

Enter and View Report

Location of visit	Lyndhurst Hospital Inpatient Mental Health Unit 72 Victoria Road, Elland, Halifax, HX5 0QF
Service provider	South West Yorkshire Partnership NHS Foundation Trust
Date and time	Thursday 2 nd May 2019
Authorised Representatives	Katherine Sharp, Clare Costello, Lynne Keady
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Acknowledgements

Thank you to all the patients and staff at Lyndhurst Hospital who spent time talking to us about their experiences of using services or working there. Thank you to Kate Hall for helping us to arrange our visit and showing us around the unit on our first meeting to the service. Also to Becky the service manager, Tony and also Tracey the nurse in charge for talking to us on the day about how the service operates.

Disclaimer

Please note: This report relates only to a specific visit and the report is not representative of all service users (only those who contributed within the limited time available).

What is Enter and View?

Enter and View is a visit to a health or social care setting by Authorised Representatives of Healthwatch Kirklees and Healthwatch Calderdale as a means of gathering evidence of people's experiences. Enter and View is one of the many tools used by Healthwatch to gather opinion. The visits are not a formal inspection or part of an investigation.

Healthwatch Kirklees and Healthwatch Calderdale have a right to carry out Enter & View visits under the Health and Social Care Act 2012.

Enter and View visits give service users, carers and staff the opportunity to speak to an independent organisation about their experiences of health and social care services. They may talk to us about things which they feel could be improved, but we also want to find examples of good practice so that we can recognise and promote things that are working well. The visits may look at a single issue across a few settings or may be in response to local intelligence about a single setting or from an area we have not visited before to understand how services work.

The Service

Purpose of the service

Lyndhurst Hospital is an inpatient mental health rehabilitation unit based in Elland, Halifax. It is a mixed sex inpatient unit for people with serious mental health conditions who require assessment, treatment and rehabilitation back into the community. It supports people in their recovery from mental illness. Patients admitted to Lyndhurst have usually already been in hospital, on an acute ward or in a more secure hospital environment.

Staffing and patient numbers on the day of the visit

There were 6 staff during our visit, 2 managers -initially, 1 nurse in charge, 3 support staff. Other staff members were at the cinema with patients at this time. There were 13 patients living at the unit but many of the patients were out for the afternoon enjoying time away from the unit. When the service is full it holds 14 patients.

The Visit

What we did?

We completed an announced visit of Lyndhurst on request of Sam Jarvis. The visit took 2 ¼ hours to complete.

During the visit we provided different ways for patients to feedback about their experiences of Lyndhurst. We also provided a survey for staff and visitors to complete if they were unable to speak to us on the day. The survey was also available for a short period after the visit for people to complete online.

We agreed that the visits would take place in the communal lounge where patients were able to easily access and talk to us. Encouraging everyone who wanted to get involved in the different activities we had provided for us to get to know more about what it is like living and using this service.

We also agreed that this visit would be informal but advertised via a poster to all patients, staff and visitors prior to the visit. We spoke to as many people as we were able to within the restrictions of time that we were there and the patients who were available or wanted to speak to us on the day.



We used prompt sheets and activities with questions relating to what's it like to live at Lyndhurst, safety and how patients want to and are able to give feedback about the service; This feedback was gained by craft/doodling opportunities and other feedback back options.

Patients were able to get involved in all or some of the activities, which meant that all questions not asked of all people. Patients were asked if they would like to speak to us, explaining their comments would be anonymous. We noted people's comments as they spoke to us, after getting their consent to do this. In addition, we used the 'five senses' approach to report on the overall impression of Lyndhurst; this

approach considers the atmosphere, smell and appearance of the environment and whether patients seem comfortable in their surroundings.

We were not able to speak to all patients as the time of the visit due to patients been out of the service, resting, uninterested or spending time with their thoughts or involved in other activities.



