



Priority House, Maidstone Healthwatch Kent Enter and View Programme 2015

Healthwatch Kent has undertaken three visits to secure mental health wards in Kent to date. This report details the findings following our visit to Priority House in Maidstone

About Healthwatch Kent

Healthwatch gives people a powerful voice locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Kent is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future

What is Enter and View?

Part of Healthwatch Kent's remit is to carry out Enter and View visits. Trained volunteers 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 Healthwatch Kent authorised representatives to observe services and talk to service users, patients, 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 observed anything that they felt uncomfortable about they would inform their lead who would then inform the service manager, ending the visit

In addition, if any member of staff wanted to raise a safeguarding issue during our visit, we would direct them to the CQC where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Kent would like to thank all the patients, visitors and staff at Priority House for their contribution to this Enter and View report.

Disclaimer

Please note that this report only relates to what we observed during our visits. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

Purpose of the visits

This visit forms part of a series of Enter & View visits to mental health facilities in Kent. The aim of our visits is to capture the experiences of service users and their carers, and listen to their views about ways that the services could be improved.

Last year an Enter & View visit was made to Sapphire Ward at Little Brook Hospital in Dartford. The focus of this visit was to explore the impact on patients and their families following the closure of mental health beds in Medway and the subsequent transfer of patients from Medway Hospital to Little Brook Hospital. The remaining mental health beds at Medway Hospital will soon be closed and patients relocated to a new ward at Priority House, Upnor Ward.

The relocation issues for Service Users were not part of the rationale for this Enter & View (we are looking at this as part of our role on the steering group), but it will be important to consider these as part of a final Enter & View report once the new ward has been operational for sufficient time for initial problems to be addressed.

This visit aimed to;

- gather views from service users, carers/visitors and staff about their experiences in the named services.
- explore residents' views on the facilities provided in the named services.

Methodology

This programme was based on a schedule of announced Enter and View visits.

We experienced significant delay from the Management Team at Kent & Medway Social Partnership Trust in providing contact details for the staff at Priority House.

Contact was eventually made with Geri Coulis, the service manager, before the visit and information was given to her about the role of Healthwatch. She was very helpful and positive about our visit. We were able to discuss the format of the visit and ascertain if there were any particular areas she would like us to explore with Service Users. She informed us that she would be keen to have feedback on the general ward environment and facilities. Priority House was to be inspected by the Care Quality Commission the following week and it was agreed that the visit would be delayed until after this inspection. Also Geri was to move to a new post and her replacement, Julie-Anne Meadows, would be our new contact once she had taken up her post as Service Manager.

A pair of trained Healthwatch Enter and View volunteers visited the service. A prompt sheet was created rather than a formal questionnaire

Healthwatch Kent checked with the provider if there were individuals who should not be approached or spoken to on the day. We also recognised that it would be impossible to predict how many service users we could talk to, as it would very much depend on the situation on the ward on the day. The visit focused on Chartwell Ward, but the team were then allowed to visit Boughton Ward to give a more complete view of the current services provided, and to maximise the number of people we could talk to.

All our observations have been shared with the service providers and each were given an opportunity to respond to our findings. Their responses are included in this final report.



Name and address of premises visited	Priority House Hermitage Lane, Maidstone ME16 9PH
Name of service provider	Kent & Medway Social Partnership NHS Trust
Lead contacts	Geri Coulis/Julie-Anne Meadows
Date and time of visits	Tuesday 26 May 2015 3.00-6.00pm
Authorised representatives undertaking the visit	Jill McDougal (lead) and Theresa Oliver

Background Information

Priority House provides acute intensive care in-patient services for adults with mental health problems who cannot be supported at home.

There are currently two wards - Chartwell and Boughton and each ward has 18 beds. The wards share a dining facility but have separate lounges, gardens and other patient services.

Priority House has an Occupational Therapy department and service users have access to a gym. The new Upnor ward will cater for a further 18 in-patients - 9 beds are designated for patients from Swale and 9 for patients from Ashford although they can be interchanged depending on need. The Unit is based on the same site as Maidstone General Hospital and there are shops within walking distance for those able to leave Priority House either accompanied or on their own.

