

Enter and View Report

Location of visit	Enfield Down 32 Station Road Honley Holmfirth West Yorkshire HD9 6LL
Service provider	South West Yorkshire Partnership NHS Foundation Trust
Date and time	5 th August 2019, 11-1.30pm
Authorised Representatives	Katherine sharp, Clare Costello and Lisa Hodgson
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Acknowledgements

Thank you to all the patients, staff, visitors and relatives at Enfield Down who spent time talking to us about their experiences of using services or working there. Thank you to Christopher and Lindi for helping us to arrange our visit and for talking to us about how the service operates and for taking the time to show us around the unit.

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

Enfield Down is an inpatient rehabilitation unit for people with severe mental health problems, the service is based in Holmfirth. It is mixed sex unit with separate male and female bedrooms and relaxing areas. There are additional communal mixed areas. The unit is provided for shorter term support, providing 24 hour nursing care, occupational therapy and medical care.

Staffing and patient numbers on the day of the visit

On the day of the visit there were 21 patients staying at the service, many were out enjoying time away from the unit. Enfield Down can accommodate 27 service users when at full capacity, plus 3 more patients in the self-contained flats. Two of these flats are used for 'move-on' preparation. During our visit the staff on duty were Unit Manager, Deputy Manager, Senior Occupational Therapist, Senior Nurse, two Nurses, five Health Care Assistants, three House keepers and the Receptionist.

The Visit

What we did and who we spoke to at the service

We completed an announced visit of Enfield Down. The visit took 2 ½ hours to complete. We made the decision to offer the visit to this service because of a meeting we had with the South West Yorkshire partnership trust about how services can gather better feedback.



During the visit we provided different ways for patients to feedback about their experiences of Enfield Down. 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 of time after the visit for people to complete online. We agreed on the day, that the visits would take place in the communal lounge 'The Haven' where patients were able to easily access. We encouraged all patients who came along to get involved in the activities we had provided. We wanted to know more about what it is like living and using this service. We 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 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 it's like to live at Enfield Down, how safe the unit feels, and how patients want to or are able to give feedback about the service; this feedback was gained providing an anonymous post box, feedback tree, one to one conversations. We also set up a table for people to doodle, but no-one choose to use this activity on the day.

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 informed we were there by staff members and could come and speak to us at any time during the time allocated. It was explained that we would make a note of their comments but these comments would be anonymous. We then 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 Enfield Down; 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.

Staff could either speak to us direct or complete a paper or online survey about what it is like to work at Enfield Down. There were no visitors at the service who chose to speak to us and none filled out the visitor's survey on line.

Overall Impressions

Premises

On arrival we were asked to sign in the visitor's book and had a preliminary conversation with Christopher who gave us further information about how the service runs on a day to day level.

We decided that using the communal room 'The Haven' would work better for our visit as we were then able to speak to patients in a more relaxed area. This room was a multipurpose room with a dining room/tabled area and lounge area with a 'big television', which we were told is currently not working. A patient also mentioned that the TV in the Haven was broken but they would like to



Picture of the motivational thinking board

There are photos of 'Forest school' which is an activity that was provided recently for patients. This is an activity a patient told us about and that they enjoyed it.

Recovery stories and a recovery tree were on display in this room also.



Pictures of recovery tree

During the lunch period we took a look around the rest of the service with Christopher as our guide. The service is split into two single sex units each with upper and lower level accommodation. The upstairs rooms are mainly rehab with downstairs rooms for more complex needs. We noticed that the Men's downstairs area had a smell of smoke, and the men's stairs had a faint damp or musty smell. None of the rooms are en-suite, but there are two toilets and one wash room per wing and per floor. Upstairs, is a shower room and downstairs is a bath room. Service users can move between the floors using the back stairs if they wish rather than accessing the communal area to do this- this is beneficial should the bathroom facilities want to be accessed without using the communal access. There is a lift available in the communal area to access both units. Both wings have lounges available upstairs and downstairs, these were quieter areas to use with comfy chairs and TVs; all four areas are attached to the kitchen-diner areas.