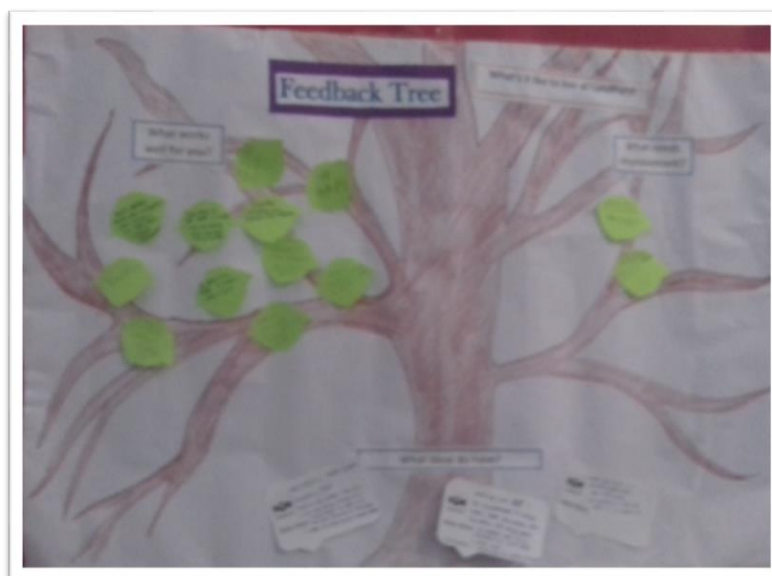
An example of some art work someone drew while we were visiting.

Why we did this visit

We did the visit because of a meeting we had with the trust about how services can gather feedback. We approached the visit in a variety of different way to show how feedback could be gathered.

Who we spoke to

Patients had the opportunity to speak to us directly or use many of the feedback resources we had provided, such as a feedback tree or a post box, amongst other things, to tell us what it feels like to live at Lyndhurst, what works well, new ideas and how safe the unit feels.



Staff could either speak to us direct or fill in a survey about what it is like working at Lyndhurst. No visitors were at the service during our visit but we left a link on the posters for visitors to fill in the survey in the time given.



This is an example of some art work a patient did for us while talking to us.

Overall Impressions

Premises

On arrival we were asked to sign in the visitor's book and shown the room we were able to use during our visit. It was explained to us that all the areas downstairs that were not operated by a key fob were communal areas we could access and take a look around. We did however notice that on two of the doors

ENTER & VIEW report Lyndhurst, Elland
Date of visit: 2nd May 2019

were signs saying '*meeting in place*' which did make us feel a little unsure about accessing the room at first even with the permission. It became apparent later in our visit that this may be from a previous session that hadn't been removed.

The building itself has a lot of its original features with stained glass in some of the internal doors and windows. The unit had a relaxed and positive atmosphere while we were there and patients looked comfortable.

There was a lot of information on notice boards in the entrance and lobby area. One board had information about local amenities, places of worship, and points of interest, bus time tables, taxi firms plus local shopping and entertainment. The local GP and dentist also was advertised on the board along with advocacy services. Other information boards included resident's information, families & carer's information, house rules and visitor's information board and team pictures. One representative on the visit felt that in some areas the boards looked a little clustered with too many things displayed in one area.

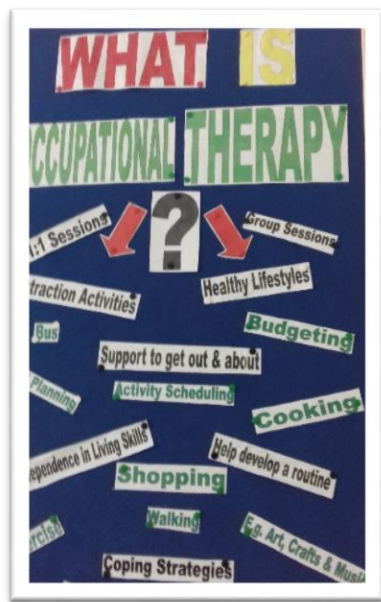
There was plenty of space in the communal area and a pool table and a well-stocked book shelf for patients to use.

Access to the lower and upper floors was with fob access only and these were areas of patient bedrooms. We were told that patients are able to personalise their own rooms, within reason and within set fire standards, all curtains and bedding must be the hospitals own due to fire retardant rules.

The room we were using was the biggest communal area with a dining table and sofas available to sit and watch the television in the corner. Again many notice boards on the walls with information about the weekly activities on a Monday-Friday.

There were another two rooms available including a separate occupational therapy room for use as well an additional full kitchen for patients to cook their own food. One of the rooms was set up with a craft table to draw and doodle. On the walls again many information boards with lots of good explanations of things like what is Occupational therapy and helpful information about recovery. In this room also there was a tree of hope for people to add their thoughts or hopes on.

Here is an example, below of a couple of the notice boards with helpful information on.



One representative noticed the residents' meeting agenda looked a little negative with all the things you couldn't do at Lyndhurst, it would be good to know if the meeting feels this way or if its advertised in an unattractive manner. In one room there was piano and CD player for use by patients.

