

Enter and View visit to the Evington Centre

Report on the Enter and View visit to the Coleman and Wakerley Wards of the Evington Centre.



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Enter and View visit details

Address	The Evington Centre Gwendoline Road Leicester LE5 4QG
Service Provider	Leicestershire Partnership Trust
Date and Time of visit	2 nd June 2016 - 11am
Type of visit	Announced
Authorised representatives undertaking the visit	2 - Visit Leaders 2 - Authorised Representatives 1 - Staff Lead
Contact details	Healthwatch Leicester City, Clarence House, 46 Humberstone Gate, Leicester. LE1 3PJ

Acknowledgements

Healthwatch Leicester City would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View visit.

Disclaimer

Please note that this report relates to findings observed on Thursday 2nd June 2016. Our report is not a representative portrayal of the experiences of all patients, their family/carer and staff, and is only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements or capture best practice which can be shared.

Enter and view is the opportunity for Healthwatch Leicester to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what services do well from the perspective of people with first-hand experience.

Purpose for the visit

The primary reasons for conducting an Enter and View visit to the mental health wards in the Evington Centre were, firstly to review all the services available in the Evington Centre. In March of this year we visited the sub-acute rehabilitation services provided in the Clarendon and Beechwood wards of the centre. Secondly in 2014, we conducted a visit to the Leicester Royal Infirmary to observe the care of elderly patients over a weekend setting, focusing on dementia patients. The Evington Centre is a part of the care services for dementia treatment locally and this provides us with a better understanding of the patient experience for dementia patients and their carers/family.

The aims of the visit were to

- Observe the delivery of dementia care to patients
- Observe and feedback on how “dementia friendly” the wards are.
- Observe the interaction with patients and staff, aside from normal care interactions to observe how patients are kept active.
- Capture the experience of patients, their families or carers and staff of the Evington Centre wards of Wakerley and Coleman.

Strategic drivers

To understand how this visit is relevant to the local priorities of Healthwatch and regional/national stakeholder priorities, the following strategic drivers apply:

- NHS England - Frail older people - Safe, compassionate care
- Older people are a strategic priority for Leicester City Clinical Commissioning Group (Clinical Commissioning Strategy 2012-15- New Strategy not yet published)
- Supporting independence for older people is a priority for Leicester City Council (Closing the Gap - Leicester’s Joint Health and Wellbeing Strategy 2013-16)

The Evington Centre

The Evington Centre is a separate building on the Leicester General Hospital Site. It is run by Leicestershire Partnership NHS Trust.

Within the Centre are 5 wards but only the Wakerley and Coleman wards (along with Gwendoline ward - currently not in use) are a part of the Mental Health Services for Older People or M.H.S.O.P. These services are specifically for older people with functional (decreased mental function which is not due to a medical or physical condition) and organic (decreased mental function due to a medical or physical condition) mental health problems.



This means the typical patient of M.H.S.O.P. would be suffering from dementia and they could have been admitted to the ward under either the Mental Health Act⁽¹⁾ or under a Deprivation of Liberty Safeguard⁽²⁾.

Methodology

This was an announced visit.

For the planning of this visit, the lead Authorised Representatives (Sue Mason and Janina Smith) and the staff lead (Micheal Smith) met to discuss and agree on the topics of focus for the visit.

A preliminary meeting with the Deputy Head of Service for the MHSOP was held to discuss the visit and to better understand the service. This enabled a better picture of what patients might experience at the Centre.

On the day of the visit the full visit team met with the Inpatient Matron who oversees both the Evington Centre and the Bennion Centre, who acted as our point of contact for our visit. During this part of the visit we asked questions to build up a picture of the patient care from a staff perspective, the patient pathway and staff experience working in the Centre.

After this the two teams went around each ward and talked to patients, their families or carers and staff. Each team also made number of observations about the Centre, the patients and the staff.

After this the team met to agree on initial feedback which was then shared with the Inpatient Matron.

