Mental Health Service Visit Report

Name of Service: The Hartington Unit, Derbyshire Healthcare NHS Foundation Trust

Service Address: Chesterfield Royal Hospital, Chesterfield Road, Calow, Chesterfield S44 5BL

Date of Visit: Thursday February 6th 2020

WHAT IS HEALTHWATCH? Healthwatch Derbyshire (HWD) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

Healthwatch Derbyshire engages with both health and social services directly, as well as the public across the county, to establish how services are effectively meeting needs. As a consequence, Healthwatch Derbyshire produces reports and engages in dialogue with both commissioners and providers to ensure that the needs of patients and users of services are continuously improved.

Healthwatch primarily works in partnership with all stakeholders but also retains a range of statutory powers including an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. An Enter & View visit is not an inspection but is complementary to the regulatory and quality monitoring work undertaken by the Care Quality Commission. Further information regarding Enter & View may be obtained from the Healthwatch Derbyshire web-site:

http://www.healthwatchderbyshire.co.uk/about/about-enter-and-view/

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1. Visit Details

Service Provider:

Time of Visit (From/To): 10:30 – 14:30hrs

Authorised Representatives (ARs):

1.	Shirley Cutts	2.	Craig Dunstan	3.	Megan Martin	4.	David Weinrabe

Healthwatch Responsible Officer: David Weinrabe (Interim Enter & View Officer) Tel: 01773 880786

2. Description & Nature of Service

The Hartington in-patient unit comprises of three wards and The Hub, a communal area with café, pool table and space for art activities. There are separate treatment spaces and areas for activities such as yoga.

The wards are:
- **Tansley** – a mixed ward of 22 beds
- **Morton** – a mixed ward of 22 beds
- **Pleasley** – a mixed ward of 20 beds (12 of these beds are for functional older adults and 8 acute beds for people of working age

All wards are 'open' but may be locked at times as and when the safety of patients is considered to be at risk.

3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, Head of Nursing, senior nurses, staff and patients for their contributions to the visit.

4. Disclaimer

This report relates to findings gathered on the specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all patients and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWD ARs at the time of the visit.

5. Purpose of the Visit

- To enable Healthwatch Derbyshire ARs to see for themselves how the service is being provided in terms of quality of care and treatment principles

- To identify evidence of responding to recommendations made from previous visit

- To capture the views and experiences of patients, staff and where possible family members/friends

- To gather evidence on the patient care and treatment experiences with specific emphasis on their sense of safety, adequacy of support provided in the recovery process, personal autonomy and involvement in care decisions

- To identify areas of patient and staff satisfaction within the service and any areas felt to be in need of improvement

6. Strategic Drivers

A pilot of ward visits to the mental health units of the Trust was carried out during 2018 and found to be mutually beneficial. The programme has been further developed with the Head of Nursing for the Hartington Unit, Chesterfield and the Radbourne Unit, Derby. It was agreed at the time that visits should take place twice yearly and focus particularly on the 'safety' of patients and staff which had been an area highlighted in the Care Quality Commission inspection reports of 2018 and 2019.

7. Introduction/Orientation to Service

On arrival to the Unit ARs were met by the Interim Head of Nursing, Kelly McKernan who, with other Senior Nurse staff members, facilitated the visits to each ward area.
ARs were introduced to each ward visited and to the person in charge, following which they undertook a brief guided orientation and were advised of any circumstances that they should be aware and/or may reasonably restrict any aspects of their visit.

ARs were also advised as to which patients were most suitable to engage with and which staff might be available to talk to during the visit.

NAME OF WARD	TYPE OF WARD	ANY RESTRICTIONS DURING VIST
Morton	Acute Mixed gender	• Protected lunch-time 12:00-13:00
Pleasley	Acute Mixed gender (Adults/Older Adults)	• Protected lunch-time 12:00-13:00
Tansley	Acute Mixed gender	• Protected lunch-time 12:00-13:00

8. Methodology

ARs were equipped with various tools to aid the gathering of information. The following techniques were used by the ARs:

- Direct observation of interactions between staff and patients
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the patients
- Observing the delivery and quality of care provided
- Talking to patients, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

9. Summary of Sources of Data Gathered

WARD	No. of Patients Interviewed	No. of Staff Interviewed	No. of visitors interviewed	Others Interviewed
Morton	1	2	0	0
Pleasley	2	3	0	0
Tansley	3	1	0	0
Total	6	6	0	0