The large outside area was well maintained. To the rear, a garden with a large grassy area and at the side of the building a couple of picnic tables/area for people to use and more garden area. A resident was admiring the garden through the window and mentioned how nice it was while we were looking around the communal areas.

There was a washing line also in this area for patients to use too.

Health and safety

We were told no fire alarm was due that day as was scheduled for later in the week. We were also informed that the external doors are locked at 10pm- for the front door and 8pm for the back door for security of the patients.

We wanted to know how safe people felt on the unit and provided a post box with a tick box postcard for people to tell us their views on this. Some people wanted to complete this themselves and others needed some support.

Two people told us the unit felt "Very safe" and another two said "Mostly". Three of the four people we spoke to said they know the fire procedure and one said they would go to staff for help. We noticed the fire exits were clear and the fire evacuation procedure were on display.

We were told by a patient that they felt vulnerable to exploitation by other patients "scrounging". There was a staff member there at the time and talked us through what things had been put in place regarding this. The individual

agreed this was the case and we felt the matter had been addressed. We did notice on our arrival a container full of cigarette ends outside the front door, which looked unsightly.

There was an antibacterial gel in the entrance hall for people to use.

No pets are living at the unit at the moment if this was requested it would be assessed on a one to one basis.

How does the service feel?

One thing that all the authorised representative noticed was that it felt very comfortable and calm at the unit and patients felt comfortable to chat to staff and ourselves with ease. While others relaxed or watched television during our visit. We wanted to know what's it like living at Lyndhurst, this is what people felt worked well at the unit, in their own words:



“Enjoying
doing crafts”
Indicating to
another room



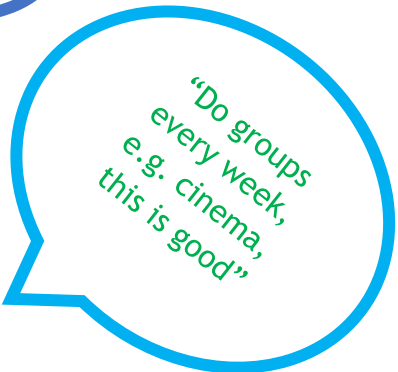
“I like living
here, best
place I’ve
lived”



“Beautiful”



“Hapi”



“Do groups
every week,
e.g. cinema,
this is good”

Patients also spoke to us about things they felt needed some improvement at Lyndhurst.

“Having to wash up after other patients, they are lazy”

“More groups, things like anxiety and counselling”

“Things like this (Our session) feels comfortable”

“Somebody to be in charge of one thing all day e.g. the doors. People want to keep door open a bit to go smoke. People lose fobs”

New ideas for change

Patients had some ideas that they felt would improve things at Lyndhurst.

“Would like ward round in the big TV lounge rather than the small room. Too poky, not enough space. No personal space to use equipment for all the staff in that room. I have mentioned in residents meeting but nothing changed”

“Would like to do 1:1 activity, rather than as a big group. Like something to make me feel it's all about me”

“More groups and one to one's”

“New sofas- modern furniture, makes me feel positive when I've got nice things around me and would make me feel I'd left my mark on this place. I want this space to be a happy place”

Choice and Dignity

We noticed that some patients felt comfortable enough in the unit to walk about in their dressing gowns and lounge gear, as they would perhaps do at home. We heard a staff member asking a patient sensitively what they had been doing that morning and how long they had been up. The individual said I've been washed and got dressed, seeming happy to be asked.

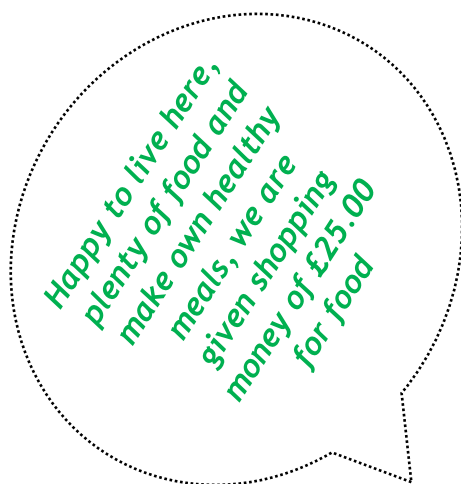
"I want to stay here" was a comment from a resident.

Staff were asked, how do you feel this inpatient rehabilitation unit involve the patients and their carers in their care choices?

