Enter and view report Magnolia Ward - Yeovil Date 18 August 2016

Authorised representatives

Healthwatch Staff lead – Jonathon Yelland
Authorised representative- Janet Bond

Healthwatch Somerset

T: 01823751403
E: info@healthwatchsomerset.co.uk
W:www.healthwatchsomerset.co.uk

1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Magnolia ward, Summerlands, Preston Road, Yeovil. BA20 2BN
Service Provider	The Somerset Partnership NHS Foundation Trust
Date and Time	2016. 10.30hrs – 14.00 hrs
Authorised Representatives	
Contact details	info@healthwatchsomerset.co.uk 01278 751403

1.2 Acknowledgements

Healthwatch Somerset would like to thank the staff and patients at Magnolia Ward for helping to ensure the enter and view team were welcomed, for accommodating its needs and for ensuring that patients were advised of the visit and given the opportunity and support to talk to us.

1.3 Purpose of the visit

- To seek the views of patients, visitors and staff about the services they receive or work in
- To seek the views of patients and visitors about other NHS or social care services they receive
- To identify good practice examples and share these with Commissioners, The Somerset Partnership and other inpatient wards.

2 Methodology

This visit forms part of a wider project running from November 2015 to August 2016. Healthwatch Somerset enter and view representatives will visit each of the nine wards in Somerset that provide treatment for people with acute mental health issues.

The enter and view team spoke first to the ward manager. The team was keen to ensure that its presence did not hinder the provision of care being given and that all safety concerns were discussed.

The enter and view team then received a tour of the wards. The team was accompanied by a staff member throughout the visit and to help ensure safety we were given a panic call button. The team ate lunch with clients and spoke to some in communal areas.

Following the visit this report will be shared with the provider who will have the opportunity to respond to the report and the recommendations made. The report will then be published on the Healthwatch Somerset website and shared with the provider, Care Quality Commission and Commissioners of the service.

A final report summarising the findings of all nine visits will then be written and sent to the provider for comment before being published as previously stated above.

About the service

The Somerset Partnership describe the ward as follows:

Magnolia Ward has 14 beds, providing assessment and treatment for older people suffering from dementia and other confused states. The Ward provides services for older people who live in the South Somerset and Mendip/Frome areas.

There is a team of specialist mental health doctors, nurses and therapists who work closely with the Community Mental Health Team for Older People to assess, treat and facilitate discharge in a timely way.

Admission is facilitated by referral to the Community Mental Health Teams in Mendip and South Somerset.

NB: it should be noted that the 14 beds provided as stated above and on the Somerset partnership website has since August 2015 been reduced to 10 beds. This reduction in provision is due to difficulties experienced in recruiting qualified staff.

3 Findings

1.3 Environment

The building is situated in a residential area of Yeovil. It is in a complex next to Rowan ward which offers in patient services for adults who have a mental health condition. It was refurbished two years ago. There are separate male/ female sleeping areas.

Upon arrival we were greeted at reception where we signed the visitors' book. We saw that a notice informing patients and visitors of our visit was displayed on a notice board. Pictures of the staff team, information about advocacy and how patients and visitors could have their say were displayed on notice boards.

As we entered the ward, a patient was playing the guitar while another patient was seated in the corridor waiting for a relative to visit. Bright pictures were displayed on the walls. We noted that a hand rail ran along the length of the corridor and was painted red. Research shows that red and yellow are the last colours to fade for a person who has dementia. It was also noted that the toilet doors were also brightly painted thus aiding patients to find them easier.

Seven of the ten bedrooms currently being used have an en-suite facility. We were shown some of the bedrooms which seemed of a good size. Except for a few photos the rooms seemed lacking in pictures to decorate them although it should be noted that this may be due to patient choice.

Transfers with pictures of outdoor scenes had been applied to the windows of an external door at the end of the corridor which it was thought helped to brighten the corridor. Patient's art work was also displayed on the wall in some areas.

In the dining room it was noted that there were pictures of the meals on offer for the day thus aiding informed choice at meal times. There was an activities area a lounge with bookcase and TV and other smaller rooms where people could sit, receive visitors or engage in activities.

There were several toilets and bathrooms available for patients both in communal areas and near bedrooms. There is an assisted bath and hoist as well as walk in showers.