10. Detailed Findings

10.1	**Location, external appearance, ease of access, signage, parking**
	The Hartington Unit is set within the Royal Hospital Chesterfield. It is located adjacent to the main hospital having its own entrance, reception and waiting area.
	There is adequate signage in which to find the unit and various barrier-controlled car parks serving the hospital which indicated if there were any free

10.1 cont..	spaces. In addition, there is a designated car park for Blue Badge holders sited opposite the main entrance. All car parks are chargeable and the unit itself also has its own small car park although this was full at the time of the visit. From the outside the unit has a quite modern appearance and seemed to be well maintained. The entrance to the Unit is clean, bright and welcoming. There is a large waiting room furnished with comfortable chairs. The walls displayed various posters of information and a large number of relevant information leaflets were available.
10.2	**Initial impressions (from a visitor's perspective on entering the wards)** All wards visited were "open wards" which may be locked at times as and when the safety of patients is considered to be at risk. None of the wards were 'locked' at the time of the visit. ARs did not note whether there were any signs outside of the wards indicating whether it was locked or not. ARs were welcomed warmly by all staff encountered as they entered the ward and undertook their visit. The Staff Offices/Nursing Stations are located at the end of the entry corridor. As ARs entered two of the wards a number of staff appeared to be congregated around that area. Some patients in some wards were noted to be generally walking around; all appeared relaxed but there was not much obvious interaction by staff observed with them. From the ward entrance corridor along its length, a number of small meeting rooms/social spaces are located plus a treatment room, lockers where patients can store their valuables, and laundry facilities for the patients. The wards on entry generally felt bight, clean, pleasantly decorated and in most cases 'busy' but calm environments. The environments were considered as having a welcoming 'feel' in two wards with another (Pleasley) giving ARs slightly more of a 'clinical' impression (10.4.1 refers). Overall there was ample signage and information displayed to assist both patients and visitors including boards displaying photographs of the care team and boards with staff on duty and indicators of named nurse responsibilities.
10.3	**Facilities for and involvement with family/friends/significant others** Visiting hours are limited to 16:30-20:30hrs on weekdays and 14:30-20:30hrs at weekends as a consequence ARs did not interview any visitors during the period they were in the unit but did observe two apparent visitors in one of the wards suggesting that there was flexibility in when visitors might come. Nevertheless, AR's noted that the official visiting times were different from those operating at the 'sister' unit at The Royal Derby Hospital (Radbourne Unit). However, patients interviewed were satisfied with visiting arrangements. Wards had some small rooms with less formal seating which could be used for visitors to meet their relatives in some privacy. Two patients said that their relatives were able to discuss treatment with staff outside of normal working hours. One patient informed ARs that patient's relatives/carers could attend patient's (Community) meetings held weekly between staff and patients.

10.4	**Internal physical environment**
10.4.1	**Décor, lighting, heating, furnishing & floor coverings**
	All wards were warm, airy and light with the combination of many windows and neon electric lights on the ceilings. Ward décor was clean and bright and some ward areas appeared to have air conditioning whilst others did not but temperatures were comfortable in all wards. The furnishings that were observed were all clean and in good order including suitable, hygienic floor coverings. As indicated under 10.2, in two of the wards a noticeably 'homely' and 'welcoming' environment had been created by its use of furnishings and wall decoration. The décor and design in these wards tended to vary from room to room giving them a sense of 'comfort' and suitability to their purpose. For example, in one ward ARs noted that murals on the walls enriched the environment and in another equally effective was a dining room mural covering the whole of one wall which depicted restaurant themes. However, as indicated under 10.2, whilst everything was clean and fit for purpose, there was a more 'clinical' feel about Pleasley Ward, including the dining room and communal areas which seemed lacking in some 'softer, homely' touches such as different types of furnishings, lighting, décor, art work.
10.4.2	**Freshness, cleanliness/hygiene & cross infection measures**
	All of the areas accessed by the ARs were clean and well maintained with no unusual odours except for one ward within the dining room. However, this was considered to be the residual smells from the lunch that had just been completed. The toilets and bathrooms viewed were clean and smelt fresh as were the kitchenettes. ARs were informed that the kitchens, which are used by patients and visitors, were closed for cleaning three times per day. In some wards hand hygiene gel dispensers were evident in various locations whilst in others they were not observed. It appeared in two of the wards that bathrooms and toilets were left unlocked whilst in Pleasley ward ARs received contradictory statements from staff on different shifts about this. One stating the bathrooms were kept locked unless being used and the other stating they were not locked. In Tansley Ward, one patient said that the shower was *"difficult to use, does not have very good spray…..have to wait a long time for it to come on because of the sensor on the shower"*. It was mentioned by a staff member to ARs that these are due for an upgrade.
10.4.3	**Suitability of design to meet needs of patients**
	The general lay-out of the wards is similar but also with some modifications to use of spaces comparing one ward with another. The overall design appeared more than adequate with a range of spaces for communal as well as individual/small social gatherings and good facilities such as the kitchenettes and laundry/utility areas etc referred to under 10.2 & 10.4.2.

