

Enter and View Report

Location of visit	Ashdale Ward & Elmdale Ward, The Dales Unit at Calderdale Royal Hospital, Halifax - both wards are inpatient units for adults with mental health conditions
Service provider	South West Yorkshire Partnership NHS Foundation Trust
Date and time	Tuesday 1 st August 2017- 1.30-4.00pm
Authorised Representatives	Clare Costello, Katherine Sharp, Jo Budgen, Lynne Keady
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Acknowledgements

Thank you to all the patients, staff, visitors and relatives at Ashdale and Elmdale ward who spent time talking to us about their experiences of using services or working there. Thank you to Sarah Long for helping us to arrange our visit and for talking to us with Shelly Howarth about how the service operates and for taking the time to show us around the wards.

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 as a means of gathering evidence of people's experiences. Enter and View is one of the many tools used by Healthwatch Kirklees to gather opinion. The visits are not a formal inspection or part of an investigation. Healthwatch Kirklees 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 premises/service

The Dales unit

The two wards we visited are situated in The Dales unit at Calderdale Hospital. Both wards are for working age adults with mental health conditions; Elmdale is a female single gender inpatient unit and Ashdale is a male single gender inpatient unit. Both wards have a specialist bed for children aged 16 years and over.

The wards are used 'Trust wide' so whilst the patients are mainly from the Huddersfield and Halifax areas - beds can be taken up by patients from North Kirklees; Barnsley and Wakefield areas.

The Dales is in a separate building from the main hospital with its own car parking area. The unit has its own reception desk and each of the wards we visited has key coded entry with a double door system for security in place.

Staffing and client numbers of the day of the visit

On the day of the visit both wards were full with 24 patients on each. Staff on the day of the visit on Ashdale ward were: a manager (band 7) admin/office worker (band 6 normally on an office day), three qualified nurses, three healthcare assistants a housekeeper (who also has some healthcare assistant duties), administrator and receptionist. There are currently two qualified nursing vacancies on the ward plus two qualified staff on long-term sick.

On Elmdale ward the staff were: a manager, office worker which band 6 (on an office day), four qualified nurses, three non-qualified staff, receptionist, house keeper and one occupational therapist.

The Visit

What we did

We completed an announced visit of Ashdale and Elmdale mental health units in the Dales unit, Calderdale Hospital. Due to the changes on the wards from mixed sex wards on both Ashdale and Elmdale in October 2016 to single sex wards on both, it was agreed that visiting both wards at the same time would be the best approach. Two authorised representatives visited each ward at the same time. The visits took just over two hours to complete. During the visit we spoke to patients and provided a survey for staff and visitors to complete.

We agreed that the visits would take place at the same time and reported in the same document but that we would identify the different wards and feedback for these wards separately. We agreed that this visit would be informal within the restrictions of the wards and personal safety. We used prompt sheets with questions relating to choices, food and activities; questions were not asked in a specific order, nor were all questions asked of all people. Patients were asked if they would like to speak to us at the time of the visit and offered a short time slot to do this or a paper prompt sheet to record their views if they were unable to speak to us during this time. We noted people's comments as they spoke to us, after getting their consent to do this. We left paper prompt sheets for patients and visitors in case they were unable to speak to us with the limited time frame.

In addition, we used the 'five senses' approach to report on the overall impression of Ashdale and Elmdale wards; this approach considers the atmosphere, smell and appearance of the environment and whether patients seem comfortable in their surroundings.

Why we did this visit

Healthwatch Kirklees visited the wards after receiving feedback about Ashdale ward from patients. The focus for this visit was to observe and gather comments on how the service ensures that patients are able to give feedback about the care and treatment they receive and to make choices about their care. Additionally we looked at activities provided and food and menu choices.

Who we spoke to

Patients had the opportunity to speak to us directly and visitors could either speak to us or fill in a survey about their friend or family member's experience at Ashdale and Elmdale ward. Staff also had access to a survey about working at the service which they were able to do via an online survey or return to us at the time of the visit. Service users and relatives were given information on how to leave a review for the service on the Healthwatch Kirklees' website.

