



Enter and View Visit Report

The Redwoods Centre - Birch Ward

Visit date: 17th August 2017
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Page

3 About Healthwatch Shropshire

- What is Enter & View

4-5 Details of Visit

- Purpose of Visit
- Disclaimer
- Context of the Visit

5 What we were looking at

5 What we did

6-10 What we found out

6 The ward

What the patients we spoke to said about

- 8 ● Safety
- 8 ● Being on a mixed sex ward
- 9 ● Feeling supported by staff

9 What the staff we spoke to said about working on Birch ward

10 Additional Findings

11 Summary of Findings

11 Recommendations

12 Service Provider Response - to visit and report

12 *Get in Touch with Healthwatch Shropshire*

About Healthwatch Shropshire



Healthwatch Shropshire is the independent health and social care champion for local people.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.



What is Enter & View?

Healthwatch Shropshire gathers information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called ‘Enter and View’, and can be ‘announced’, ‘semi-announced’ or ‘unannounced’. For ‘semi-announced’ visits the service provider is told we will visit but not the date or time of the visit.

The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people’s views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a ‘purpose’.

Details of Visit



Service Birch Ward
The Redwoods Centre
Somerby Drive
Bicton Heath
Shrewsbury
SY3 8DS

Provider South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Date / time of visit Thursday 17th August 2017 2.00pm - 4.30pm

Visit team Two Healthwatch Shropshire Enter and View Authorised Representatives and Two Healthwatch Telford and Wrekin Authorised Representatives

Purpose of Visit

To understand the patient experience of being on a mixed sex ward.

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 experience of all service users and staff, only an account of what was observed and contributed at the time.

The Context of the Visit

In 2015 South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) reconfigured their inpatient services and all wards at The Redwoods Centre in Shrewsbury became mixed sex. At that time some concerns were raised and both Shropshire and Telford and Wrekin Clinical Commissioning Group (CCG) led a visit to The Redwoods. Healthwatch Shropshire took part in this visit. SSSFT have been monitoring the situation. Despite this a number of incidents and safeguarding concerns have continued to be raised. In response to this in July 2017 the CCGs asked Healthwatch Shropshire to work with Healthwatch Telford and Wrekin to complete an Enter and View visit to The Redwoods to speak to patients and staff about their experiences of a mixed sex ward.

This visit was announced and arranged with the Service Manager for Adult Inpatients at The Redwoods. It was agreed that the visit team would go to Birch Ward in the first instance as it is a 'step-down' ward. Patients on this ward have spent time on one of the two acute wards, Pine or Laurel, and move to Birch Ward in preparation for returning to live in the community.



What we were looking at

The visit team wanted to:

- speak to patients about how safe they felt and whether they felt supported by staff
- speak to as many staff as possible about their experiences of working and supporting patients on the ward
- look at the ward and how it is arranged

What we did

Two Healthwatch Shropshire and two Healthwatch Telford and Wrekin Authorised Representatives visited The Redwoods Centre in Shrewsbury on a Thursday afternoon where we were taken to Birch ward.

The ward manager told us the reasons for patients being on Birch ward and the purpose of their care. He showed us round and we then spoke to seven patients and four staff members. There was one visitor on the ward but we did not have the opportunity to speak to them during the time we were there. At the end of the visit, we gave the ward manager some initial feedback about what we had found out.

What we found out

The ward

The ward manager told us that Birch ward is within a hub of three wards - Pine, Laurel and Birch. Pine and Laurel are acute wards from which some patients move into Birch ward.

Birch ward is a 'stepdown' ward and aims for patients to spend as short a time as possible there (dependant on their individual needs) in preparation for their return to living in the community. It is a sixteen-bed unit with a male and a female corridor and a general activity area in the centre with tables, chairs and a drinks-making facility available to staff and patients. Each corridor has a sitting room at the end of it, intended for use by the male or female patients on that corridor. The ward has a laundry and a kitchen area and patients have access to a pleasant and well-kept garden with seating in it.

Each patient has their own room with en-suite facilities (toilet, sink and shower). Patients access their room through a wrist fob, making the room secure. Staff have access to patient rooms through a master fob. We were shown one patient's room with their permission and we saw that it had a call bell system and a desk, chair, fixed bed and storage for their personal items.

The ward manager told us that if there are more patients of one gender than rooms on that corridor then rooms will be made available on the other corridor. For example, at the time of our visit there were more males than females on the ward and so there were males in rooms on the 'female' corridor.



The SSSFT charter was on display, this states the responsibilities of the organisation and the responsibilities of service users and carers. Also on display was the philosophy of Birch ward:

“To provide excellent services which command the confidence of patients and the public, by putting the interests of patients first and foremost, working in partnership with patients, public and other agencies, using evidence of best practice to guide us, being flexible and responsive to change and continually improving the quality of the service we provide.”

There was a patients’/visitors’ feedback and suggestion box located at reception in the ward.

