healthwatch Brent

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

Shore 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 Shore Ward: Mary Namatovu

Authorised representatives were as follows: Ibrahim Ali (HWB Staff), authorised volunteers Mary Evans, Nisha Gohil, Arjun Dodhia, and Margaret Oyemade.

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

Shore Ward – Park Royal Centre for Mental Health

According to the Welcome Pack for patients provided by Pine Ward, there is a capacity for 24 beds for individuals aged 18-65, including people with learning disabilities and occasionally adolescents aged 16-18.

Shore Ward is a mixed ward with 12 male and 6 female patients. There were nine members of staff on duty during our visit. The enter and view team managed to successfully interview seven patients on the ward – nearly 40% of patients.

The Welcome Pack provides various information about settling into the ward as well as information about care and 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 are suggested based on the interviews conducted with both staff and patients.

1. The high number of patients expressing dissatisfaction with staff, indicates an urgent need for all staff to undergo suitable refresher training.
2. Training to improve staff communication with patients.
3. Training in developing care plans.
4. 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.
5. All patients should be made aware of what Independent Mental Health Advocacy is and signposted to an IMHA. Printed information on how to access an IMHA should be given to all patients and their relatives – leaflets need to be displayed on all notice boards.
6. Patients and relatives should be given information on how to make a complaint. Leaflets should be given directly to each patient and family/relatives. Leaflets explaining how to complain need to be displayed prominently on all notice boards.
7. 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.
8. Patients require more meaningful activities – the activity coordinator needs to implement this so that patients can have some meaningful activities throughout the day.
9. The rota system for staff is a great source of anxiety and stress for staff. This should be reviewed to reduce staff turnover and burnout.

Introduction to Shore Ward

Our enter and view team was given a tour of the ward by the manager. The ward is a mixed ward, with 12 male and 6 female patients.

A total of nine staff were on duty and no agency staff were working on the day of the visit. The initial impression of the ward was positive; it had a calm atmosphere and there was lots of light chatter. The staff room was spacious, and the female area could only be accessed by a swipe card. A total of seven patients, nearly a quarter of those on the ward, were interviewed by our team.

Feedback from patients

Staff performance

The overall stay in Shore Ward is significantly shorter than in Pine Ward. The average stay is 18 to 20 days.

When asked if they were happy with the staff, six out of seven patients said they were not happy. The following comments were recorded:

""Lack of communication and staff are insufficiently trained."

"Staff bend the rules to suit themselves, not happy with them, and they are not punished for not following the rules; they have all the power."

"They don't give much attention, they don't follow the rules and not much attention is given."

"Lack of communication, not happy with staff due to lack of care."

"Most staff don't listen – only a few listen."

"I like the staff, but they haven't told me why I haven't got my clothes."

"They don't listen, and women's toilets are always dirty."

A very high number of patients were dissatisfied with staff and did not feel listened to. Patients commented on the need for staff to be better trained.

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.

When asked about their care plans, six out of seven patients said they did not have a care plan. Comments included:

"I don't have a care plan, ID card, or bank account and no access to IMHA."

"I don't have a care plan or IMHA."

Over half of the patients interviewed – four out of seven - did not have access to an IMHA.

Complaints system

Six out of the seven patients said they did not know how to make a complaint. A complaints poster was observed in the activity room, and staff said they discuss informal complaints at team meetings.

One patient said: "I know how to complain, and I have made several complaints – but nothing is done."

Staff were also asked about the complaints system and the following comments were recorded:

"If it's between two patents, I resolve it without it being escalated."

"The staff complaint system works for me."

Overall, patients did not know how to complain, and they did not feel complaints were taken seriously.

Safeguarding & Safety Issues

The car park is an issue – cars being damaged, and feelings of being unsafe were common. Staff also raised the issue of having to use Oyster when escorting patients, even if different zones involved.

Cultural sensitivity, cultural needs and dignity

Patients were asked whether their cultural needs were catered for. Examples of comments received are as follows:

"I go to the shop and buy what I need – some toiletries are provided."

"I would like a Bible."

"Not allowed to go out, so staff can go and buy what I need."

"Food is good, but they need to have Kosher meals and I would like access to a religious leader to visit."

Since most patients regarded communication with staff as very poor, this has had a subsequent effect on how their cultural needs are addressed. The lack of good

communication has had a direct impact on patients' cultural needs and dignity, since they feel unsupported.

Communications

Patients gave various views, however nearly all agreed that communication with the staff was not good and they were unhappy with the staff.

Access to phone chargers was mentioned as difficult and staff were said to be unhelpful.

Activities and facilities

The ward employs an activities coordinator. The facilities include a garden and a table tennis table which was going to be upgraded so that it would be to the same standard as Pine Ward. The communal lounge did not have any art/decorations. The TV and computer were broken. However, the hallway was nicely decorated with paintings and the floor was clean.

One patient told us: "I didn't know there were activities here."

