

property searches, the documentation required and an intervention involving service users on admission. We will also seek to address the matter by ensuring bedroom doors automatically lock when a service user leaves their bedroom to come into the communal areas when they close the door and staff are available to reopen the door for the service users as requested.

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