- *Feel that we involve people well in their care*
- *All care plans are discussed and co-produced with service users and reviewed regularly. There is a regular carers meetings and contact with carers if the service user wishes them to be involved in their care.*
- *Regular carers meetings, carers always invited to ward review*
- *good involvement*

Independence and moving on/forward

We were told at our initial meeting that patients are encouraged to cook and budget for themselves and this was confirmed by an individual during our visit who told us they get £25.00 to buy things and they cook they own food.



Patients are supported to go out and experience different activities and make suggestions for things they would like to do. We were told that by supporting

patients to do this with staff it was something they would feel comfortable to do with more ease alone when the time was right.

Therapies and support

We were told that patients were encouraged to get out and about. While we were visiting many patients were enjoying the new block buster at the cinema and another individual was excitedly telling us they were popping out for coffee as this was something they liked to do and did regularly.

Someone told us that they loved to do crafts and liked to get involved in drawing while living there. We also had conversations around activities in the garden as one patient thought that gardening might be something they fancied.

We asked how quickly are people were able to access support during the day if needed? Three people said “very quickly”, one said “okay” We wanted to know if this was the same at night everyone filling the feedback postcards said “yes”

“If poorly encouraged to go outside and do activities” said one patient.

Staff

We spoke to a few staff on the day and some completed the staff survey. We noticed staff spoke to the patients in a friendly respectful way. We were told that there was regular staff meetings and training is included in these as needed. On the staff survey we asked, would you feel comfortable speaking to a senior member of staff if you have any concerns or problems relating to work? Five said yes and four said they were not sure.

This is what patients told us about staff;

“Staff are easy going, can do what I want to a certain extent”

“Can talk or not talk to staff, very accepting, if have a bad day can go to sleep”

“Staff support, helpful, good insight, very kind”

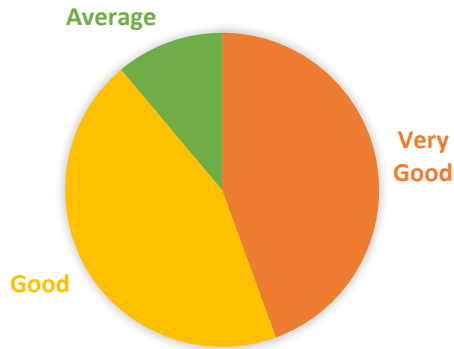
One patient told us *“Simon left because he’s annoyed with it. I’m annoyed with it and him leaving, he can’t give us a proper reason. I will miss him. A lot of people have left. I know most of staff who come from other homes”*

Results from the staff survey are shown below;

Lyndhurst

Staff survey

WHAT'S IT LIKE WORKING AT LYNDHURST?



How well do you think that the unit and the staff cater for people's individual needs?

The four staff that answered the question agreed

Very well or well

Does the Unit feel like a safe place to work?
Three said yes, one most of the time

Are you offered opportunities for further training?

8 said yes, 1 said No

How good do you think the overall service is at the inpatient rehabilitation unit for patients?

Two said "Very good", Two said "Good"

Staff were asked, are you happy with your Work load?

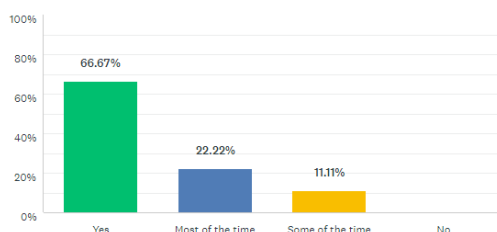
3 yes

5 most of the time

1 sometimes

Do you feel you have enough time with each patient?

Answered: 9 Skipped: 0



ENTER & VIEW report Lyndhurst, Elland
Date of visit: 2nd May 2019

Visitors

We did not see any visitors during our visit and no visitors, unfortunately filled in our online survey. We were told there is an open door policy for visitors to visit the unit but there are certain protected times that are suggested, such as before 10pm at night and not during ward rounds. Although visitors can be invited to these if patients require their attendance. We were told that there is a residents meeting fortnightly that visitors are able to attend this also.

Feedback and General information.

We wanted to find out which ways patients felt helped them to give feedback about the service the best. We provided a 'place your votes' poll

Four people said they wanted to give feedback by *talking to someone* and one said *anonymously on a survey or post cards*.

We also found while doodling at the table people felt relaxed and felt more comfortable telling us what it was like living at the service.

Staff told us what they thought was really good about Lyndhurst:

- *Good spacious environment. Lots of staff available for support. Rehab focused*
- *Team are caring and compassionate.*
- *Person centred care*
- *staff/patient ratio*

Staff told us what they would change about this inpatient rehabilitation unit;

Better junior doctor cover is necessary. More varied activities for service users.