There are laundry rooms available on both floors, the downstairs one is locked and patients have staff support to use. The empty bedroom we were shown was functional and basic. The balcony on the first floor cannot be used due to safety, this we were told had been there when the service was an elderly care home. There was a bench on the balcony which you can see from the glass door. We feel this needs removing as it's unfair for it to be there when it can't be used. We mentioned this on the way around and the manager agreed. There is a door in the corridor of the ground floor, which opens out into a green area which can't be opened unless a staff member is around due to security reasons and to keep patients and their belongings safe, also to stop potential verbal abuse from passers-by. There is seating in this area. The foyer area is also a communal space with tables and chairs available with draughts and dominoes. There are small lockers for patients, some like to keep cigarettes in these. One representative noticed an internal court yard area with seats in, we were unsure if this is a staff only area.

How does the service feel?

The service felt calm at the time of our visit. There was some disturbance, at times, from a service user but staff dealt with any situations arising in a calm manner. Only half of the patients were there at the time of our visit. We noticed it was rather hot in the unit and some areas looked in need of some TLC and a freshen up. We noticed the windows in the bedroom had mesh on and only opened a certain width. We were told these are to a hospital standard. One representative felt it could do with having a homelier look at the service. The service we feel are limited in the improvements they can make due to the layout and age of the building. We didn't see much interaction between patients apart from the two playing pool.

Patient's comments;

“Well looked after, staff really nice”

“Everything fine no problems. Staff all fine”

“Been on impatient wards before but the difference here is that you see OT (occupational Therapist) and rehabs”

“Happy” Patient later said “not happy, not unhappy, medium”

One patients said that what was good at Enfield Down were the “Staff” another “Staff are nice” one patient said simply it was “Good”

We asked patients if there was anything that would improve the service at Enfield Down. One patient wanted some improvements to how to access milk

in the fridge in the unit they were living in and wanted *“Regular checking that milk is available for drinks - most of the time it is but sometimes its locked away- I understand it’s to check it is fresh in this weather”*

Many patients mentioned more trips, saying *“previously there were more trips in a mini bus, to places like Cannon Hall, and Pugneys, I think lack of funding has stopped these.”* One said they would like ‘Forest School’ back. *“It was good- it would be great if this was brought back.”* Others mentioned the need of more outside activities or trips into Holmfirth. *“No, Good work”* said one patient when asked if there was anything that they would improve.

“I would like to do water colours as I do this at home. I’m new so haven’t asked yet.”

Staff also had comments about what was working well on the unit and what was good about Enfield Down.

“A good number of unit based groups where service users can pursue interests and interact with other service users. Co-produced care plans. Good discharge planning with service users encouraged to engaged with groups in the community that they can continue to engage with after discharge.”

“The care that is given to all patients”

“Good involvement of patients”

“Staff are friendly and approachable”

“The healthcare staff and the therapeutic environment the service provides.”

“Flexibility to meet patient’s needs, varied roles and dealing with supporting people with different issues”.

“The staff and patients know each other very well, a good level of trust”.

Visitors can come at any time, although they are asked to avoid the protected mealtimes. They can meet in the communal lounges with patients but there is also a quiet room if private space needed for both visitors and patient use.

Health and safety

We were told there were no fire alarms due that day. Patients filled in some anonymous feedback about how safe the unit felt, one of the questions was about fire procedure. Two patients knew the fire procedure, two said they were unsure of it and two said no they didn't. We fed this back to the manager at the end of our visit and he said he would look into this and make sure all were aware of the procedure as it was something everyone was told when coming to the service and may need to be refreshed.

The patients all have their own fob key for the unit they are staying on. The fobs only open the unit either in the men's or the women's units. One patient told us *"Fobs on doors are better"* another told us *"If you lose your fob, you walk around for ages"*

For safety of the patients the doors are opened at 6am and are locked at 11pm. We wanted to know how safe patients felt on the unit and provided a post box with an anonymous, tick box, postcard for people to tell us their views. Five patients told us that the service felt *"Very Safe"* One patient said *"Mostly"*. Patients told us what it was like accessing support during the day and how quickly this was; four said it was *"Very quickly"* two said *"Okay"*, four said *"Yes"*, this was the same at night and one said *"No"*.

