

Enter and View Report

FINAL

Name of Establishment:	Mary Seacole House Ward 2 Lodge Road Winson Green Birmingham B18 5SD
Date of Visit:	Wednesday 26 th February 2014
Time of Visit:	2.00 pm
Purpose of Visit:	Following previous visit conducted on 22 nd February 2013 during Birmingham LINK. To review recommendations and look at patient experience.
Healthwatch Authorised Representatives Involved:	Alex Davis
Healthwatch Staff Member(s) Involved:	Claire Lockey & Helen Baglee
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 Birmingham Healthwatch'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) visit 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.

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

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 two Occupational Therapists (OT's). These staff use 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 Ward 2” to act as an aide memoir and prompt – (see Appendix 1).

We started with a discussion with one of the Deputy Ward Managers (Rachel Blades) and the Matron (Fitz Meikle) for Mary Seacole. They then showed us around the ward.

We gave Rachel a copy of the “Issues for Ward 2” appendix one. Then Helen Baglee and Alex Davis interviewed patients and Claire Lockey interviewed staff.

The Ward Manager, Michelle Broomes, was away on a course.

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 four patients separately in the Matron’s office which is used for a number of activities. Another patient agreed to see us and then changed her mind.

All four were detained under Section 3, MHA 1983. Three were very positive about the ward and the staff. Their stays on the ward varied from eight months to just a few weeks. The patient admitted in June 2013 had had a number of periods of being absent without leave. She was positive about the changes that she had experienced over the eight months, particularly with regard to the number and range of activities available.

The patient that had been on the ward for a couple of weeks was very positive about the staff response to her gender issues. She said that when her friends knew she was going to Ward 2 they said that it had a bad reputation but her experience had been very good.

The one patient that was not positive said that she did not want to be on the ward and did not think it was necessary.

All the patients said that their rights of appeal had been explained.

The Ward Activity programme is reviewed monthly and is patient led. The Ward has recently introduced a sexual health group. Groups focussed on relaxation, healthy relationships and domestic violence is due to begin soon.

The Ward now has a “Star of the Week” for either a patient or staff member and has started a weekly newsletter.

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

All care plans and risk assessments are recorded electronically and printed for patients to sign.

We looked at the care plans of the four patients we had interviewed. They were all up to date, clear and detailed. One patient had refused to sign and this was clearly recorded. All patients have a named nurse that completes the documentation.

We also looked at the Mental Health Documentation for two of the patients we had interviewed; both sets of papers were completed correctly. The original documentation had been scanned into RIO.

The bedrooms are all en-suite. Changes to their windows and doors have improved their ventilation and increased privacy without compromising security. The most recent physical improvement to the ward has resulted in direct access to a secure garden. This involved reallocating a room to the Ward, knocking down walls and cornering off some of Ward 1's garden. There is now a high fence separating the two gardens.

A number of staff mentioned that this change had led to a reduction in reported incidents and had improved the atmosphere of the Ward.

The ward was well endowed with information boards, notices and leaflets.

Outcome 07 - Safeguarding people who use services from abuse

All patients are given an information pack on arrival, which includes leaflets covering issues such as how they should be treated with respect on the ward: gender specific information regarding sexual health and complaints/comments forms.

There is a service user satisfaction survey that patients complete prior to discharge giving feedback about their experience of the ward.

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.

None of the patients we spoke to said that they felt unsafe or at risk from others on the ward. There was a ward poster advertising the Independent Mental Health Advocacy service. A staff nurse stated that the service response was timely and supportive.

Outcome 13 – Staffing

The Ward staff comprise: one Ward Manager; three deputy Ward managers, in total 4 qualified nurses and 4 nursing assistants. We spoke to five members of staff. The staff were very positive about working on the unit and stated that they felt safe there. They were appreciative of the strong support given to them by the Ward Manager.

The Ward Manager's "open door" policy was mentioned by staff as being very positive and appreciated.