1) <https://www.rethink.org/living-with-mental-illness/mental-health-laws/mental-health-act-1983>

2) https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1327

Summary of the findings

- Patient engagement and keeping them active was strongly evident on both wards, with a wide variety of activities used to occupy patients' time on the wards. Patients and family expressing their enjoyment of the activities.
- A number of good ideas planned to support dementia patient care to be implemented following a significant refurbishment.
- Previous refurbishments completed without staff involvement leading to “not fit for purpose” facilities or currently unusable facilities.
- Significant problems with patients not being transferred correctly from UHL.
- Problems with patients being transferred out - delays in sorting out finance package and Care Homes not able to handle difficult patients.

Full Results of the Visit

Initial observations



After signing into the reception of the Evington Centre, a member of staff informed the ward of our arrival and we were met by the Inpatient Matron and walked to the Coleman Ward. The ward is secure with only staff members able to open the locked door to the ward.

On entering the Coleman ward, there was a faint smell of urine. The ward looked clean as we walked round to the meeting room to have an initial discussion about services with the Inpatient Matron.

On the walls of the ward were different information boards about staffing and other patient activities. Pictures of the Queen had also been printed and stuck on the wall.

Patients were observed walking around the ward, accompanied by members of staff.

Patients and Staff interaction

During our initial discussion with the Inpatient Matron he explained how the staff/patient interaction was managed. From a clinical side, this had recently changed for patients, until recently a high risk patient would need medical observation every 15 minutes. As a large number of patients could be high risk, this had a significant impact on staff resource.

Now staff members are situated in different areas of the ward with patients where they carry out different activities with patients, such as play cards or dominoes. We were informed that this has allowed observations to be taken every 30 mins as patients were grouped together. This had also lead to a decrease in incidents for patients.

In discussion with the Inpatient Matron, there were many examples of how patients are kept active or how staff varies the time patients stay on the ward. Some of the activities were:

- 🌱 Trips out of the ward - Going to Bradgate Park, a trip to the coffee shop, evening meal out.
- 🌱 Celebrations on the ward - Wimbledon, Bands coming in, Breakfast reading Club, Music club.

2 Occupational Therapy Technical Instructors would carry out the activities. These activities are monitored as contacts and each patient is expected to have a minimum of 3 contacts a week.

We observed Activity Calendars on the wall of the ward, which is to show the activities for the week. However both calendars on the male ward were observed to be blank.

Whilst on the ward, we observed a number of patient activities. We observed members of staff playing dominoes with 2 patients and we observed a group activity, which also included female patients from the Wakerley ward and visitors - they were playing indoor bowls.



The Inpatient Matron and the Ward Sister explained how the wards were due a significant refurbishment very soon, but they had been waiting nearly 2 years for the funds, which we were informed is only due to the internal processing of the refurbishment fund. The refurbishment would include a number of changes to the wards to improve patient involvement and engagement:

- 🌱 Indoor potting shed on the male ward.
- 🌱 Theme decorated parts of the ward.

Patients

During the planning of this visit, it was a known issue that meaningful conversation with patients might prove tricky but during the visit we attempted conversation with 6 patients and their family (if they were present)

Wakerley Ward

Patient 1 - Not originally from Leicestershire. The patient did appear confused and sometime got cross.

Patient 2 - Not originally from Leicestershire. They enjoyed singing in the morning, the dancing and enjoys listening to the Band.

Patient 3 - *Initially this patient was mistaken for a visitor.* Patient mentioned that women like a male nurse presence on the ward.

Patient 4 - Patient commented that the ward “stinks”. They commented that food is good and cooked well. They like fish and chips on Friday. They also commented that their bedroom was cold.

Coleman Ward

Patient 5 - Patient was Ok to talk to but during conversation they struggled to give a coherent answer most of the time but they did say they like the special activities and the bedrooms were OK.

Patient 6 - We spoke to the family member present - Overall they said the service was quite good. Their partner has a gluten free diet and this is managed well by the centre. They wished they had more information at the beginning, as they were unaware they could have had a social worker. They were also left unsure after meetings with doctors. They think that had information been written down, it would have been easier to look back on it for clarification.