Summary of observations

- All patients we spoke to praised the staff and the standard of care provided by them. We were able to observe a very good rapport between staff and patients who were in the wards on the day of our visit.
- The wards are not large, or well-designed for the number of patients, but the staff appear to be coping very well in quite a difficult environment. The corridors are narrow but brightened by informative notice boards. The communal rooms would not be large enough for all patients to use them at the same time. The bedrooms are bare, which is necessary for safety, and not well sound proofed.
- The garden areas were valued by all who had used them.
- Patients who were able to leave the ward appreciated the easy access to shops and other facilities from Priority House.

- Sharing a room or sharing bathroom facilities was cited as an issue by some patients, but being on a mixed ward was not seen as a problem by any of our respondents.
- 100% of patients we spoke to commented favourably about the food.
- The Occupational Therapy activities provided, were generally praised by those we spoke to, although some did say that it would be good to have some activities at the weekends or during the evenings as well. The access to gym facilities had proved helpful to recovery for those who used them.
- The information pack provided to patients on admission perhaps needs to be reinforced during their recovery, as patients we spoke to could not remember receiving it. Also the Carer we spoke to was unaware of the excellent Carers' Information booklet or of the Carers' Drop Ins.
- All patients we spoke to were relatively local and visiting was not seen as a problem when we discussed this with them.

Observations

During the visit the team talked to 13 people. Of these 5 were male patients, 4 female patients, one carer (a mother), and 3 members of staff, including the Service Manager, Julie-Anne Meadows, the Ward Manager of Chartwell Ward, Tom John, and a new trainee.

Several of the patients were out of the wards or in their rooms on the day we visited and 6 patients were approached but preferred not to talk.

General Observations

Throughout the visit all members of staff were very welcoming and helpful to the team. There appeared to be a very good ratio of staff to patients and there were at least two members of staff in the main lounge area of both wards at all times. The staff had a clear view of the garden area. Both wards had a similar layout, with an L shaped corridor and rooms leading off. The wards are mixed wards, but both have a separate female only area of six rooms with one shared bathroom and a female patient lounge. The other rooms are mainly single with a shower, but each ward has one double room with a shared bathroom.

The main lounges appear small for the number of patients and there is seating for 8 people. However none of the patients said that this was a problem. There was a large flat screen TV and a small library of videos for patients to access. In addition a notice on the wall said that crosswords, puzzles, games, books etc. were available on request.

The garden areas are accessible from the lounge and provide seating and a pleasant garden environment with bushes etc. There is also a shelter for those who want to be outside in inclement weather. One patient commented that he has enjoyed clearing up the garden while he has been there.

There is also a small kitchen for patient use. They can make tea, coffee etc. during the day. One female patient commented that the water was not hot enough, but she understood it was for safety reasons. Fruit is provided in the lounge and patients can have wrapped/package food in their rooms. Patients' laundry is done by the staff, or in some cases by their own families. One female patient commented that she would like to be able to do her own hand washing.

The corridors have a good display of information both for patients and carers and the Ward Manager on Chartwell Ward talked us through the information provided. The staff speak a range of different languages and they also have access to other interpreters or signers if necessary. There is an information board for Carers and a Carers' Support Drop-In every second Tuesday. Tom John told us that these were very well attended. This is in addition to the Carers Forum, which takes place every two months.

The team on Chartwell Ward have won three national awards for Patient Recovery and this was celebrated on one of the boards. There were Compliments and Complaints Boards, a Suggestion Box and information about the external support available. This includes the Citizen's Advice Bureau every Tuesday, a Substance Misuse team every Monday and regular support from the Independent Mental Health Advocacy service. Patients were very aware of the CAB and two of the patients we spoke to had approached them for advice. Another notice board gave information about the Community Meeting, which is run by an external voluntary representative and held weekly in the lounge. Patients are able to 'post' issues and concerns prior to the meeting for discussion. A notice board summarised changes that had been put into place as a result of the Community Meetings -

‘What you said’ and ‘What we did’. This was presented in an attractive visual format.

The corridors are narrow and might pose difficulties for both staff and patients, particularly when dealing with patients who are upset and distressed. The wards are not spacious for the number of staff and patients involved, and this may present problems for those with a fear of cramped spaces but both wards we visited are due for a refurbish.