The Ward had been running on a shift pattern of 4:4:3 one month and 4:3:3 the next month. We were pleased to be told that the staffing had been recently changed to a 5:5:4 pattern every month. The Ward is to have a dedicated Activity Worker, in addition to the three attached to Mary Seacole, in the near future.

At the time of the visit all 14 bedrooms were being used. There were no patients on Section 17 or informal leave. We were told that the bed management process is updated daily and any issues of delayed discharge are discussed and addressed. This was seen as a positive change for the Ward.

The OT's play a key role in identifying appropriate activities for patients and also identifying and addressing issues which prevent discharge. Part of their role is to build good links with various accommodation options and assess what support a patient will need when discharged.

There are currently four Responsible Clinicians, all Consultant Psychiatrists, with patients on the ward. All three Wards at Mary Seacole have a rota with a staff responder, a qualified member of staff whose advanced AVERTS training includes control and restraint techniques, for any incidents on the Wards.

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 thirteen dimensions.

There are patient satisfaction surveys which are undertaken monthly. There is also a catering satisfaction survey plus the monthly ward community meeting.

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.

All the above methods 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 OT activity plan.

CONCLUDING COMMENTS

The Enter and View report of early 2013 and the CQC report of mid 2013 both highlighted the serious issue of lack of regular staff on the Ward. We were pleased to learn that this issue has been resolved. The Deputy Ward Manager explained that a number of staff of appropriate grades has been recruited.

As we noted earlier the Ward staff complement has been increased to enable a 5:5:4 shift pattern. We 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.

On the 2013 visits we learnt that with the encouragement of the Matron, the three Ward Managers had instigated peer support sessions chaired by a psychologist. This was mentioned by all three Managers in 2013, and we stated that we thought this was a very positive development. Unfortunately these meetings have been suspended due to the psychologist moving on. We recommend that these peer support sessions are restarted as soon as it is practicable.

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.

RECOMMENDATIONS

One issue that was raised by staff was having more rapid access to a Doctor when patients are transferred to the wards from the police station or community. Ideally, this would involve having a doctor based at Mary Seacole House. This would enable treatment to be given more rapidly.

ACKNOWLEDGEMENTS

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

FEEDBACK/COMMENTS FROM THE SERVICE PROVIDER

FAO: Ward Manager/Matron/Staff

Please insert your comments and feedback regarding the Enter and View visit conducted by Healthwatch Birmingham:

WARD MANAGER/MATRON/STAFF COMMENTS AND FEEDBACK

The ward manager and matron would like to thank Alex, Helen and Claire for their visit and comments.

We were very happy with how the visit was conducted causing minimal disruption to the wards. 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 appreciate your support and advice you have given in order to improve the service.

Alex Davis/Claire Lockey
Healthwatch Birmingham

APPENDIX ONE

ENTER AND VIEW ANNOUNCED VISIT

Provision: Birmingham & Solihull
Date: Wednesday 26th February 2014
Time: 2.00 – 5.00 pm
Enter & View Reps: Alex Davis
Healthwatch Staff: Claire Lockey & Helen Baglee

Birmingham Healthwatch – Enter & View Announced Visit

Issues for Mary Seacole House **Ward 2**

Ward 2 is a 14 bed women's acute psychiatric unit at Mary Seacole House. The Enter and View visit took place on 22nd February 2013. The report is dated 4th March 2013. There was one issue raised in the conclusion of the report.

"There was one major issue and that was the large number of regular nursing staff unavailable for work i.e. a figure of 39%. The Ward Manager explained that a number of staff of appropriate grading is currently being recruited. However, we were very concerned that the remaining regular staff, including the Ward Manager, is being placed under unacceptable pressure by the use of a large number of bank staff. This was raised with nearly every member of staff in our individual discussions.

We strongly recommend that the Trust give serious consideration to short term secondment of staff of the appropriate grade to Ward 2.