The ward manager told us that patients and staff have a meeting every morning to discuss the day’s events and activities. We saw a programme of activities on the wall. This can present some difficulties if the patient has learning disabilities or English is not their first language. The ward manager explained that patients are reminded about activities and events as needed.

The ward appeared clean, bright and colourful. It was modern and well decorated. Staff were mixing with patients, in some cases talking on a one-to-one basis and in others, quietly being available.

We were told by the ward manager that it is ward policy to keep the main entrance door to the ward open. However it was locked at the time of our visit and we were told that this was because of a patient’s need but they expected it to be unlocked by the evening. It is normally locked at 8.00 p.m. at night but the ward manager informed us that patients were free to go out or return later by agreement.

We found out that there are three levels of staff observations of patients on the ward, consistent with Trust-wide policy. They are ‘general’, ‘intermittent’ and ‘constant’.

We saw staff engaging with patients and there was a friendly and relaxed atmosphere; we saw staff and patients playing board games and cards. The ward manager told us that patients are encouraged to cater for themselves and from time to time cook breakfast for themselves and others. When we were able to speak to some of the patients without staff being present we asked them if there was one single thing that they would change or one brilliant thing about their stay on the ward. None of the patients we spoke to could think of anything they would change.

What the patients we spoke to said about their safety

Of the patients we spoke to, all commented that they felt safe giving various reasons for this:

- The situation is managed well
- There is a key fob for each bedroom
- The bedroom can only be accessed by the patient staying there and the staff
- Staff deal with issues promptly
- There is an alarm system which calls staff

A couple of patients compared their previous experience of being on an acute ward with their experience on Birch Ward, saying that the acute ward had been more “volatile” and that they had therefore felt less safe than they did on Birch ward.

The ward manager told us that new patients are given a welcome pack which provides general information and sets out procedures around security.



What the patients we spoke to said about being on a mixed sex ward

None of the patients we spoke to raised any issues about being on a mixed sex ward. They all felt that it was a good idea while one patient wished that the balance between males and females was more equal as they found men noisier. Another patient suggested that it might be more helpful to remove the 'male' and 'female' labels on the corridor so that individuals felt less self-conscious if they were on a corridor marked for the opposite sex. Three comments as examples of what was said to us:

“I feel safe - no problems and I do not have any issues being in a mixed sex ward.”

“Being in a mixed sex ward encourages me to be tidy and personally well presented”.

“The social life is awesome”.

What the patients we spoke to said about feeling supported by staff

In general, patients were very clear that they found staff members kind, caring and supportive. Comments included:

“It could not be any better - the staff are always there when I need them”

“I am listened to”

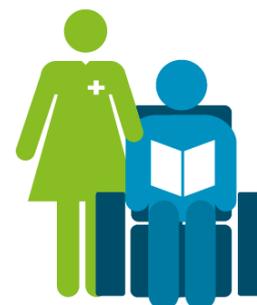
“I am treated as an individual”

“Staff also respond to what others need”

“My key nurse is really good - I can speak to her about anything”

“It’s difficult to adjust to being here with many people when I’m not used to it but I am gradually getting there”.

One patient told us they were concerned about the use of agency staff by the hospital, particularly at night, although they thought that this was not an issue on Birch ward. They described the difficulty of forming supportive relationships with staff members who they might not see again. We spoke to the ward manager about practice on Birch ward and he told us that they do use bank staff at times, these staff are more likely to be familiar to patients, they rarely use agency staff.



What the staff we spoke to said about working on Birch ward

After speaking to patients, staff and our observations of the ward, our overall impression was that patients benefited from there being a strong professional team on Birch ward that worked well in a patient-focussed way.

The staff we spoke to told us that their aim was to get to know each patient and build the right kind of relationship with them. They explained that results were achieved through working effectively together as a team and that this had been developed over time. The nature of the ward regarding the stage that each patient had reached in their progress towards leaving The Redwoods contributed to the development of a positive atmosphere to work in. There was also less paperwork involved on Birch ward which meant that there was more time for staff

to engage positively with their patients. An occupational therapist described their role in helping people to maintain their recovery by encouraging motivation and countering social isolation using, amongst other things, good communications with community staff. They felt that patients were safe on the ward because of the open entrance door which made staff extra vigilant. One suggestion for improvement related to the fact that the therapies room and art room are in the main building. This means that there is a potential to “lose” patients as they go from one building to another. They felt that occupational therapy space should be available within the in-patient building in order to provide patients with more opportunities for therapeutic activities.

The ward manager told us about the weekly meetings of patients and staff. They felt that these provide an opportunity for patients to raise specific practical issues and for feedback to be shared with patients on action taken. Staff had considered the provision of a ‘you said, we did’ board but it had been decided not to provide one because of the feedback given to patients directly at the weekly meetings.

Additional Findings

Food and drink

The patients spoke to us about the quality of the food and drink on the ward and its availability. Many of the comments were positive:

“The food is brilliant”

“The food is great and there is plenty of it”.