10.4.3 cont…	Changes in the use of space on Morton Ward were considered to be enhancements to the environment where a 'salon' had been created using a space which on other wards was the location for the patient's personal lockers. This appeared to have been popular with the patients and ARs observed one patient having their hair washed and set whilst another patient was using a computer with a member of staff. All wards were equipped with 'safety pods' which patients can freely access. This is a large 'bean bag' which one staff member described as enabling patients to, *'relax and wind down'*. The wards are designed in a "T" shape with one side being for females and one for males. This segregation was primarily to ensure appropriate privacy for sleeping and personal care/hygiene activities. There were some single bedrooms but mainly shared bedrooms/dormitories within each gender specific 'wing' of the wards. The dining areas and TV rooms/lounges are however shared for the whole ward providing some integration opportunity between the patient ward population. Generally, patients interviewed did not express any concerns regarding ward routines and space and seemed happy with their surroundings. However, in Pleasley Ward one patient felt the ward to be *"very institutionalised"*. They felt that not enough attention was given to all patients with some being much more demanding. They felt this was due to the *"mix of patients"* (referring to the older patients) on the ward not being *"balanced"*. Pleasley supports both adults and '*functional older patients'*. ARs observed one or two patients who appeared to have some confusional difficulties but within the overall ward design there seemed to be limited evidence of environmental adaptations incorporated to support such patient needs.

10.5	**Staff support skills & interaction**
10.5.1	**Staff appearance/presentation**
	All staff wear uniforms designed in colours denoting their role on the ward. All staff were distinctly professional in their appearance. All staff appeared friendly and approachable however as noted in 10.2, there was not much clearly obvious interaction observed with patients when ARs first entered the ward. One experienced nurse spoken to expressed that they had previously become quite disillusioned with nursing but had recently joined the ward team which had renewed their enthusiasm for the work. Another staff member suggested to ARs that if they themselves were in-patients, they would feel safe, well looked after and with time to talk to staff. A third staff praised the way their duties were allocated and valued the importance of, *'1:1 time chatting to patients'*.
10.5.2	**Affording dignity and respect**
	All staff appeared very respectful when addressing patients. When ARs were shown around the ward, staff were observed to always knock before entering into personal spaces such as bedrooms or bathrooms and sought permission to

10.5.2 cont..	enter where appropriate. Patients spoken to verified that this was the case and felt that their privacy in these instances was fully respected. However, it was noted by ARs that staff did not apply the same courtesies before entering communal areas. In one instance ARs were in a dining room interviewing three patients and staff members came in several times without knocking. In another instance ARs were being shown around the ward and the staff member entered the lounge, where patients were resting and/or watching TV, without knocking or seeking permission and commenced to talk to ARs quite loudly. In the same ward an AR observed a clinical room door being left open when a patient was being treated which involved them needing to remove some of their clothing.
10.5.3	**Calm, empathic approach**
	Staff and patients seemed to have good relationships and there was clear evidence of wards reflecting a broadly caring environment. Staff were observed adopting relaxed and friendly approaches to patients, always speaking to them pleasantly and enquiring of their needs.
10.5.4	**Effective communications – eg available information on admission, involvement within recovery care and discharge plans**
	A comprehensive range of information was generally displayed on the walls in corridor areas, including menus, activities, explanation of ward routine, patient rights, complaints procedure, advocacy access etc. However, there was mixed evidence about information received by patients on admission and awareness of recorded information about their care and allocation of Named Nurses. A few patients interviewed stated that they had received information leaflets/ packages on admission but with some admitting that they had not really read them at the time or referred to them again since. Others stated they had not received any information pack on admission. There was also some variation on patient's being aware of their care plan record (except for Morton Ward) albeit that all patients across all wards generally acknowledged and were satisfied that they were involved in their care and discharge plans. One patient confidently expressed that they were *"involved in all the decisions about care and treatment"* In contrast to the lack of awareness of patient's own copies of their care plans encountered in Pleasley and Tansley wards, the patient interviewed in Morton was positive about both admission information received and having a copy of their own care plan stating that they had a copy, *"stored by my bed in a red folder"*. The patient referred to the 'welcome pack' received on admission as providing, *"some useful information, especially the ward phone numbers"*. Whilst ARs were informed that every patient was allocated a Named Nurse, this was something once more where patients seemed to identify some inconsistencies in terms of their awareness of the system. One patient stated they had no regular contact with their Named Nurse whilst the patient on Morton confirmed they were aware who their named nurse was and that they were happy with the support provided on the ward.

