

Enter and View Report

FINAL

Name of Establishment:	Meadowcroft Lodge Road Winson Green Birmingham B18 5SD
Date of Visit:	Thursday 27 th February 2014
Time of Visit:	2.00 pm
Purpose of Visit:	Following previous visit conducted on 15 th January 2013 by Birmingham LINK. To review recommendations and look at patient experience.
Healthwatch Authorised Representatives Involved:	Alex Davis Steve O'Neill
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.

A later CQC report (7th January 2013) was much more positive and the aim of the visits was to check that the improvements made had been maintained.

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.

Healthwatch Birmingham decided to revisit these three wards, a 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 (OTs). These staff use the off-ward facilities for more settled patients.

One of the reception staff also undertakes ward clerk duties for Meadowcroft.

There is a gym, computer room, multi-faith room, family room, library and an adapted living kitchen. Interpreters are available for all three wards via the Trust. Security for the building is provided by an external company.

On the date of the Enter and View visit the PICU was undergoing extensive physical adaptations. Meadowcroft was not a purpose built PICU and these changes are designed to minimise the problems this causes.

All bedrooms are being made en suite. There will be a seclusion room and also a "chill-out" room. Various doors are being changed; for the entrance a pressure lock system will mean that one door cannot be opened until the other is shut. A number of frosted glass windows are being fitted to ensure privacy.

The garden fence is going to be heightened and a "barrel" barrier is going to be fitted to the low roof on one side of the building. The courtyard will be changed to improve design and security and electronic cigarette lighters will be installed in the covered area.

Consideration is being given to installing external gym equipment in the garden as patients are very restricted in their off-ward activities. A staff room will be installed just outside the ward. The Ward Manager's office will therefore be moved into the ward next to the nursing station.

There will be a laundry room with built in cupboard. There will be new furniture throughout the ward. Finally a side room is to be refurbished for computer use.

While this extensive work is being done the number of patients on the ward has been reduced from 10 to six.

The work is expected to be completed by the end of August 2014.

We produced a sheet "Issues for Meadowcroft" to act as an aide memoire and prompt (see Appendix 1). This was shared with Nicola Cluley (Acting Ward Manager) and Fitz Meikle (Mary Seacole Matron) before we were shown around the ward.

Claire Lockey and Syeda Akhtar interviewed staff and Alex Davis and Steve O'Neill interviewed patients.

We looked at the following six standards:

- **Outcome 01** – Respecting and involving people who use services
- **Outcome 04** – Care and welfare of people who use services
- **Outcome 07** – Safeguarding people who use services from abuse
- **Outcome 13** – Staffing

- **Outcome 14** – Supporting workers
- **Outcome 16** – Assessing and monitoring the quality of service provision

Outcome 01 – Respecting and involving people who use services

Meadowcroft is a Psychiatric Intensive Care Unit (PICU); this means that all the patients are detained under the Mental Health Act (1983). They have all been risk assessed as requiring a higher level of staffing and security than an acute psychiatric ward can provide.

This means that there are increased restrictions on patients' privacy and freedom of movement around the unit. All the doors are locked within the unit. Section 17 leave is short-term and the policy does not allow overnight leave.

We observed staff engaged in a variety of activities in the different spaces within the unit and the garden. All the conversations we heard were calm and respectful. This was also reflected in our interviews with both staff and patients.

There are set visiting times for family and carers, which are booked via reception. The dining room is used so that visitors do not have to go through the ward.

There is an excellent Carers notice board full of information. There are protected mealtimes at 12.00 - 12.30 and 17.00 - 17.30.

Outcome 04 – Care and welfare of people who use services

All care plans and risk assessments are recorded electronically and printed for patients to sign. If patients refuse to sign their care plan it is noted on the plan. All patients have a named nurse that completes the documentation in consultation with the patient. A psychologist attends the Ward Rounds and is available every Wednesday afternoon with leaflets and other information about the range of interventions available.

We spoke to four patients, all of whom were detained under Section 3, Mental Health Act (1983). One patient explained that he had been in the mental health system for many years but he felt very positive about the ward and the staff.