Access to Visitors

Overall, patients were happy with visiting arrangements for family and friends:

"It is easy for my family to visit."

"It is not easy for families to visit."

"Happy to see family."

"Yes, easy to visit."

Feedback from staff

Staff described their work as challenging, but felt the good teamwork made a difference. Staffing levels were an issue, with a high turnover. The manager stated that a big effort was made to keep the same staff so that patients have continuity. However, the struggle with staff recruitment and retention was frequently mentioned by staff. A high re-admission rate for patients, with individuals coming back to the ward due to various issues, was also mentioned as a problem. The staff mentioned various problems that were affecting them in their role:

"Sometimes we are supported in our role and other times we are not listened to."

"I am passionate about my job, and I rarely go sick – but just not heard."

"Staff are burnt out – can't finish on time and can't claim back overtime."

"When you talk up and express your opinions at meetings; there is no point – they say 'leave or stay, but shut up' - people are afraid of being scapegoated we highlight things but are not heard."

"When you highlight bad practices or mention policies that are not adhered to, they focus on KPIs instead which must be done in 24 or 48 hrs."

"We sometimes don't get a break – the rota is not working – it's always rush and rush."

"Sometimes we have five or six patients in distress – which is too much."

"Staff levels are too low."

Several staff members mentioned being unhappy with the rota. The following comments were typical:

"Some people are favoured when it comes to the rota – it is not fair and with others, it is imposed – it is really bad on this Shore Ward."

"We are stressed – for example, we come in on a Monday and we don't know what hours we are working – this results in staff shortage and affects morale."

Views on training were more positive. The training was said to be flexible, with staff having the option to book a time to complete online training easily. A variety of training was offered – examples mentioned were diversity, safeguarding, information guidance and data protection.

Safety issues

Staff said they were vigilant when it came to access to the female quarters. Low staffing levels were mentioned, and staff felt it made it difficult to cope with their workload and this increased risk associated with this problem.

Staff views on what is working

The staff mentioned that on some occasions they were able to work well as a team.

The daily care of patients was mentioned by staff as something that worked well.

Staff views on what is not working

Several concerns were brought up by staff. The rota system was mentioned as not working. This has contributed to the high-stress levels experienced by some staff. As a result of the high-stress levels, the turnover of staff is high. The rota system was said to be disordered and contributed to staff stress:

"Some people are favoured when it comes to the rota – it is not fair and with others, it is imposed – it is really bad on this Shore Ward."

"We are stressed – for example, we come in on a Monday and we don't know what hours we are working – this results in staff shortage and affects morale."

"Excessive paperwork to complete which delays me and I don't have enough time for my work. The alarm sounds frequently, and this affects our timekeeping for paperwork."

"Sometimes we do not work well as a team – we are too divided and have lots of cliques."

Issues with training on zoom were mentioned. The staff mentioned not being paid for when on training and struggling with the inflexible rota system. The high turnover of staff was mentioned as being a negative for patient care.

Response from Ward Manager

Thank you to the Shore Ward Manager for providing the following response:

Feedback from Patients

Staff Performance

I am sorry to hear that six out of seven patients reported not being listened to. As a manager I have always asked my staff to be supportive and attend to patient's needs. Staff are trained to be able to understand the needs of the patients and support them when need be. We recently introduced See Think Act on the ward and one of the key issues staff and patients were looking at were boundaries between staff and patients as well as boundaries between staff and families. There have been disagreements between staff and patients about the services and the leave mostly, and we always try to resolve them in an amicable way.

It is unfortunate that there was no dialogue between ourselves and the patients as some of the issues which staff are being accused of not listening to were beyond our control, such as section 17 and smoking leaves. On several occasions, staff had to explain the

rationale of their actions, and patients always know that the door to the manager is always open if they have concerns. They also have weekly MDT meetings where they can raise their concerns. Their families also visit almost daily and can raise issues with management if there are any. I will speak with staff and look how we can improve in our communication skills whilst maintaining boundaries on the ward.

Care plans, medication, treatments and advocacy

All patients have a named nurse, and they meet with their named nurses to draw their care plans. Again, I can only apologise that the patients reported not having their care plans. Staff are aware that once the care plan is completed, a copy is given to the patient. At times the care plans are picked in the lounge area where they are just being left. I acknowledge that some patients do not have care plans as they either refuse to sign or be part of the drawing of the care plans. Some patients will not agree with what was written in the care plans and they will refuse to take a copy. Evidence is on our system about the care plans and they are updated regularly.

Complaints system

When patients makes complains, staff will try to resolve them first and if they want to escalate it, they are supported by staff to make the complaints. Most of our patients when they request complaint forms, we always give them a piece of paper and pen to make a complain and they refuse this. They believe that there should be a standard form to complete for complains, however this is not the case. They also do not believe their complaints will be heard. As the manager, I always speak to the patients and encourage them to make any complaints they have as this is a learning curve for the staff and the ward.