10.6	**Patients' physical welfare**
10.6.1	**Appearance, dress & hygiene**
	All the patients seen were appropriately dressed in their own clothes and were presentable in appearance. Some patients confirmed that they used the ward laundry facilities.
	Patients stated that they were generally satisfied with the bathroom facilities which they could generally access freely.
	Some storage facilities (a locker and wardrobe) are available in the bedroom areas but these are not secured. Wardrobes in one ward were noted not to have doors. Storage for personal clothing etc appeared to be an issue for some patients (10.7.1 refers).
	For items of patients that need to be secured, there is a separate locker area with a keyholder amongst staff on each shift so that patients may access their most private possessions on request.
10.6.2	**Nutrition/mealtimes & hydration**
	Main meals are served in the dining rooms and mealtimes are protected, although ARs were told in one ward that this can sometimes be compromised if ward rounds run over time. One patient also mentioned that tea time started at 5pm and because this occurred at visiting times by default was not 'protected'.
	Menus are clearly displayed but did not receive many enthusiastic comments from patients ranging from responses such as, *"okay"*, *"typical hospital food"*, *"the food was not great"*, *"overcooked"*, *"barely adequate except for puddings"* **to** comments on quantity such as, *"too much food … portions too big…. lots of wastage"*.
	The dining room areas were quite large, light and airy with plenty of seating for approximately 4-8 people at each table. However, as outlined under 10.4.1, one ward dining room appeared starker in design than the others.
	As referred to under 10.4.3, all wards have kitchenette where snacks and drinks can be made throughout the day except for when it is being cleaned. However, one patient told ARs that patients were, *"not encouraged to use it"*. The kitchens are well-equipped including having toasters and microwaves which ARs were informed may be used under supervision.
	In addition to meals served and the kitchenettes, there was a snack/drinks bar in The Hub where patients could purchase items.
10.6.3	**Support with general & any specialist health needs**
	Most of the patients ARs spoken to stated that they saw the professionals they needed to see and were satisfied with the service offered. Patients generally felt that they were kept informed of medications and the care process with regular updates from their Doctor three times a week with ward round meetings. A patient mentioned that their medications had led to a weight

10.6.3 cont…	increase, which they now had to address but they had been aware of this before beginning the medication.
	Some patients however felt that their physical health hadn't been attended to satisfactorily. One commented that there was not enough continuity in that doctors and nurses *"came and went"* and that *"30 different faces"* was an issue for them. Another patient informed ARs that only after much insistence by them were they referred to a Psychologist and once an appointment had been arranged they considered themselves lucky to have seen the same psychologist for five or six sessions, which they appreciated and felt was very useful.
	One patient commented that they felt they should have been encouraged to take part in physical activity more, although they also said it was their own fault, they didn't take part.
	Patients did say they had seen Occupational Therapists, Doctors, Nurses and Psychologists. They felt they had people to talk to when they needed to. One patient said the OT had tried to get them involved in activities on day one or two following admission but they had been reluctant to do so; recently however they had become engaged in more things.
10.6.4	**Meeting Rest & Sleep Needs**
	As referred to under 10.4.3, wards were designed with single sex sleeping accommodation comprising of some single bedrooms but mainly shared bedrooms/dormitories. Each dormitory normally consisted of 5/6 beds with an open locker area and storage area to one side of each bed.
	Generally, patients expressed mixed feelings about their sleeping accommodation with more concerns being expressed from those having to sleep in the dormitory type rooms. ARs were informed by the Interim Head of Nursing that all wards were shortly due to be converted to single sleeping accommodation in line with national policy.
	One patient stated that their, *"sleeping arrangements were fine"* however they had been sleeping on a sofa in the lounge where they felt '*safer*'. This was as a consequence of a distressing experience they had had prior to being admitted.
	Whilst patients generally appeared satisfied with their rooms providing enough space and some facilities for storage of their personal belongings, the main issues regularly expressed by patients were concerns with privacy and 'comfort'. In dormitories pull-around curtains systems are used to provide some privacy but were not permitted to be closed whilst patients sleep.
	A key factor about 'comfort' related to the compatibility of those sharing the rooms together with one patient telling ARs that they slept satisfactorily except when there are, *"other patients used threatening language"*. Overall most patients suggested that they felt they slept reasonably except in one or two instances where patients referred to noise disturbance. This referred to by two patients. One referred to other patients being noisy and the other referred to a door on Pleasley Ward incorrectly closing which had been reported to staff but had not been repaired. One member of staff said to ARs that they didn't consider the ward, '*to be too noisy*'.