Staff

We feel it is important to capture what the staff experience of patient care is. During discussion with the Inpatient Matron they identified a number of issues which impacts on patient care:

- Incomplete transfer from UHL of patients - Patients not being sent with the right information or a completed transfer.
- Problems with Care Homes - Even after a supported assessment they return patients saying they are unable to care for them, sometimes after only 1 day.
- Delays in funding arrangements through GEM CSU causing delays in patient discharge.
- No onsite social worker for Leicester City. There is an onsite social worker for Leicestershire County residents. Discharge is significantly improved with the onsite social worker.

Whilst walking around the wards, we observed many interactions between staff and patients. These interactions were noted to be very jovial, with friendly banter back and forth.

Speaking to a member of staff who had worked on the ward for a number of years they commented on how this was “more than just a job”. This was also reflected in the discussion with the Inpatient Matron who explained how recruitment to the centre can be difficult, due to the nature of patient care in the centre but that staff in the centre feel deeply about caring for patients on the ward to their best of their ability.

Additional observations

Dementia room

In the male ward is a room which has been decorated to look like a pub Snug room. This was a great example of nostalgic decoration. We would hope to see more examples of this after the refurbishment. We did not observe a similar room in the female ward.



Bathroom in female ward

One of the bathrooms in the female ward was “out of order”. We were advised that the bath had recently been repaired but that this had not worked. Other items were also in the bathroom and it appeared to be used as a storage space. We were informed the bath had been out of use for nearly 9 months.

Shower rooms in the female ward. We observed two recently renovated shower rooms which appeared to have a number of issues.

- The slopes of the floor were at an angle which results in water spilling out into the corridor or bedroom area.
- There were no dignity curtains in either shower room.
- The positioning of the toilet, sink and toilet roll dispenser in the shower room off the multi bedded area made it very difficult to assist a patient on or off the toilet. You were unable to reach the toilet roll from the toilet itself.

We were advised that the refurbishment had been planned and completed without any consultation with the staff and they had only seen the rooms once they had been completed.

Fire extinguishers in the female ward

We observed a lack of consistency in how fire extinguishers were set out. Some were kept locked away in a room but with no signs to show this. Within the patient bedroom area they were readily accessible.

Labels and memory boxes in male ward

Outside each bedroom in the wards was a plaque which had the name of the patient, their doctor and room number. In the male ward images of interests of the patients were used to create a greater significance for the patient. Also in the male wards the bedrooms contained a memory box for patients or their families to put in items of significance for the patient.

Doors colour

On the wards the doors were a similar colour to the walls, which could lead to confusion for a patient.

TV in male ward

When sitting in the communal area in the male ward, we observed the TV behind a plastic screen. We observed patient turning around when they saw reflections of people walking past. It also made it slightly difficult to see the TV screen.

Recommendations and further actions

1. **Patient transfer from UHL** - Problems with patient transfer has been highlighted in both services at the Evington Centre. This will be highlighted to the UHL board and LPT board for further discussion and assurances sought that better communication is achieved between the services. This will also be raised to the Clinical Commissioning Groups for their response to this issue. The matter will also be raised to the Healthwatch Leicester City Board for consideration on further action.
2. **Patient transfer to Care Homes** - Further investigation is required to fully understand the extent of this issue. We will raise this issue at the Health and Wellbeing Scrutiny Commission for discussion.
3. **City Social worker on site** - We will ask the City Council to explain the reasons behind not having a social worker on site. This is clearly felt to change the patient experience for patients from Leicester City and the viability of a social worker on site should be explored.
4. **Refurbishment** - A number of issues have been highlighted about recent refurbishments in the wards visited and the upcoming refurbishment and we would recommend the following
 1. Install a half wall into the shower rooms in the female wards, to allow privacy for patients but also to alleviate the water spilling out of the room.
 2. Staff consultation should be mandatory for all refurbishments to try to reduce inappropriate facilities being put into place.
 3. We will seek a project timeframe for the Centre refurbishments and raise any concerns which arise.
 4. Look to clearly define doors from wall colour during refurbishment.

5. Consistent practice across both wards - We would ask the ward to review how some practices are applied across the 2 wards visited:
 1. Use of Images in bedroom labels and Memory boxes in both wards
 2. Fire extinguishers through the wards

6. A non-glare plastic screen for TV's in the patient daytime rooms.

Service Provider Response - The provider had nothing to add to the report.

Distribution

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