Safeguarding & Safety Issues

The car park issue was discussed with senior management, and this is being looked into. One of the issues which was raised by staff was of poor lighting system and this was resolved. We are looking at ways of trying to improve the security in the car park since the incident.

On issues of staff using Oysters, I have raised this with senior management and it was agreed that staff can use Uber or get taxis back to the ward and they will be reimbursed. All staff are aware of this arrangement.

Cultural sensitivity, cultural needs and dignity

I believe patients' cultural needs are met on the ward. There are bibles on the unit and patients are able to access them. Patients have also asked for Quran and they have been provided. We always look at the patients' cultural needs from food and drink, religious or spiritual practice, cross cultural communication and emotional support. On Shore ward patients and families can communicate on all of the above and at times we have to use interpretation services to bridge the language barrier.

Communications

Shore ward staff have tried their level best to improve communication with patients, however I understand patients' frustrations. As staff we have to look at the safety of the ward and patients in general. With the issue of mobile chargers, cables are classified as ligatures and staff have to risk assess before giving patients the cables. This is due to some patients having suicidal ideations. We always ask patients to bring their phones to be charged in the office to avoid any untoward incidents. We also ask patients and their families to buy very short cables to use on the ward. All patients, families and carers are made aware of this. Staff also explain to the patients why they can not use these cables in their rooms. We have also observed that once the risk assessment is done, patients still go ahead and share these cables with other patients putting them of risk.

Activities and facilities

Shore Ward have an activities coordinator who visits the ward from Monday to Friday. All patients are made aware of this. However, most patients decline to attend the activities and as staff we can only encourage them to attend as they are deemed to have capacity to make those decisions.

Some of the decorations are removed as a precautionary measure as patients at times use those items as weapons. On your visit, the TV was broken after the patient became aggressive and pulled the TV cabinet to the floor. We have to report this and ask for a new

TV. This was a resolved and they now have a new TV. As for the computer, again the patients destroyed the computer and we asked for a replacement and we are still waiting. This was escalated and we were informed that the patients will be getting a new computer in March.

Feedback from staff

Staff Support

There is always staff support on the ward. We have a manager who is supported by the Clinical team leaders. We also have the matron for the ward who also supports staff on the ward and in addition we have a nursing educator. There is a wide range of support to staff on the ward. All RMN's band 5 and HCAs are allocated a CTL to support them and they can also approach the manager. As management we have tried our level best that staff have support even in the absence of management.

Rota

The Rota has been an issue with some staff. Staff have been complaining of the Rota and we have to change to a rolling Rota. This gives staff enough time to rest. One week they have 3 rest days and the other week they have 4 rest days. However, still this causes complaints as some staff still do not want to work on weekends. As a way of balancing work and family life, all staff now work one weekend on and one weekend off to try and strike a balance and making sure we are fair to everyone. However, there are some cases which management will have to consider and support staff accordingly.

Safety issues

Shore ward has been trying to resolve staffing issues and this has been an issue within the NHS trust. At times this is beyond our control due to the nature of our clients. If patients are put on 1:1 observation during the middle of the shift, there is nothing one can do in terms of covering shifts. We have to work with what we have and at times, I as the manager might have to step down to be in numbers and support the team.

In addition, our staffing levels were increased by 1 as a way of supporting with the safety and staffing issues on the ward.

Staff views on what is not working

The Rota was changed to a rolling Rota.

When one says they: ''come on a Monday and don't know what hours they are working''. I am confused as our shifts start at 0730hrs and end at 2000hrs. All staff are aware of this, and we have had meetings regarding staff lateness to allow others to go home on time. Staff also get their Rota 4 – 6 weeks in advance so they can prepare themselves. As I have mentioned before, due to the nature of the ward, things can change rapidly and I understand some staff find it difficult to cope with the changes. We try to support each other on the shifts and also, we discuss these issues in supervision.

On issues of staff not having their breaks, we encourage all staff to have tea and lunch breaks. Lunch breaks are allocated on the shift planner which is mostly done by the shift leader. On odd occasions, one might go without a break, but this is rare. This will also be highlighted on the roster so that people can be paid.

Again, due to the high number of discharges, we always have lots of paperwork to complete and I sympathise with staff. However, as the staff rightly said, this is the requirement of the ward and when it comes to nursing its mostly evidence-based and we have Key Performance Indicators (KPIs) which are time limited in terms of completion. These KPIs are monitored regularly by top management and all nurses are aware of this. When we have new patients, we have to make sure all the paperwork of individual patients is up to date and this is also a CQC requirement. As a manager, I have always asked Shore ward nurses to share responsibilities so that we don't get burned out. The paperwork can be handed over to staff coming on the next shift. I have supported staff in supervisions and on the ward to alleviate these issues.

Staff Dynamics

As a manager I have tried to make sure that we work as a team. We have had team building days where we try to resolve highlighted issues within the team. At times I had to have 3-way meetings with staff to resolve differences within the team. We will continue to try and support each other and work as a team.

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