10.6.4 cont…	There appeared to be choice for when patients wished to go to bed but one patient said they would prefer to retire earlier but had to wait until they had received their medication. They had asked for it to be given earlier but this had not been accommodated.

10.7	**Patients' social, emotional and cultural welfare**

10.7.1	**Personalisation & personal possessions**
	In patient's bedrooms, personal possessions can be stored in a locker and a wardrobe which are located by the patient's own bed. One patient said, *"they are a bit small to fit all of my personal belongings"*.

Two patients told ARs that they had accumulated many personal possessions over the weeks they had been in the ward so that they could feel more *'at home'*. Another patient mentioned something similar saying that they also had accumulated, *"a lot of stuff"*, so storage was a challenge.

In addition to storage within bedroom areas each patient has a secure locker available to them. However, patients interviewed on Pleaseley ward who had been on the ward for several weeks stated they were unaware of the availability of secure lockers and how to access them. Whereas the staff interviewed showed ARs the patients' locker system (centrally situated near the nurses' station) which was key operated by staff and within the main first door was an individual key for each patient's locker.

Mobile phones could be used by patients but they were not able to keep their own charging leads which tend to have long cables. Short charger leads to reduce ligature risks, were supplied by the ward. |
| 10.7.2 | **Choice, Control & Identity** |
| | Depending on the assessed levels of need and risk that patients present, they may be given freedom to roam around the ward, within the unit and/or go outside the unit either accompanied or unaccompanied by staff. One patient said *"I went to the co-op on my own for cigarettes as no roads to cross"*.

Patients were informed when the ward was temporarily locked and the reasons why. However, whilst other wards seemed to maintain unlocked bathrooms and toilets, on Pleasley ARs received discrepancies in the information given by staff on the different shifts encountered. One staff member in the morning stated the bathrooms were kept locked unless being used and the staff member in the afternoon stating they were not locked.

As indicated under 10.6.3, ARs were informed that patients have meetings with doctors three times a week to discuss their care progress and medications if prescribed. ARs were also told by staff that patients can also access private time with a Doctor or staff member to discuss things in more privacy should they wish.

One patient informed ARs that they were totally involved in all decisions made about their care and treatment, being given a choice of medication and provided with the literature to enable them to make an informed choice. However, two other patients raised concerns about their medication, one saying that they were, *"not sure that they were given a choice about their* |

10.7.2 cont…	*medications"* and another, as outlined under 10.6.4, stating they had requested their evening medication to be administered earlier in order that they could go to bed, but this had not happened. Some patients interviewed appeared to be unaware of the advocacy service but ARs had observed information about the service displayed in most of the wards.
10.7.3	**Meeting Needs of Patients Who Smoke**
	For those who smoke, admission to the Unit was previously into a strictly non-smoking environment as per national policy for hospitals. However, this was considered within the Unit to be a significant factor in increasing the patient's stress and incidents of aggression which were encountered by staff. Consequently, a modified non-smoking policy has been instituted where smoking is only permitted in designated outside courtyard areas of the unit. Alongside this facility, patients, on admission, are actively encouraged to stop/reduce smoking by offering them nicotine patches (which are free for the first month) or 'vapes' plus an option for referral to a smoking cessation course. ARs were informed by the Interim Head of Nursing that an on-going evaluation of the smoking policy/strategy adopted had provided some provisional evidence that there has been a reduction in aggressive incidents since its introduction. A staff member told ARs that, '*if there was not a smoking area this would probably affect the patient's mental health detrimentally and they may become aggressive and disruptive*'.' The courtyards used seemed well maintained the area being divided between a designated smoking zone and a smoke-free zone where patients on higher levels of observation can go out for some air & exercise. One patient ARs spoke to was a smoker and was allowed to go and use the outside smoking courtyard area whenever they wanted to. This was available between 08.00 and 18.00hrs. They confirmed that they had been offered nicotine patches on admission. On the wards ARs observed a range of information on notice boards and available leaflets on smoking and its effects and help with quitting the habit.
10.7.4	**Feeling safe and able to raise concerns/complaints**
	The patients that ARs spoke to said that they felt safe in the environments and able to raise concerns if needed but one patient felt that "*..it seemed to make no difference*" but did not offer what this experience was about. One patient told ARs that they had felt one member of staff on their ward was, "*consistently abrasive*" towards them but they felt able to approach a staff member about this and the issue had been addressed satisfactorily. In Morton Ward, in the room where the 'safety pod' was located, there was also a white-board to encourage patients to express their thoughts and feelings. ARs noted that someone had written something on the board and a member of staff said that they would follow this up with the patient concerned. One member of staff on one ward had worked on another mental health unit and felt whilst the current ward compared well, they felt a little unsafe as they were previously used to wearing a personal alarm. They also felt that there