Another patient had been transferred from another acute ward in the Trust. He said he preferred Meadowcroft, even though it was a PICU. He said that staff are "very fair" to everyone.

Another patient had spent two years in a High Security Hospital some years ago. He said that the Meadowcroft staff were "so-so" but thought the psychiatrist was "very good". He was very critical of psychiatrists that he had seen in the past.

These patients with long experience of different psychiatric wards said that Meadowcroft felt less regimented than other units.

The fourth, who had been on the ward for five weeks, was not positive. He said he did not need to be on the ward.

The patients were positive about the variety of activities that were available; in particular they all liked the garden and the freedom of access to it.

We checked the Care Plans on the RiO (patient record) system for the four patients we had seen. All were up to date, detailed and clear. The Section 132, Mental Health Act (1983) duty to explain to detained patients their rights of Appeal was regularly recorded.

We also looked at the Mental Health Detention papers on RiO for one of the patients we had seen and they were completed correctly. Patients usually stay on the unit between two and six weeks.

When there is a possibility that a patient might be transferred from an acute ward, staff from the acute ward are invited to Meadowcroft to discuss the planned transfer. This practice has reduced the number of patients experiencing repeated transfers between their acute ward and Meadowcroft.

Transfers to Meadowcroft and the mode of the transport used is the responsibility of the transferring unit. A patient is always accompanied by nursing staff with the patient's notes. Transfers from Meadowcroft are always risk assessed and if they are transferred to a forensic unit, Rapid and Secure transport is used. Section 17 leave are few in number and the patient is always escorted.

Outcome 07 – Safeguarding people who use services from abuse

Incidents are expected on a PICU. However, their frequency and severity can be minimised with a well-trained team that has a strong and cohesive team spirit. This seemed to be the case on Meadowcroft, based on our interviews with patients and staff and from our observations.

The Acting Ward Manager, Nicola, informed us that the number of incidents had continued to reduce. 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 members are due any training. This issue is covered in staff supervision sessions.

There was a large poster advertising the Independent Mental Health Advocacy service. The Acting Ward Manager confirmed that patients got a timely response from this advocacy service.

Outcome 13 – Staffing

The staff team comprises an Acting Ward Manager, three Deputy Ward Managers, eleven qualified nursing staff and twelve nursing assistants, and a part time Occupational Therapist (OT). A dedicated Activity Worker who will be based solely on Meadowcroft is due to start soon.

The ward shift pattern has recently changed from 5:5:4 to 6:6:5, this has increased both patient and staff satisfaction. This issue is discussed in the Concluding Comments section.

Staff interviews and the interactions we observed demonstrated that staff are active in engaging the patients. When Meadowcroft requires bank staff, the first choice are staff that are already working on the unit.

Outcome 14 – Supporting workers

We were impressed by the commitment of the Acting Ward Manager to staff support. The staff we interviewed said that the Manager had an “open door policy” to them which was welcomed.

We spoke to five members of staff, including the Acting Ward Manager. They all, without exception, were very positive about working on the unit. A number said they now felt safer on the ward.

One of the recently recruited nurses compared Meadowcroft with the PICU where she had worked previously. She said the PICU had been modern

and purpose built but with “old thinking”, Meadowcroft was non-purpose built, but the “thinking is a lot fresher”.

The Acting Ward Manager said that the current Police Liaison arrangements were a great improvement. Sergeant Lawless was mentioned as being key to this change; his experience as an ex-psychiatric nurse was seen as very positive.

Outcome 16 – Assessing and monitoring the quality of service provision

There are now two Community Meetings a week, one during the day and the other taking place at night.

There is a “You said, We did” focus to these meetings, an excellent example of listening in action. The ward also invites feedback from any Ward visitor whatever their status, e.g. clinical staff, social care staff, family members and carers.

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 also the Trust Quality Metrics Audit, with six factors, such as “Medication Storage and Administration” and “Respect and Dignity”. These factors have up to 13 dimensions.

There are patient satisfaction surveys which are undertaken monthly, as well as a catering satisfaction survey.

PLACE Inspections are also conducted via the Trust to look at the quality of environment, cleanliness, privacy, dignity, wellbeing and food/hydration.

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.