We were able to see two bedrooms during our visit - one single and one double. The rooms are bare with a minimum of furniture, a single bed, wardrobe and small cupboard with drawers. The single room had a washbasin and separate toilet and shower. The double room was large with a shared bathroom. The male patient said that he would have preferred his own room, but hoped not to be there too long. He had asked to move to a single room if one became free. He had been able to have a cordless radio in his room to listen to music, which he found really helpful. Another female patient also commented that she would like to be able to listen to music in her room.

Experiences of Service Users

Care

All respondents were positive about the care they were receiving. One female patient had concerns about the perceived lack of communication between the team at Priority House and the general medical services provided and was concerned about loss of information and continuity of care, although she did say “it’s not their fault, they are doing their best” but also commented that she thought the medication was incorrect, too high or being given for too long.

One female patient who didn’t want to talk to us did say “I won’t have anyone saying bad things about the staff, they are brilliant”

One patient said that the care was very good and she trusted the staff to give her the right care but did say that sometimes they were short staffed.

One male patient said that he felt ‘like a new man’. Patients were generally complimentary about the staff with two patients describing them as ‘lovely’ and ‘very approachable’, and the team were able to observe very positive interactions between patients and members of staff during their visit. One female patient in

the lounge suddenly became upset and a member of staff immediately spoke to her and moved her to a private place to find out what the problem was. Apparently this was due to the fact that the patient thought we were there to criticize the staff but was calm once she had been reassured about our role.

All patients have a named consultant and an allocated Primary Nurse. This is indicated on a notice outside their room. The carer we spoke to was very positive about her son's care and said that she had been able to attend all of his meetings with his consultant. She was kept informed of his progress and was able to visit every day so that she felt involved in his Care Plan and arrangements for his discharge.

On admission all patients are given an admission pack with information about the ward and the facilities available. Only one of the people we spoke to had any recollection of this, which may be due to coming into Priority House at a time of crisis. Also there is an excellent information booklet for carers, but the one carer we spoke to had not seen it and was unaware of the Carers' Forum or the Carers' Drop In sessions.

One female service user said that she had felt isolated before she came into Priority House, but when she was admitted she had started to chat to staff and other patients and had found it really helpful to talk to new people. She was due to go home the following day and said that the arrangements for discharge were very supportive. She had been able to go on a Home Visit with two members of staff and felt that 'support had been put into place for her, and she had people to contact for help when she returned home'.

Two respondents also mentioned the continuity of care on the ward. They felt that the staff work well as a team and when the shift changes, the staff coming on duty are fully informed of anything relating to an individual's care that has occurred during the other shift.

One patient thought that it was detrimental to have different types of mental health patients together.

Three patients mentioned the services provided by the CAB. Two had seen the representative a few times. However one female patient, would have liked to talk

to people and did not seem to be aware that she could see an advocate if she wished to.

Privacy, Dignity and Respect

All of the patients valued having their own room, and those sharing would have preferred not to. One female patient said that it was nice having a female only section of the ward, but sharing a bathroom between six women was not a good experience, even though the bathroom was large. A male patient with a single room and shower said that it would be nice to have a bath, whereas one of the other male patients would have preferred a shower.

The male patient in the shared room was initially unhappy about sharing a room. However he said that he had 'decided he (his roommate) wasn't too bad, and he had started to talk to him.' The shared room was divided into two by a flimsy curtain, but this would have to be moved in order for one person to access the bathroom which obviously impinged on their privacy.

Only one female patient mentioned that privacy was a problem, but recognised that it was impossible not to be 'watched' in this environment. She did not really feel safe in her room and was often disturbed by noises from the adjacent rooms. Other patients said that they felt 'safe' on the ward.

One female patient was very upset about a recent visit to her own Dentist. She felt that she should have been more supported because she was finding it difficult to cope without her dentures for a week.

Being on a mixed ward was not seen as a problem by anyone we spoke to.