10.7.4 cont…	were many blind spots on the ward and more observation mirrors would be helpful.
10.7.5	**Structured and unstructured activities/stimulation**
	A central facility (The Hub) outside of the ward areas is designed to be the main area for socialising and games/leisure/therapeutic activities are programmed throughout the day and evening. Adjacent to The Hub is a gym/fitness room which patients spoken to were aware of and were able to access easily.

The Hub is a light and airy space with a refreshment area available. There was a notice of that day's activities on display. This area is also the home to the Unit's pet rabbit. A bingo session was noted to be going on during the visit and was attend by a few patients.

There is a communal computer against the corridor wall in the Hub but one patient thought this is an area in need of improvement. The ARs did not see it being used, despite passing it on a few occasions. According to the inpatient guide, there is an Internet café in the Hub, but this was not observed

The patients felt there were enough activities on and off the ward (scrabble, quizzes, reading etc) but also felt there could always be more on offer. On the wards, patients can read listen to music or watch a film/tv in the lounge area. One patient said *"I love music and enjoy singing because it makes me feel happy"* and another said," *I can't be bothered with much other than watching the tv"*. |
| 10.7.6 | **Cultural, religious/spiritual needs** |
| | The patients were aware of the facilities being available (Multi-faith room) and recognised that it was their choice whether to use these facilities or not. ARs were informed by patients that, *"their needs are met weekly with the provision of a room for prayer and that the Chaplain comes once every three weeks"* (to visits wards) and holds a service every fortnight in The Hub. |

11. Additional Issues

11.1	**Comparisons with previous Healthwatch Visit(s) Where Applicable**
	Whilst this represents the first formal Enter & View visit to the Hartngton Unit, Healthwatch was invited to undertake a structured visit in 2019 which took place on 2nd July. A second follow up visit after 6 months had already been agreed when arranging the July visit and this was renegotiated to become a full Enter & View visit as per this report.

However, the evidence within this report compared to that of the structured visit in July, is very similar. Some developments/improvements were noted with respect to; the management of people who smoke, the clearer feedback to patients on issues raised through the ward displays such as the '*you said, we did*' posters and there appeared to be more consistency in 'protected' mealtimes. |

11.2	Comparisons with the most recent CQC report
	The CQC rating certificate was observed as being displayed in the main hospital but not within the Unit itself. In June 2018 the CQC visited the Radbourne Unit and as a consequence of some serious concerns revisited between 18th - 20th March 2019 with the report being published on June 4th 2019. Whilst the CQC had noted some improvements between the two visits and were assured of plans to address the on-going concerns, the Unit was deemed 'inadequate' overall and specifically in relation to 'safety' and being 'well-led'. The domains of 'effective' and 'caring' were rated as 'requiring improvement' whilst that of being a 'responsive' service was considered 'good'. The CQC generally found many positive aspects within the overall experience of care and skills of staff but had a range of concerns about organisational, administrative and staffing issues which impacted on health and safety. Most of the focuses of these issues fall outside of the role and functions of Healthwatch Enter & View. Other shared areas of concern however, identified by the CQC and evidenced in this report, are issues around: patients being offered copies of their care plans, the dormitory accommodation and access to bathrooms.
11.3	Other observations/findings of note
	The service response to this report was delayed by a week due to the exceptional circumstances and impact on NHS services of the national Coronavirus outbreak.

12. Elements of Observed/Reported Good Practice

Name of Ward	Good Practice Example
All	• positive, caring interactions between patients and staff
Tansley	• patient's relatives/carers can attend patient's weekly 'Community meetings'
Morton	• The creation of a salon facility
Morton	• The availability of a white-board to encourage patients to express their thoughts and feelings.