Various displays, and bookshelves help to make the ward less clinical but it was felt that more could be done to aid this and suggestions have been made in the Activities section of this report (See 3.2)

We were shown a room with sensory equipment such as coloured lights and bubble tube and a massage chair where patients could relax to gentle sensory stimulation.

The manager told us that one patient who had difficulty sleeping enjoyed looking at the bubble tube lamp and that they sometimes moved the lamp into the patient's room to help them sleep.

Outside is a well maintained and thought out garden. There were raised beds which we were told patients sometimes tended. There were many plants and flowers that were thought to be dementia friendly as they have attractive scents are brightly coloured or tactile. There was a summer house which displayed pictures that a resident had painted. A drawing pad and pencil had been left for patients to use in the summer house. We observed patients cutting flowers and arranging them and other patients enjoying the garden. Sun hats were also available for patients to use in the garden.

1.4 Activities

The ward employ a fulltime activities coordinator. A program of activities was displayed on the wall.

We were told that the consultant psychiatrist sometimes brings her dog in to visit patients. Personnel from the SUCH project visit regularly to provide complimentary therapies to patients. There were some bookshelves in communal lounges and a TV.

One patient told us how he had enjoyed sanding and varnishing some of the outside benches and that he was waiting for more varnish and sandpaper to be purchased to enable him to do some more.

Another resident told us that he enjoyed drawing and showed us some of the pictures he had recently drawn.

The Activities coordinator was not working on the day of our visit and there did not appear to be many patients engaged in activities. Two patients told us that it was boring being there and two other patients told us that they just wanted to go home. It was felt that more support by staff to engage residents in meaningful activities could help lessen the anxiety related to dementia.

The enter and view team have noted good practice from previous visits to dementia care homes, for example, that one home had placed trolleys in corridors that contain various objects to stimulate interest and tactile curiosity, these may include: dolls, tools, a typewriter, record player, knitting and objects that patients may recognize from their past experiences. We felt that trolleys of this type may help to stimulate

activity, memory and communication. It is recommended that the ward consider obtaining trolleys of this nature. (See recommendation 5.1)

Healthwatch Somerset has gathered a list of activities gathered from visits to other services. (See appendix 6.3 and 6.3.1). It is recommended that the list be shared with staff and patients to see if it inspires further ideas for activities. (See recommendation 5.2).

1.5 Staff

Throughout the visit, staff were observed to be supportive and caring to patients. There appeared to be enough staff to supervise patients in terms of there being staff in each area. The home had experienced the effects of the national problem relating to recruiting qualified staff which led to 4 bed closures. The ward manager had introduce interventions to improve recruitment, such as participating in a student nurse recruitment day and advertising job vacancies that are also widely advertised.

The Trust had also created a band four post to buffer the gap between band three and the qualified band five.

Each patient has a named care coordinator.

The manager told us that they had had good communication with a 'Link Social Worker' from adult social care which the ward had found very useful.

The manager also noted that a degree of flexibility in staffing numbers had been helpful in overcoming some staff shortages and in meeting the needs of patients. The ward has two nurses and three healthcare assistants on duty in the day and one nurse and three healthcare assistants on duty at night.

We were also told that the ward has good links with the consultant nurse from Yeovil District Hospital who advises the ward and acts as a link with CMHT (Community Mental Health Team)

The manager also said they have good links with Pyrland ward which helps with managing beds.

1.6 Involvement

Information about advocacy and "have your say" meetings was displayed on the ward. "Have your say" meetings are held regularly and regular 'Friends & Family' surveys are carried out. The ward display 'you said we did' posters from have your say meetings it was noted that responses to requests had been listed on these.

The ward has a twitter account which we were told has 1400 followers.

An IMHA advocate from SWAN Advocacy visits weekly.

A multi faith chaplain also visits weekly.

The manager explained that she had also invited a local paper to the ward to help raise awareness about dementia.

Multi-disciplinary team meetings are held weekly

The ward has also had some involvement with 'Volunteers who knit' from the community hospice.

The ward had gathered many examples of positive feedback from families.