One patient said that night-time checking was different on a weekend *"Checking every hour- weekends not as much as more short of staff."* This was referring to night time checks. Another patient said *"Response times at nights terrible"* they felt this needed some improvement

In the staff survey it was asked if the service felt a safe place to work seven said *"yes"* two told us *"most of the time"*. We were told they are using the guidance of safer staffing protocol for staffing levels all staff were named on the board in the corridor behind the reception that were working that day and what shifts.

Enfield Down Staff

As we were moving around the unit it was good to see that patients were speaking to Chris the manager who was very approachable, and although he was busy he still had time for patients who were asking to see him to have general conversations and confidential conversations when requested and asking for his help. All the staff interactions we saw were friendly and respectful to patients. Patients called staff by first names and seemed to know them well. The staff interaction with patients was good. Kitchen staff having conversations together with patients was friendly.

Patients wanted to tell us about the staff at Enfield, one patient told us they get on with staff, they said they spoke with staff if there was anything wrong and felt comfortable doing that another said they *“Like the staff”*.

These are the other comments about staff patients wanted to tell us;



Staff wanted us to know about the changes they would make to Enfield Down to improve the service;

“More staff to help with patients’ -needs more”

“Only take referrals suitable for the facility”.

“A new building”

“The building is not fit for purpose. We still have some complex care patients who are not considered to be rehabilitable by OT, therefore we often struggle to find time to spend with the rehab patients, despite us being a rehab unit.”

“Higher staffing levels would allow more “quality time” with service users.”

“The building looks old inside and can get too hot in summer”

“There has been an ongoing transformation agenda - for over 5 years and until this is complete and we know where the service is going in relation to the patient population / outreach work / in patient population it is difficult to focus skills and interventions on such a mixed patient population.”

Staff Survey

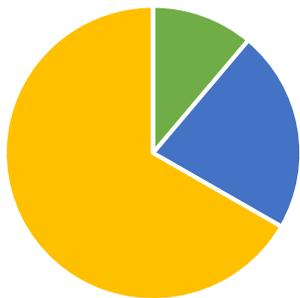
What's it like working at the inpatient unit?

Equal amounts said "Very good" (4) or "Good" (4)
With one saying Poor

Eight of the staff filling the survey felt they had opportunities for training
One felt they didn't have this opportunity

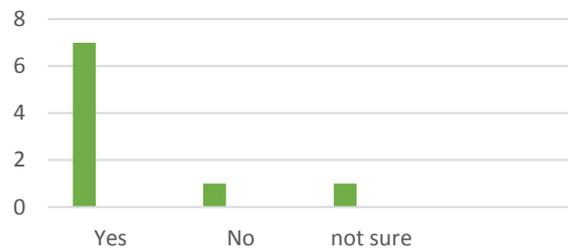
Five staff felt that the service catered "Well" for patient's individual needs. Four thought it was "Average"

Are you happy with your work load?



■ Yes ■ Sometimes ■ Most of the time ■ No

Would you feel comfortable speaking to a senior member of staff if you have any concerns or problems relating to work?



Staff varied in their opinions as to whether they had enough time with each patient.

2 saying "Yes" 2 saying "No"
2 saying "some of the time"
2 saying "Most of the time"

How good is the service for patients?

6 said "Good"
3 saying "Average"

Supporting Independence, Therapies and Activities

We were told that patients were supported to be independent in many ways but there were some patients who needed more intensive support than others. There was an ongoing activities plan on the wall and we were told that patients are involved in suggesting things that would help with their own independence and moving on.

We spoke to patients about how they felt the service was supporting their independence. One individual told us they were encouraged to catch the bus into Holmfirth, supported by staff for shopping or to stop for a coffee, another said they had been introduced to men's shed where they did things like gardening or mending bikes, *"It is good"*, they said. Going shopping was mentioned a few times, other mentioned *"Going to the petrol station in Honley and gets a bus to Huddersfield"*. One patient said their family come and they then go out in their family's car. Walks with the walking group was mentioned and someone said they liked this.

These are some of the things we were told patients get involved in;



We were told by patients that they got involved in different activities such as, Bingo with the staff, also prizes are provided when playing, which pleased this patient. There is a session called book chat with a bibliotherapist - *“I enjoy this, I enjoy reading out loud read poems, pick a theme each week. This week its fantasy”* We were told by one patient that they take part in ‘Active for Life’ which is an exercise class at Enfield Down. They also enjoy it when the dog comes, we understand this is a petting dog that comes into the service. Many of the patients told us they like to play pool.