13. Recommendations

13.1.0	To confirm that all wards have clear signage communication, both external and internal to the ward's entrance, indicating whether the ward is 'locked' or 'open' (10.2)
13.1.1	To advise whether visiting hours are being considered to be changed in line with the additional times operated at the Radbourne Unit (10.3)
13.1.2	To review the décor and design of Pleasley and consider ways of enhancing the aesthetics of the environment (10.3)
13.1.3	To confirm that all wards have sufficient hand hygiene gel dispensers available

	for both staff and patient use (10.4.2)
13.1.4	To confirm the policy on whether bathrooms are required to be locked or unlocked (10.4.2, 10.7.2)
13.1.5	To advise when the problematic shower in Tansley Ward is to be 'up-graded' (10.4.2)
13.1.6	To consider the environmental design of Pleasely Ward in terms of its adequacy to meet needs of older patients who may be vulnerable to confusional states (10.4.3)
13.1.7	To review practices to ensure courtesies of staff entering the Ward communal spaces is the same as those adopted in entering personal spaces (10.5.2)
13.1.8	To ensure that all patients consistently receive information packs on their admission (10.5.4)
13.1.9	To confirm that all patients are offered copies of their care plan (10.5.4)
13.2.0	To confirm that all patients are clearly informed of their Named Nurses and that systems are in place to ensure patients met their Named Nurses regularly (10.5.4)
13.2.1	To repair broken wardrobe doors (10.6.1)
13.2.2	To review quantity and quality of food provided (10.6.2)
13.2.3	To advise on the adequacy of Psychology support available and if limitations exist, what strategies are in place to increase such support (10.6.3)
13.2.4	To confirm the time-frames for refurbishing existing dormitory style sleeping facilities to create individual bedrooms (10.6.4)
13.2.5	To clarify whether privacy curtains around beds may be closed at night or are required to be left open (10.6.4)
13.2.6	To repair the noisy door reported on Pleasley Ward (10.6.4)
13.2.7	To consider whether night time medication might be administered more flexibly in accordance with patient needs (10.6.4, 10.7.2)
13.2.8	To consider ways to provide patients with additional storage facilities for belongings (10.7.1)
13.2.9	To ensure that all patients are clearly informed about the availability of secure locker systems and how to access them (10.7.1)
13.3.0	To ensure all staff feel safe within their working environments and consider ways to reduce existing 'blind spots' within the ward's design (10.7.4)
13.3.1	To confirm if an 'internet café is available within The Hub' (10.7.5)
13.3.2	To advise whether the CQC rating certificate is displayed within the Unit (11.2)

14. Service Provider Response

No.	Recommendation	Service Response
13.1.0	To confirm that all wards have clear signage communication, both external and internal to the ward's entrance, indicating whether the ward is 'locked' or 'open' (10.2)	There is an expectation that whenever ward doors are locked there is appropriate signage both inside and outside the ward doors to explain this and how to enter/leave the ward. This is monitored by the Clinical Matrons who complete monthly walkarounds and this is one of the criteria they check.
13.1.1	To advise whether visiting hours are being considered to be changed in line with the additional times operated at the Radbourne Unit (10.3)	The difference between visiting times across the two units will be discussed at the next Clinical Reference Group by June 2020
13.1.2	To review the décor and design of Pleasley and consider ways of enhancing the aesthetics of the environment (10.3)	As part of working towards the Royal College of Psychiatrists AIMS accreditation, all wards are working to make their communal areas more welcoming. This work will be ongoing. Pleasley has been the last ward at the Hartington Unit to commence this work and is being supported by the other wards to complete it.
13.1.3	To confirm that all wards have sufficient hand hygiene gel dispensers available for both staff and patient use (10.4.2)	All wards should have hand gel dispensers within communal areas and staff are offered hand gel for personal use. Due to the Coronavirus pandemic this provision has been increased.
13.1.4	To confirm the policy on whether bathrooms are required to be locked or unlocked (10.4.2, 10.7.2)	All bathrooms should remain unlocked at all times. If the bathroom needs to be locked for any reason staff must completed an incident form via the Datix system. This is part of the Clinical Matrons walkaround as we are aware that there has been some inconsistency in practice.
13.1.5	To advise when the problematic shower in Tansley Ward is to be 'up-graded' (10.4.2)	There has been upgrades to the shower facilities on Tansley Ward. This specific issue will be followed up and work completed by May 2020

