

Enter and View Report

FINAL

Name of Establishment:	Mary Seacole House Ward 1 Lodge Road Winson Green Birmingham B18 5SD
Date of Visit:	Monday 24 th February 2014
Time of Visit:	2.00 pm
Purpose of Visit:	Following previous visit conducted on 24 th February 2013 by Birmingham LINK. To review recommendations and look at patient experience.
Healthwatch Authorised Representatives Involved:	Alex Davis and Mike Tye
Healthwatch Staff Member(s) Involved:	Claire Lockey
Date of Report:	5 th March 2014



BACKGROUND

In December 2012 Mark Hillier, Head of Patient and Public Involvement for Birmingham and Solihull Mental Health Foundation Trust, invited Healthwatch Birmingham's predecessor, Birmingham LINK to visit Mary Seacole House.

In 2011 there had been some critical Care Quality Commission (CQC) reports of Mary Seacole, particularly of its Psychiatric Intensive Care Unit (PICU), Meadowcroft.

Later CQC reports were much more positive and the aim of the visits was to check that the improvements made had been sustained.

Mary Seacole consists of three wards: Ward 1 (a 16 bed men's acute psychiatric ward) visited conducted on 7th February 2013; Ward 2 (a women's 14 bed acute psychiatric ward) visit conducted on 22nd February 2013 and Meadowcroft (a 10 bed men's PICU) visit conducted on 15th January 2013. All three wards are for people aged 18 to 65 years of age.

Healthwatch Birmingham decided to revisit these three wards, about one year later. To facilitate comparison, we have used the same format as the LINK 2013 report.

THE VISIT

Mary Seacole has a Ward Clerk and a number of staff that work across all three wards. These comprise three Activity Workers and three Occupational Therapists. These staff use the off-ward facilities for more settled patients. There is a gym, computer room, multi-faith room, family room, library and adapted living kitchen. Interpreters are available for all three wards via the Trust. Security for the building is provided by an external company.

We produced a sheet "Issues for Mary Seacole House Ward 1" to act as an aide memoire and prompt (see Appendix 1). This was shared with Jennifer Johnson (Ward Manager) and Fitz Meikle (Matron) prior to being shown around the ward. Claire Lockey interviewed staff and Alex Davis and Mike Tye interviewed patients, and also had a brief discussion with the Service Development Manager (Neil Atkinson) for Mary Seacole.

We looked at the following four standards:

- **Outcome 04** – Care and welfare of people who use services
- **Outcome 07** – Safeguarding people who use services from abuse
- **Outcome 13** – Staffing
- **Outcome 16** – Assessing and monitoring the quality of service provision

Outcome 04 – Care and welfare of people who use services

We spoke to three patients separately in one of the downstairs rooms, off the ward. All three patients were positive about the staff and the ward in general. The patients were also positive about the food on the ward.

All care plans and risk assessments are recorded electronically and printed for patients to sign. We looked at the information for the three patients we had seen on RiO, the Trust's patient record system. The notes were all up to date, clear and detailed. Issues of consent were clearly recorded.

All patients have a named nurse who completes the documentation in consultation with the patient.

The bedrooms are all en-suite and ventilation has been greatly improved by changes to their windows. The doors to the bedrooms have been altered so that they all have vista panel doors ensuring both privacy and security.

The garden area has been improved and there is direct access from the ward. The fencing is both discreet and sufficiently high to ensure security. The ward was well-endowed with information boards, notices and leaflets.

Outcome 07 – Safeguarding people who use services from abuse

All staff are up to date on their AVERTS (Approaches to Violence through Effective Recognition and Training). There is a traffic light system to highlight when staff are due for any training. This issue is covered in staff supervision sessions. All of the patients we spoke to said that they felt safe on the ward; this included the one detained patient we spoke to who described himself as being “very paranoid”. There was a poster advertising the Independent Mental Health Advocacy service. The Ward Manager confirmed that patients got a timely response from this service.

There were also posters about the Patient Advice and Liaison Service (PALS) and the User Voice See Me service.

Outcome 13 – Staffing

The staff complement is a Ward Manager plus three Deputy Ward managers (band 6) and, in total, there are nine qualified nurses plus 10 nursing assistants. At the time of the visit one staff member was suspended.

The ward has its own Activity Worker, in addition to three Activity Workers based at Mary Seacole. The Activity Workers have peer group meetings which the Ward 1 Activity Worker described as supportive and useful for sharing ideas and good practice. When we spoke to him he had just returned from accompanying a number of patients on a canal side walk, this is a regular activity at 1.00 pm after lunch. The Occupational Therapists play a key role in identifying appropriate activities for patients and in identifying and addressing issues which prevent discharge. Part of their role is to build good links with various accommodation options and assess what support patients will need when discharged.