“I go to Honley, charity shop, go in café, I sign in and sign out of the unit, go to a couple of groups too”

Patient wanted to tell us about their future plans and next steps to move on from the service

“There are different stages of recovery - I have access to go out with staff or visitors, I can go on own but don’t feel confident yet.”

“Looking for me a one-bedroom bungalow- supported by pathways- I’m looking forward to it”

“I feel I need support when I move- been to look at it, social worker took me”
The patient was telling us about some new accommodation they were looking at.

Timetable and information on display in ‘The Haven’:

Weekly dialogue meeting notes
Group activity timetable
Mon PM - dialogue meeting
Tues PM - Active for life
Wed PM - Gym at Huddersfield Sports Centre
Thurs PM - book chat
Sat AM - walking group with staff
Sat PM - Karaoke
Sun AM - Board games with staff
Sun PM - Bingo with staff
PAT dog visits every other Wednesday morning
Carers meeting notes

Choice and dignity

We were told the individual bedrooms can be personalised as long as they comply with fire regulations. The housekeepers give the bedrooms a quick tidy every day plus a deep clean once a week. Service users have access to cleaning things and bedding and are encouraged to clean their rooms themselves. We noticed in some of the small lounges there were homelier touches and we were told that the patients had added these. One patient said they don't really do anything, when asked about activities but that is their choice. One patient with very limited English said they need a translator, they informed us that the translator comes 2/3 times a week. Clients able to go out as needed for a cigarette, through the front entrance.

Patients told us;

“Rooms can be personalised they are okay- staff checking rooms through the night sometimes disturbs me - not always through”

“I can go out for a cig and to shop when I want”

“Ask any member of staff if ii want to go out”

“I provide additional info to staff to help with my treatment - staff take this information on board”

We wanted to know how patients could feedback their experiences of living and using the service at Enfield Down. We asked patients to tell us in which way they would prefer to do this: by talking to someone, anonymously on a survey etc, by craft/art activities or using any different ideas. We providing a poll for people to tell us their preference.

Two said they would prefer to talk to someone, one patient felt very strongly about this and said *“Why would you not tell them, I don't like talking behind peoples back”*. One patient said anonymously would work best for them and two patients said crafts, art and different ideas. *“I can tell any staff any feedback and feel they listen”* Said one patient.

Staff were asked how they felt Enfield Down involved the patients and their carers in choices made about their care. One staff member said *“All patients have 1 to 1 time with their primary nurse or healthcare assistant. They all have ward round reviews with the doctor and nursing staff, when they are physically unwell staff are also responsive.”* another said *yes* they were involved in choices. We were told by another *“Patients are asked to give input when devising their care plans. Patients are encouraged to make choices where possible.”*

These were the other comments made by staff about care choices;

“Care plans co-produced with service users; weekly Dialogue Meeting held with service users where service users can give their views and raise any matter they feel concerned about. Carers contacted for feedback before ward reviews and invited to ward reviews (after gaining service users' consent first).”

“I think it involves patients with their care and does a good job at this.”

“Most of the time carers and patients are involved but sometimes not, this could improve.”

“The unit offers goal-focused activities that directly address individual needs and personalised care plans which promote recovery. Patients also have access to recreational facilities, education and other facilities which prepare them for re-integration into the community.”

Food

Breakfast is a cold breakfast prepared by services users and supported by staff in the individual kitchens on each unit. Service users are able to make something more for themselves, such as hot breakfast, if they so prefer.

Lunch is a cooked two course meal, we were told that usually patients have a choice of two different meals, but we noticed there was only one available on the day we visited. We highlighted this with a staff member later and were told that it was a little different today as the cook was not in. We asked if there was an alternative if the choice was not liked, the staff member told us *“I've been around to chat to people and every one seems okay with menu when I've spoken about it.”* They did say that if anyone wanted something else they would do their best to sort this out and make something for them if it was needed. Lunch meal times are protected for patients between 12.30-1pm. As we were using this room to speak to people on our visit we were asked to leave during this time. We returned at 1pm to find everything cleared up and back to full use as a community room.