No.	Recommendation	Service Response
13.1.6	To consider the environmental design of Pleasely Ward in terms of its adequacy to meet needs of older patients who may be vulnerable to confusional states (10.4.3)	As part of the refurbishment work on the Hartington Unit (see 13.2.4) the suitability of the environment on Pleasley Ward for its client group will be considered.
13.1.7	To review practices to ensure courtesies of staff entering the Ward communal spaces is the same as those adopted in entering personal spaces (10.5.2)	Staff courtesies when entering communal areas, as well as personal spaces, will be raised in staff and patient meetings by May 2020
13.1.8	To ensure that all patients consistently receive information packs on their admission (10.5.4)	The quality of welcome packs, and the consistent distribution of these is also part of the Royal College of Psychiatrists AIMS accreditation. The Clinical Matrons are working on how to meaningfully monitor that this is occurring.
13.1.9	To confirm that all patients are offered copies of their care plan (10.5.4)	All patients are offered a copy of their care plan. This is documented within the electronic patient record. Since Healthwatch Derbyshire's initial feedback we have now standardised the approach across all wards. All patients continue to be offered a copy of their care plan. Those who decline will have a copy stored in their red folder, which is kept in their individual locker. Signs have now been added to the locker area to make everyone aware that a copy of their current care plan is within the red folder. Patients who do not have the capacity to safely hold their own copy will also have theirs within their locker. The effectiveness of this will be reviewed through patient meetings and 1:1 discussion
13.2.0	To confirm that all patients are clearly informed of their Named Nurses and that systems are in place to ensure patients met their Named Nurses regularly (10.5.4)	Some of the wards have a named nurse board in communal areas, so that all patients can see who their named nurse is. This is now being standardised across all wards. There is also a daily "one out, all out" process which allows every member of staff protected time to engage with patients.

No.	Recommendation	Service Response
13.2.1	To repair broken wardrobe doors (10.6.1)	Any outstanding repairs will be escalated for urgent completion by May 2020
13.2.2	To review quantity and quality of food provided (10.6.2)	The food at the Hartington Unit is provided by the Chesterfield Royal Hospital. The quality of this is reviewed in the annual PLACE inspection.
13.2.3	To advise on the adequacy of Psychology support available and if limitations exist, what strategies are in place to increase such support (10.6.3)	There is a full-time psychologist working on the wards at the Hartington Unit. There is also psychology-bases support available for staff and psychology are working with the occupational therapy department to provide more psychological based activities. We are working with psychology to review the entire admission process and make this a more therapeutic offer. We have also recently introduced an emotional regulation pathway for both community and inpatients.
13.2.4	To confirm the time-frames for refurbishing existing dormitory style sleeping facilities to create individual bedrooms (10.6.4)	There is a plan to refurbish the Hartington Unit and provide partitions between bed areas within dormitories. This work was due to start mid 2020 but may be negatively impacted by the Coronavirus pandemic.
13.2.5	To clarify whether privacy curtains around beds may be closed at night or are required to be left open (10.6.4)	Curtains around beds may be closed at any time, day or night. Staff may have to open these during the night in order to complete observations, however they should be closed again after staff have completed these.
13.2.6	To repair the noisy door reported on Pleasley Ward (10.6.4)	Any outstanding repairs will be escalated for urgent completion by May 2020
13.2.7	To consider whether night time medication might be administered more flexibly in accordance with patient needs (10.6.4, 10.7.2)	Medication administration times must be discussed on an individual basis. If they can be prescribed at a more suitable time this will be done, however some medications, such as those to assist with sleep, cannot be given earlier.

No.	Recommendation	Service Response
13.2.8	To consider ways to provide patients with additional storage facilities for belongings (10.7.1)	Patients are encouraged not to acquire large amounts of property during their admission. There is a wardrobe in each bed area and some general storage available.
13.2.9	To ensure that all patients are clearly informed about the availability of secure locker systems and how to access them (10.7.1)	Access to secure lockers will be identified within the patient welcome pack, and staff will be asked to remind patients of these in the regular patient meetings.
13.3.0	To ensure all staff feel safe within their working environments and consider ways to reduce existing 'blind spots' within the ward's design (10.7.4)	There is ongoing work with the staff wellbeing team to identify if staff feel safe at work, and if not, why. There have been cameras introduced to cover the blind spots and some wards will soon be piloting body worn cameras.
13.3.1	To confirm if an 'internet café is available within The Hub' (10.7.5)	There is a computer available within the hub, which can be used to access the internet. It is perhaps slightly ambitious to describe this as an internet café.
13.3.2	To advise whether the CQC rating certificate is displayed within the Unit (11.2)	We had our most recent CQC visit in November 2019 and have recently received the report including the rating. This is now displayed on each ward and within the reception area.