We are stretched a little thin regarding outreach patients as we have not increased staffing to accommodate this service.

Conclusion

Overall, the environment at Lyndhurst felt relaxed and welcoming with both staff and patients seeming at ease throughout our visit.

Staff appear to have established good relationships with patients; we observed staff respecting patients who wanted to be left alone, as well as encouraging patients to engage in activities. It was evident that staff know individual patients' personalities, needs, likes and dislikes and respond appropriately. It was unfortunate that many of the patients were out of the unit on the day of our visit, and we couldn't speak to more, but it was lovely to know they were enjoying an outing and some social time.

Staff seemed interested in the different methods used to gather feedback from patients during our visit and patients clearly enjoyed engaging in this way. Patients were happy to draw, doodle or write at the same time as chatting about what it's like to live at Lyndhurst; this appeared to work well, rather than a having a more formal feedback session. We would like to think that this will lead to staff at Lyndhurst developing a more creative approach to finding out what patients think of the service they receive.

It was good to see so many display boards at Lyndhurst containing useful information. However, it would be interesting to see a dedicated space for patient feedback which is updated regularly, to help demonstrate Lyndhurst's commitment to gathering opinion and acting on what's been said, likewise positioning the feedback box, already there, in a more prominent position.

Thank you for inviting us to come along to Lyndhurst it was lovely to meet the staff and patients at the Unit on the day. We would love to come long in the future to meet more of the patients and any visitors or relatives who wish to speak to us.

Recommendations

Enter and view Recommendations	Feedback from Manager Tony Owen
<p>We recommend gathering patient feedback and demonstrating what happens as a result of feedback is something to work on at Lyndhurst. Consideration should be given to:</p> <ul style="list-style-type: none"> • Displaying the 'feedback box' in a more prominent position and actively encouraging patients and visitors to post comments. • Setting up a dedicated area for patient feedback on one of the notice boards - a 'you said, we did' approach. • Include information on other ways to give feedback if patients don't want their comments to go directly to Lyndhurst (eg Healthwatch Calderdale's website) <p>The information on the feedback board would need to be updated regularly to help demonstrate a commitment to taking feedback seriously.</p>	<p>Feedback box to be moved and highlighted more. Resident, families, carers and staff to be encouraged to use this. Action plan Date Sept 19</p> <p>Staff to set up a "you said we did" board to demonstrate what Lyndhurst had done with the feedback in a designated feedback areas. Action plan Date Oct 19</p> <p>Residents to be informed of other ways that they can comment and give feedback E.G. Calderdale Healthwatch website, Customer services, Care Quality Commission</p>

We recommend that Lyndhurst work on developing simple, creative ways of gathering feedback, in addition to the feedback obtained in care planning meetings.	This to be displayed in the patient feedback area as well as discussed in the residents meeting Action plan Date Oct 19
We recommend exploring the idea of having a 'Feedback Champion' at Lyndhurst - ensuring patients and visitors know who they can go to with their feedback.	This to be discussed with the Lyndhurst team and set up. Action plan -Date Oct 19
We recommend looking at providing outside activities such as planting own produce and gardening.	These to continue to be resident led and with a community based model to promote social inclusion. Action plan -Date ongoing

Lyndhurst have developed their own action plan to address some of the observations made by us on the visit and the patient comments and experiences made on the day.

Healthwatch Report	Lyndhurst -Action plan Outcome/ Goal required	Deadline(s)
"Meeting in place" sign left up after meeting making people unsure about accessing the room.	Staff to remember to remove the sign once a meeting has finished so that the room is accessible	Staff have been made aware.
Information boards cluttered and too many things displayed.	Staff teams to review these boards and make them easier to read and with relevant up to date information	Sept 19
Residents meeting agenda looked negative with all things that you couldn't do at Lyndhurst.	Residents meeting process to be reviewed with an open agenda put up beforehand so that residents have chance to raise topics.	Sept 19
Container full of cigarette end outside front door which was unsightly.	Residents to be reminded of the smoking policy at Lyndhurst and staff to review the "prompt sheet" to ensure that environmental tasks are done	Sept 19

“More groups, things like anxiety and counselling”.	Occupational therapy team to review the current groups being run with the residents	Oct 19
“Would like ward round in the big TV lounge rather than the small room”.	Ward round to be moved to the front lounge as a trial to see if this is helpful	Sep 19