The menu is displayed each day in the communal area on the chalk board for all to see. The menu is changed on a four-week programme. Fish and chips are served most of the time on a Friday as everyone likes it. Patients have the option to give feedback about choices in the dialog meeting. Sometimes new things are suggested here.

Evening meals are prepared in the kitchens on the units by patients with staff support. There is a weekly Asda shop ordered online and is delivered to Enfield Down, patients are asked what they would like and this is added to this order. We were told this may be changed in the future and individuals given a budget to support themselves. Patients keep their shopping in the kitchen fridges (some are locked due to hygiene and will be dependent on which service users are staying there at the time).

“Evening meal is a sandwich” one patient told us, they went on to say they attends college with staff support doing cooking. In conversation we asked if they practiced these skills at Enfield Down they said, *“No”*. It wasn’t clear if they had no interest in doing this or was unable to.

Patient comments about the food at Enfield Down;

“The food is good- its homemade - usually good choice”

“I need gluten free diet and cook does me lovely dishes - get own breakfast”

“I have sugar diabetes - I need to watch my sugar and food”

“The food is good, two choices a day I’m happy with times of the meals”

One patient felt that an improvement to the unit would be *“I want slightly bigger food portions”*.

“I like the food”.

General

We were told by the manager that they had been left some money by donation and they were speaking to patients to ask if they had any suggestions about how this money could be spent to benefit the service.

Staff’s extra comments on the on-line survey indicated that some felt more recognition of the work they did was needed and more staff meetings would help. It would be sad to think that staff feel undervalued when there are some really positive comments from patients. One staff member commented that *“Having access to unit based junior medical doctor could improve this service”* also.

Here are the extra comments staff inputted on the survey;

“I don't think the staff are praised enough for the work they do under very difficult circumstances”

“Shorter shifts would mean less need to “pace yourself” and increase ability to work more efficiently.”

“Regular staff meetings / safety huddles and positive handovers.”

“The building is dated and could do with an overhaul”

Conclusion

The visit was enjoyable at Enfield Down and we were made to feel welcome. It was lovely to hear the positive comments about staff from patients and we hope management will feed this back during the next team meetings to the staff team. It was good to know about the activities that patients were getting involved in, many commented about the enjoyment of book chat and hopefully with the donation received more recently, more trips or forest school can be reinstated as additional activities. It was positive to hear people were enjoying good home cooked food at lunchtimes and felt supported to become more independent by planning and cooking their own meals at other times.

We recognise that changes to the environment are limited because of the structure of the building, but the environment would benefit by being made more homely and improved in some general areas.

Overall patients at Enfield Down seemed to feel positive about their care and treatment, which was good to hear.

Recommendations

Enter and View Recommendations	Feedback from Christopher Nolan
<p>We recommend staff have more frequent team meetings or supervision to help staff feel valued.</p>	<p>Enfield Down, currently facilitate a daily safety huddle where all staff on shift are invited to attend and supported to participate, weekly staff meetings where staff can add to any agenda item or raise issues as any other business, a weekly joint service users and staff meeting, a weekly Datix risk management meeting where staff on shift are invited to attend and participate, a bi monthly safeguarding staff supervision meeting. Every other week the unit manager holds an open door afternoon for all service users and staff and is available to support or offer advice as appropriate .</p> <p>The unit manager will raise the issue of scheduling more staff meetings in response to issues</p>

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	raised as part of the Enter and View visit - both with individual staff members and at the next staff meetings.
We recommend that the bench be removed on balcony and this area be made into an attractive place to look at through the glass door.	Job booked with facilities department to remove the benches
We recommend that more frequent updates on fire procedure is refreshed with patients staying at the unit so everyone feels knowledgeable about this procedure	Fire procedures will be covered during the weekly staff patient dialogue meeting and revisited as a repeating agenda item at frequencies agreed with the patients
We recommend that fencing off back area to make it assessable to patients be considered.	The issue will be raised as part of the annual plan to the services general manager.

Additional feedback from the unit manager

I would like to thank the Enter and View team for facilitating the inspection and the flexible creative way they sought feedback from patients and staff and also their comments and feedback. The report will be shared with service users and staff and a plan in place to address the areas where improvement can be made.