One patient felt that there was not enough food available and had asked for more but been refused. Others expressed concern about the lack of choice of foods and drinks after a certain time at night. Water and squash were always available as was cereal. This was raised with the manager who referred to the need to encourage patients to develop a regular routine for day and night time.



Summary of Findings

All the patients we spoke to were happy to be on Birch ward. They felt safe and supported by competent and experienced staff. They all liked the fact that the ward is mixed sex and that they are secure in their own rooms but it was recognised that there might be a possible stigma when males have to use rooms on the 'female' corridor for example, or vice versa. There was some concern about the availability of food and drink at night. The positioning of the therapeutic centre in another building did restrict patients' access to it in some situations.

Recommendations

- To review the use of signs on corridors saying 'male' or 'female' in consultation with the patients.
- To review the practice of restricting patient access to a range of food and drink at night in consultation with the patients and to make sure the patients understand the reasons for the decisions that are made.
- To consider creating an area for occupational therapy within the in-patient building to make access easier and safer for patients.

Service Provider Response

Healthwatch Shropshire has received the following response to the report from the ward manager of Birch Ward

Thank you for your report.

I have reviewed the report and am happy that what is written is fair and accurate and I do not feel the need to suggest any amendments.

It was a pleasure to meet your team.

The ward manager has provided the following response to our recommendations:

To review the use of signs on corridors saying 'male' or 'female' in consultation with the patients.

At Redwoods we have both single sex wards and mixed sex wards. Birch is a mixed sex ward and as such we are required to provide signage regarding gender specific areas. We discuss this and the reasoning for it at our weekly community meetings. When a patient uses a room in the opposite gender corridor then we discuss on a 1-1 basis the need for this to happen, how we will support them, what is expected and how we will aim to return them to the appropriate gender corridor as quickly as possible. Each room is individual and has its own en-suite toilet and shower. Each room is accessible by a fob system which means only staff and the patient who occupies that room has access, this helps to ensure privacy and dignity at times when opposite gender corridor use is required. This information forms part of a care plan which is discussed and reviewed with patients to ensure understanding of how patients' privacy and dignity is maintained. I am unable to make changes to the signage however I will keep patients feelings around a mixed sex ward as part of our community meeting so that these issues can continue to be discussed and to make sure patients understand the reasons for the decisions that are made.

To review the practice of restricting patient access to a range of food and drink at night in consultation with the patients and to make sure the patients understand the reasons for the decisions that are made.

At Redwoods food is provided at breakfast, dinner, tea and supper. Hot drinks including tea and coffee are available from a self-service beverage bay between 7am and 11pm. We do restrict the range of food and drink at night; the reason for this is to re-establish fundamental routines such as sleep pattern and dietary intake which aids recovery. The restriction is largely around the removal of caffeinated drinks which can disrupt sleep. We do provide milky drinks for example Horlicks in late evening which supports good sleep hygiene. Throughout the night water and squash (orange / blackcurrant / lemon) is available and is accessible in the main dining area. We are limited as to the types of food we can store on the ward overnight but we do have access to cereals, bread/ toast and biscuits. These are not immediately accessible without asking a member of staff, they can be provided on an individual basis and in response to specific need but we do try to

promote regular meals and sleep pattern as we feel this helps us to help people to get better.

Each week we have a ward community meeting and food and drink is a standing item within this however the reason for this specific restriction is not highlighted or discussed unless it is raised as a point by a patient. I will immediately add this information and rationale to the agenda so that it may be discussed, we can review the range of drinks provided with patients at this forum and discuss what additional choice we can provide whilst continuing to promote good sleep hygiene.

To consider creating an area for occupational therapy within the in-patient building to make access easier and safer for patients.

At Redwoods we provide a range of activities on the wards, within the inpatient building and within the main Redwoods building. Groups that take place in the main building are Gym and Art Therapy, however Art therapy is also delivered on the wards. Groups within the inpatient building include: Reading for wellbeing, Mind Gym, Up-tempo and the fortnightly community meeting. Breakfast group takes place in a purpose built kitchen within the inpatient building. All other groups take place upon the wards and each ward has a dedicated activity co-ordinator to facilitate and promote engagement. Patients receive an assessment from the Occupational Therapist to ascertain the level of support they may require to engage in activities. Activities that are designed for patients with a higher level of need are delivered within the ward environment. Gym requires a higher level of understanding and ability and also requires a specific 1-1 induction session and is more appropriate for patients with a higher level of independence therefore it can be situated off ward. We provide a number of physical activities such as Up-tempo group, seated yoga and a grounds walking group that provide physical activity for those people not yet able to attend the gym. If patients are keen to utilise the gym and are not yet able to attend as part of a group then we can provide gym access as part of an individual activity programme where one of the members of team can provide 1-1 support so that the patient may access either the group or attend on an individual basis. Because of the equipment required in the gym and the need for all wards at Redwoods to have access I don't think it is possible to move the gym into the inpatient building. I do think that we manage this by providing the range of groups in the way we do. I will request that the reasons I have described above are communicated to patients as part of 1-1 sessions and as part of the initial assessment everyone receives.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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