Environment

All patients we spoke to valued having the access to a garden. It was described as a 'nice facility'. Two patients would have liked more grass and one suggested that nicer benches in a lighter colour wood would improve the area. One male patient said that he preferred not to use it. One male patient had managed to climb over the wall and 'escape'. He said that he had 'escaped' because he was feeling

upset, and this was confirmed by his Carer, who said that he had been away for six hours. He had eventually contacted the Ward and returned.

The communal areas and lounges were described as comfortable and a good place to have a chat. One female patient said that she didn't go into the lounge a lot, but it was nice to be able to see the News on TV. Two patients and one member of staff who were in the lounge during our visit, said that it could be tight for space at times.

Those who were able to go out were pleased to have shops nearby. One male patient said that he was able to walk down to the Blackthorn Trust and have a coffee and a look round the garden there.

One female patient mentioned that the environment would be difficult for anyone with mobility problems.

Activities

The Occupational Therapy Department have a weekly programme of activities, which is given out to all patients. The activities include T'Ai Chi, Relaxation, Fitness, Pottery, Art, Creative Writing, Reflection, and Medication Management. The OT staff talk to individuals and tell them what is on each week and encourage participation. There are no formal activities at the weekend or in the evening.

This had been highlighted in the community meetings and in patient's 1:1 with staff who said they were bored at weekends. As a result the staff now have an activity box that they can use when there is no formal activity on. All of the service users we spoke to had been to some of the OT sessions, and were positive about them. They also commented that they were encouraged to give the OT team ideas about what they would like to do.

Four patients commented that it would be good to have activities at the weekend and on Bank Holidays. However one female patient said that some people go off and play table tennis at the weekends and in the evenings. Also the Activities Box has crosswords, books etc. for people to do.

There is a gym and this is available to individuals three times a week. One male patient felt that this was helping his recovery. Others had not used it.

Visitors

The people we spoke to lived reasonably locally. No-one mentioned that they were unable to have visitors due to the difficulty of travelling to Maidstone. One female patient said that she 'did not get many visitors, but the staff are easy to talk to and I have the ward phone if I need to use it.' One male patient had been able to go out for lunch with his sisters and really appreciated being able to do this as he had previously been in hospital in London and it was too far away from them. One patient didn't have visitors because she did not have a good relationship with her family.

The carer we spoke to had been able to visit her son every day as she lived fairly locally. She had also accompanied him on his appointments with his consultant. She was very positive about the care he was receiving and felt that it was having an impact on his mental health. She also felt that she would be able to access support on his discharge home.

Food

The dining room is shared between the two wards. Patients are allowed free access during meal times only.

Everyone was very positive about the food. One patient said "it is sometimes wonderful and sometimes disgusting". Others said it was "good" or "not bad" and that they had a choice. In addition, they could have snacks in their room and fruit was always available in the lounge area. Three people commented that their relatives brought in snacks for them when they visited. One patient did not eat in the dining room as his relative was in the other ward and they did not get on.

Discussions with Staff

We spoke to a new member of staff who thought that the facilities and care offered to patients was really good. She felt supported and was being offered training. She had previously been with the Community Care Team so was aware of

the care offered after discharge. This would depend on the amount of family /carer support that the patient had.

There was usually sufficient staff cover at all times although some admissions involved several members of staff.

Ward managers were very supportive and would quickly resolve any issues.

Patients had said that they wanted more things to do at weekends and in response to this an activities box had been made available for the wards.

If patients do not have visitor then the staff will give them 1:1 time and advise them about advocacy.

The Ward managers were helpful and provided us with information about the patients' weekly community meetings and showed us their visual displays of 'You said -we did' in response to patient suggestions. They also said that they now had two members of staff who are trained in caring for patients with learning disabilities.

Our Recommendations

- Provide patients with a **booklet of information** similar to the Carers' booklet and check that they are aware of it after they have settled into the ward.
- Consider providing a small **programme of activities** for patients during **evenings and weekends**.
- Healthwatch to attend a future meeting of the **Carers' Forum** to talk to more Carers' about their views on their relatives experiences.
- Healthwatch representatives to carry out an Enter & View of the new **Upnor Ward** once it is operational to compare the experiences of Service Users with those in this report.
- Refurbishment planning to take into account Patients' views about sharing rooms and bathroom facilities, where practicable.