The last CQC Mental Health Act monitoring visit took place on 19th June 2013 the report is dated 5th July 2013. The Trust's Provider Action statement is not dated but must have been on or before the 2nd August 2013 as that was the last date by which the report was required by the CQC.

It is disappointing to say the least that the CQC visit found a similar dire situation regarding the staffing on the Ward to that found by the Enter and View visit, a staff establishment of 23 with 13 in post. Indeed the staffing situation was worse on the CQC visit than on the Enter and View

visit. It is puzzling that the CQC did not raise this formally with the Trust as one of the issues that need to be addressed.

1. **Issue:** The validity of a Section 3 Detention, where the Approved Mental Health Professional (AMHP) did not consult with the patient's Nearest Relative (NR), was questioned.

Response: The Trusts' Legal Department have reviewed the Section 3 documentation and agreed that it is not valid. The patient is now informal. The Trust's Mental Health Act Lead and the city's AMHP Lead to meet and discuss.

Prompt: Form A6 (copy provided) and Alex/Helen to check paperwork.

2. **Issue:** A patient who was on the last day (day 28) of a Section 2 of the MHA 1983 was assessed for a Section 3. The NR objected and the AMHP had to go to the County Court to get the NR functions displaced. The patient is then on an extended Section 2 until the County Court makes a final judgement. Patient did not know their rights.

Response: This is a very unusual situation. Leaflets to be provided by Mental Health Act office. MHA paper work to be monitored weekly by ward manager. Trust MHA Lead to meet with AMHP Lead to raise all the legal issues involved.

Prompt: Claire to obtain copy of leaflet from Ward Manager and Alex/Helen to check paperwork.

3. **Issue:** A patient had been made subject to the Urgent Treatment provisions of Section 62 MHA 1983 (where treatment is immediately necessary) and required another assessment by a Second Opinion Appointed Doctor (SOAD) from the CQC.

Response: The SOAD arrived on the day of the CQC visit. All Consultants in the Trust have been reminded of the legal duties under Section 62.

Prompt: Urgent Treatment Section 62 form circulated and Alex/Helen to check paperwork.

4. **Issue:** Problems with assessments of Capacity and Consent to Treatment.

Response: All Consultants will be reminded of Sections 23.27 and 23.37 of the MHA Code of Practice and the importance of demonstrated compliance.

Prompt: Consent to Treatment form provided and Alex/Helen to check paperwork.

5. **Issue:** There was no evidence that one patient had been informed of their rights.

Response: The patient has been informed of their rights and this has been recorded.

Prompt: Claire to ask Ward Manager how they inform patients of their rights (obtain information if possible) and Alex/Helen to check paperwork.

6. **Issue:** Problems with some patient's care plans.

Response: Ward Manager will liaise with the Care Programme Approach (CPA) Lead re training around care plans and with specific reference to least restriction, diversity and patient's views.

Prompt: Claire to ask Ward Manager what training regarding care plans has been put in place and Alex/Helen to check care plans.

7. **Issue:** The ward is over-occupied, 14 beds with 18 patients (128%). If patients on leave wish to return there would not be beds for them.

Response: A new Bed Management process due to be rolled out across the Trust. This will reduce the level of beds. Bed occupancy reports will be available from 12th August 2013.

Prompt: Claire to ask Ward Manager regarding occupancy rates and find out if the new bed management process has been rolled out across the trust?

8. **Issue:** One bathroom extractor fan not working; no air conditioning in small clinic and community meetings not being held on a regular basis.

Response: Extractor fan and Air Conditioning unit both ordered. Community meetings now take place every week. Minutes are taken and are outcome focussed. "You Said, We Did".

Prompt: check if the extractor fan and air conditioning unit are in working order whilst we undertake our tour of the building. Claire to request a copy of the minutes regarding the community meetings and ascertain if they are taking place weekly. How are these shared with patients?

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
11th February 2014