At the time of the visit, all 16 beds were being used by seven informal patients and nine detained patients. The Ward Manager explained that ward occupancy rate had gone down, but because recently a number of patients had gone on Section 17 leave, it has risen again. There were now seven patients on Section 17 leave, giving a ward occupancy rate of 144%. Patients that are subject to delayed discharge feature at a telephone case conference every Wednesday/Friday with the Consultant, Ward Manager, Delay Discharge Nurse, Matron and Service Development Manager. This is an additional part of the bed management system.

The Royal College of Psychiatrists recommended ward occupancy rate is 85%. This gives the option of patients on leave being immediately returned to the ward if they need it. We recognise that the Ward Manager/Ward Team do not determine the occupancy rate. This is the remit of the Responsible Clinicians, here, the Consultant Psychiatrists. In Ward 1's case there are currently four Responsible Clinicians with patients on the ward or on leave.

All three wards at Mary Seacole have a rota with a staff responder, a member of staff whose AVERTS training includes control and restraint techniques, for incidents on any of the wards.

Recently there had been an incident on Ward 1; staff responded from the other two wards but unfortunately two Ward 1 staff were injured. All such incidents are followed by a debriefing to learn any lessons and to support staff.

The Ward Manager explained that there was much improved Police Liaison. There are now regular meetings at Mary Seacole with Police Sergeant Lawless, who has previously been a psychiatric nurse.

Outcome 16 – Assessing and monitoring the quality of service provision

This is an area which has seen a number of developments. There is the Real Time information project where patient views are collected on the ward by a User Voice worker interviewing patients using a hand-held device. The patient comments are emailed back to the ward on a weekly basis. There is a Quality Metrics Audit, with six factors, such as "Medication Storage and Administration" and "Respect and Dignity". These factors have up to 13 dimensions and are collated monthly.

The ward has weekly patient forum meetings which are used, alongside the one to one sessions with patients, to monitor the patient experience and to inform improvements to the ward. This feedback also informs the Occupational Therapy activity plan. PLACE Inspections are also conducted via the Trust to look at the quality of environment, cleanliness, privacy, dignity, wellbeing and food/ hydration. Finally there is the Trust's Mystery Shoppers scheme.

A Carers Group for relatives of patients on both Ward 1 and Ward 2 starts on the afternoon of the 27th February.

CONCLUDING COMMENTS

We were impressed by the management and the high morale of the ward team. The patients we spoke to were very positive about the staff and the ward. The shift pattern is: early 07.00 - 14.00, afternoon 13.00 - 20.00 and night 19.30 - 07.30. The overlap allows time for the handover of information.

The LINK 2013 Enter and View report had raised two issues which we reviewed on this visit.

The first was the ward occupancy rate, which was then running at 169%. The current occupancy rate is 144%, a considerable improvement but still well above the Royal College of Psychiatrists recommended 85%. The Trust's bed management system has been developed in response to this problem.

The second was ward staffing. On the 2013 visit we noted that the ward was then run on a shift pattern of 4:4:3 one month and 4:4:4 the next month. We stated that given the demands on ward staff we believed that either this should be increased to 5:5:4 or the ward budget should be increased to allow the Ward Manager to employ extra staff as required. We were pleased to be told that the staffing had been recently changed to a 5:5:4 each day. We are also learnt that the three wards are shortly to have a shared Ward Clerk to assist in answering the telephone, entering data on RiO and generally assisting with administrative tasks. This is another welcome development.

RECOMMENDATION

Arising from our 2014 visit we have the following recommendation:

A number of staff suggested it would be beneficial to have regular access to a vehicle to assist in community based activities. This could be shared with the other wards at Mary Seacole.

ACKNOWLEDGEMENTS

We would like to acknowledge and thank the Ward Manager, Matron, staff members and patients who participated to this Enter and View visit.

FEEDBACK/COMMENTS FROM THE SERVICE PROVIDER

WARD MANAGER/MATRON/STAFF COMMENTS AND FEEDBACK

The Ward Manager and matron would like to thank Alex and Claire for their visit and comments. We feel that not only are you assessing our units you are also there from an advisory and supportive capacity, highlighting any issues to the trust.

We were very happy with how the visit was conducted causing minimal disruption to the wards.

We appreciate your support and advice you have given in order to improve the quality of the service. Your positive comments have been shared amongst the Team.