CONCLUDING COMMENTS

The unit is well managed and has a strong team with good morale. The over-riding impression is of a unit that is continuing to progress. The unit is positively supported by senior management.

We would like to thank all the patients and staff that interrupted their various activities and work to share their views with us.

In the Enter and View report of 2013, LINK recommended that a security review be undertaken. Staff were concerned about several “blind spots” on the corridors. On this 2014 visit one corridor was closed. We did note that on another corridor domed security mirrors had been installed to improve visibility.

On the issue of incidents, particularly violent incidents to staff and patients, staff on the visit reported that these have continued to reduce.

The 2013 LINK report recommended an increase in staff, particularly in the evening. We were pleased to be told that the shift pattern was now 6:6:5 instead of 5:5:4.

As outlined at the beginning of this report there are a lot of changes being made to the physical layout and fabric of the ward. The ward staff assisted by the reduction of patients from 10 to six seems to be coping extremely well with the various challenges that this work entails.

RECOMMENDATIONS

An issue that was raised by staff, also mentioned by Ward 2, was having more rapid access to a doctor when patients are transferred to 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 Acting Ward Manager, Matron, staff members and patients who participated in 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 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 Mental Health
Date: Thursday 27th February 2014
Time: 2.00 – 5.00 pm
Enter & View Reps: Alex Davis & Steve O’Neil
Healthwatch Staff: Claire Lockey & Syeda Akhtar

Birmingham Healthwatch – Enter & View Announced Visit

Issues for Meadowcroft

Meadowcroft is a ten bed, men’s Psychiatric Intensive Care Unit (PICU). Therefore all patients are detained under the Mental Health Act 1983. They have all been risk assessed as requiring a higher level of staffing and security than an acute psychiatric can provide. This inevitably involves greater restrictions on patient’s privacy and freedom of movement around the unit.

The first two paragraphs comprise the last section of the Enter and View Report of Birmingham LINK on Meadowcroft. The visit was on 15th January 2013, the report was dated 30th January 2013. There were two recommendations made.

“The first is that the unit is not a purpose built PICU. It is a building that has been adapted for that function. It has long corridors with blind spots that are not appropriate for a PICU. This was pointed out to us by a member of staff. We think that a security review should be undertaken with the purpose of attempting to reduce the risks posed by these factors”. **Prompt: Claire to ask the Ward Manager if a security review has been undertaken.**

Secondly, there is the issue of incidents, particularly violent incidents to staff and patients. These have been reduced in number and the feedback we got from staff and patients is that they are handled appropriately. However both staff and patients feel less safe in the evening when there

are fewer activities to engage patients. We recommend that serious consideration is given to increasing staffing and activities in the evening.”

Meadowcroft received one CQC Mental Health Act Monitoring visit in 2013 on the 6th February, the CQC report is dated 14th February. The Provider Action Statement, which is the Mental Health Trust’s response to the issues raised, is dated 7th March 2013.

1. **Issue:** The patient’s bedroom doors do not have privacy screens.

Response: All bedroom doors will be replaced with vista panel doors by end of March 2013.

Prompt: check bedroom doors have been replaced with vista panel doors when undertaking tour of building.

2. **Issue:** The water dispenser needs to be replaced with one that is more damage resistant.

Response: New water dispenser to be installed by end of March 2013.

Prompt: check that the new water dispenser has been installed when undertaking tour of building. This has been installed.

3. **Issue:** Example found of superseded Section 17 leave form not struck through.

Response: Section 17 leave will now be part of the Mental Health Act audit checklist, which is completed weekly and monthly.

Prompt: Alex/Steve to speak to patients and check paperwork. Claire to obtain copy of section 17 leave form in advance and ask Ward Manager if patients are escorted off site or granted S17 leave.

4. Issue: Example found of no recording by the Responsible Clinician that the patient's consent to treatment had been sought. Code of Practice, para 23.37.

Response: This is the one issue that the Trust did not accept. The response states that the patient was in the first three months of treatment therefore under Section 63 consent/refusal were not necessary. However this does not comply with the Code of Practice paragraph 23.37.

Prompt: (Code of practice circulated) and Alex/Steve to check paperwork.

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