1.7 Things to commend

- Well maintained and thought out dementia garden
- Sensory room
- The ward uses the 'This is me' process from the Alzheimer's Society to gather information about the patients. It displays information about this in patients' rooms
- The ward has a Twitter account with 1400 followers
- The ward liaises closely with Pyrland ward to help with sharing good practice and effective bed management.
- The ward has good links with Yeovil District Hospital
- Seeking regular feedback from families.
- Job vacancies widely advertised including on twitter.
- Regular visits from SWAN advocacy
- Red hand rails and toilet doors so that people who have dementia can recognize them more easily.
- Patients' art work displayed.
- Brightening up of dark exit doors with transfers of attractive outdoor scenes.
- Involvement of a number of volunteers, some of whom knit twiddle muffs for the patients to use,
- The ward invited local press to raise awareness of dementia and have also involved the local football team to help with this.
- Pictures of meals in the dining room to aid informed choice.
- The SUCH Project visits providing complimentary therapies to patients.
- Ward involvement with raising the profile of and awareness of dementia by inviting local press to the ward.
- Hiring memory boxes to stimulate memories and interest from 'Dorset Memory Boxes'.

4 Conclusion

Magnolia ward was seen to provide a suitable environment for patients. Staff were observed to be supportive and caring. In particular the garden was found to be therapeutic and enjoyed by many of the patients. There are a number of opportunities for patients and family members to have their say and information about these was clearly displayed.

The ward has taken some innovative steps to help lessen the national problem of recruiting qualified staff.

On the day of our visit, it was felt that more could be done to provide patients with therapeutic activities and some recommendations have been made about this.

5 Recommendations

It is recommended that:

5.1 the ward look at providing movable trolleys or cases containing objects that are tactile or stimulate memory and conversation.

5.2 the activities' list and good practice examples included in this report (appendix 6.2 & 6.3) be shared with staff and patients and families to see if it inspires further ideas for activities.

Disclaimer

- This report relates only to a specific visit (a point in time)
- This report is not representative of all service users (only those who contributed within the restricted time available.)

6 Appendices

6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include[1]:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- providing advice and information about access to local care services so choices can be made about local care services
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

[1] Section 221(2) of The Local Government and Public Involvement in Health Act 2007

Each Local Healthwatch has an additional power to enter and view providers[2] [3]so matters relating to health and social care services can be observed. These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services. [4] [5] Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services. Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report is aimed at outlining

---

[2] The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

3 The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

[4] The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

[5] The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

what they saw and making any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

· NHS Trusts, NHS Foundation Trusts

· Primary Care providers

· Local Authorities

· a person providing primary medical services (e.g. GPs)

· a person providing primary dental services (i.e. dentists)

· a person providing primary ophthalmic services (i.e. opticians)

· a person providing pharmaceutical services (e.g. community pharmacists)

· a person who owns or controls premises where ophthalmic and pharmaceutical services are provided

· bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

6.2 Comments from Patients

Quotes gathered and recorded during the visit

- “I want to finish sanding and varnishing the outside furniture that we’re waiting for more paint and sandpaper for”
- “the garden is very relaxing”
- “everyone has been very caring, I feel well looked after”
- “it’s boring here I just want to go home”
- “I think the food is pretty good”

6.3 Good practice examples -Activities

Quizzes

Visits from local falconry/ bird sanctuary

Musical Entertainers

Visitors and staff bringing in pets

Monthly in-house church service

Visits from the owl sanctuary

Visits from the Donkey Sanctuary

Art class

One to one manicure

Visiting beauty therapist

Drumming workshops

Gardening

'Old Fashioned Sweet Shop' visit

Clothes Direct visit to the home

Flower arranging

Dough modelling

Library visiting service

Pets at home service

News & current affairs discussion group.

Garden Games

Bingo

Comedian visits

Arts and crafts

Carol service

Hand bell ringing

Nintendo Exercise

Garden walks

Film club

Indian head massage

Singing

Songs of praise.

Chiropody

Cooking

Model making

Barbeques

Music and movement

Dancing

Ukulele lessons

X-box bowling.

6.3.1 Activities promotion – Good practice examples

- Display an activities timetable on the notice-board and provide a copy to each resident
- Offer regular individual activities on a one to one basis. This can include assistance with a hobby, or just time to chat or reminisce
- Encourage and support patients to organize their own activities
- Discuss activities at patient meetings
- Offer a mixture of individual and group activities
- Give gentle encouragement to participate in activities while ensuring no-one feels guilty for choosing to opt out
- Seek feedback on activities when people are discharged.
- Employ an activities coordinator or give staff a specific role and time to plan activities with residents
- Arrange fund-raising for activities
- Allocate time for staff to arrange individual activities for patients or spend one to one time with a patient
- Seek volunteers to help run activities.