Jenny Johnson, Ward Manager

Fitz Meikle, Matron

Alex Davis/Claire Lockey
Healthwatch Birmingham

APPENDIX ONE

ENTER & VIEW ANNOUNCED VISIT

Provision: Birmingham & Solihull
Date: Monday 24th February 2014
Time: 2.00 – 5.00 pm
Enter & View Reps: Alex Davis and Mike
Healthwatch Staff: Claire Lockey

Birmingham Healthwatch – Enter & View Announced Visit

Issues for Mary Seacole House
Ward 1

Ward 1 at Mary Seacole House is a 16- bed men’s acute psychiatric ward.

The Enter and View visit took place on 7th February 2013 and the report is dated 27th February 2013. There were two issues raised in the concluding comments.

“The first is the ward occupancy rate, currently running at 169%. Given the criticism of the Mental Health Act Commissioners (MHAC’s) on their December visit of occupancy of 150%; we believe that this needs to be addressed urgently. The Trust’s response to this problem is the following action plan. “Discharge/Care Plan to be put in place from admission. This will be monitored through Plan for every patient and supervision. Regularly reviewing care plans. AWOL beds will not be used within 24 hours. Weekly reporting of league tables regarding number of beds used and average length of stay per consultant. They continue to send reminders to individual Consultants regarding discharging off section/CTO.” Target is the, “Reduction in average bed day occupancy and length of stay.” Provider Action Statement, BSMHFT, 11 February 2013, page 2. This action plan will be reviewed July 2013.

The second is the ward staffing. As we noted, the ward currently runs on a shift system of 4:4:3 every other month. Given the demands on ward staff we believe that either this should be increased to 5:5:4 or the ward

budget should be increased to allow the Ward Manager to employ extra staff as required.”

There was no CQC Mental Health Monitoring visit to Ward 1 in 2013. The last visit was on 18th December 2012, the report is dated 14th January 2013. The Action Provider Action response is dated 11th February 2013.

1. **Issue:** The bed over occupancy rate, as discussed above.

Response: Again as discussed above.

Prompt: Claire to raise with Ward Manager

2. **Issue:** One Medical Recommendation for detention under Section 3, MHA 1983 did not stipulate a hospital as is required, but the Mental Health Trust. (For this purpose Mary Seacole House is a hospital).

Response: Mental Health Act administrators will monitor Section papers.

Prompt: Alex/Mike to check whilst checking paperwork

3. **Issue:** All bedrooms had taps on sinks which are a ligature risk.

Response: A risk manager will make an assessment and report to senior management and estates.

Prompt: to check whilst on tour around the building and Claire to check with Ward Manager

4. **Issue:** Door of Ward was locked on day of visit. Information was not sufficiently clear regarding the right of informal, i.e. non-detained patients, to leave the ward as they wished.

Response: The sign on the door and the patient welcome pack have both been amended to clarify this issue.

Prompt: to check whilst on tour around the building and Claire to obtain copy of welcome pack from Ward Manager

5. **Issue:** Although all patients had a copy of their Section 17 leave authorisations not all the conditions were easily legible.

Response: Legibility of forms will be monitored by the Ward Manager and they will be entered on the RiO computer system

Prompt: Alex to check when looking at paperwork

6. **Issue:** With one care plan there were significant problems, i.e. not updated: inaccurate and no indication that patient had been involved with the writing of the care plan.

Response: A training programme regarding these issues is in place. There will be a re-audit of care plans in March 2013 and this also be addressed in supervision.

Prompt: Claire to ask Ward Manager if an audit has taken place of care plans in March 2013 and Alex to check care plans of patients spoken to

7. **Issue:** Problems with the recording of Consent to Treatment and Capacity assessments.

Response: Capacity to Consent forms are now on RiO, they include space to record discussion with patient. Dr. Kennedy, the Trust's Clinical Director, will raise this issue with medical colleagues.

Prompt: Alex to check paperwork

8. **Issue:** One patient's notes showed no evidence of any physical health checks.

Response: This patient has refused physical health checks on a number of occasions. Physical health checks are done on the Ward on a weekly basis.

OTHER PROMPTS

- Claire to ask Ward Manager/Staff Members the following questions:
 1. What are the current occupancy rates and are you oversubscribed? Do you experience difficulties due to Section 17 leave?
 2. What is your staffing structure/composition (obtain copy if possible) and how many staff are temporary, off sick or suspended etc.
 3. What is the staff members shift pattern(s)?
 4. What training do staff members receive?
 5. What is your staff ward base?
 6. What activities and therapies do you provide to patients?
 7. What are your interpreter processes and are they trained in mental health?
 8. Are their private rooms available for patients to speak to their relatives in private?
 9. Do you have a whistle blowing policy?
 10. How are complaints handled and suggestions for improvements?

Alex Davis & Claire Lockey
2nd April 2014