Overall Impressions

Premises

Ashdale and Elmdale wards are in the Dales Unit and can be accessed using the stairs or lift. There is a reception desk in the Dales Unit and the receptionist was friendly and professional, asking for an ID card on arrival to verify who we were.

We felt welcomed at reception and the ward manager was available to meet us in reception at the appointed time. We accessed the wards via the lift and we noticed the lift was very dark and unwelcoming.

Ashdale ward

This is a male, single gender inpatient unit for working age adults with mental health conditions. It is a ward on The Dales at Calderdale Royal Hospital. The ward also has a specialist bed for children aged 16 years and over.

At the start of the visit, we spoke to Sarah, the ward manager, to get an overview of how the ward operates:

A consultant psychiatrist is available daily. All ward rounds and care and support planning reviews usually take place Monday to Wednesday with an additional business round on a Friday. On Mondays and Thursdays electroconvulsive therapy (ECT) is available. Multi-disciplinary team meetings (MDTs) take place weekly - with the patient's care coordinator present and an option for family members to be present too. A senior medical review of a patient should take place within 72 hours of admission to the ward - leading to a care plan being set up - the team aims to carry out this process within 48 hours, whenever possible. Discharge planning is and remains a focus from the point of admission to the ward onwards - with the support of the Intensive Home Based Treatment Team.

If a child had to stay on the ward, it is possible for parents to stay overnight and a bed settee can be provided. If a relative requested to stay overnight to support an adult patient then this request would be considered by the multi-disciplinary team.

The aim on the ward is to have weekly 'patient community' meetings to enable patient feedback to be obtained and to provide an opportunity to address patient queries and concerns.

We requested a patient information pack for Ashdale but the ward manager could only provide a copy for Elmdale ward.

The bedrooms are mainly en-suite rooms. There is a separate bathroom (with bath) on the ward for the use of all patients. There is a laundry room on the ward with washing and drying facilities and patients are able to use this.

There are two communal lounges for patients to use and smaller lounges at the end of each group of six bedrooms which are called pods. One of the lounges was very small with only a few seats in there. The dining room is located off the main corridor on the ward. The décor looked suitable and the ward was clean, with no unpleasant smells and the temperature felt comfortable. The atmosphere was calm during our visit.

There were noticeboards on the ward, one highlighted the procedure for making an informal/formal complaint - either via the Trust's internal procedures or via the Care Quality Commission. There was also a carers' noticeboard on the main corridor of the ward. The font size on some of the notices was rather small. The ward manager said she had plans to improve the information on the noticeboards by, for example, moving some posters which were more relevant to staff than to patients.

We were seated in the dining room on the day of the visit and patients who wanted to speak to us were directed to this room.

Health and safety

Authorised representatives were given personal alarms on the day to ensure safety and given instructions how to use these if needed. Visitors to the ward are not routinely given personal alarms. The authorised representatives were seated together in the dining room for the duration of the visit.

Patients do not have a call assist option within their bedrooms.

Patient comments:

"I never feel unsafe on the ward."

"I feel wary of some of the other patients."

"It's not the nicest of places because people (patients) are not at the top of their game. I came in with anxiety but there are all levels of mental health here and it can get noisy - which is not good when you are anxious. Once I got on my meds I felt better and calmer and then the noise didn't matter as much."

Interactions between staff and residents

There was no real opportunity to observe staff interacting with patients but whilst seated in the dining room and facing the ward corridor, it was observed that staff were passing along the corridor at regular intervals.

Patient comments:

"I would change staff but I don't know why"

"There is always someone there if I am struggling. I honestly couldn't knock it"

"There has never been a time when I thought: 'where is everyone?'"

"Very good"

"Very good can consult staff regarding all issues, personal and regarding health issues"

"Some of the nurses are lovely"

"The staff are very helpful and you are looked after. It's a safe place to be"

"The staff are very laid back regarding visitors and no one is ever asked to leave."

"The staff are patient and wait for you to express your emotions"

"They deal with it pretty well." (Reference to observing staff dealing with other patients who are experiencing a crisis episode.)

"All staff should carry BIG name tags. Difficult to remember staff names badges too small to see clearly. Thank you"

"I know to go to the office if I need anything"

We collected surveys from two visitors and both agreed that the person they visit gets the assessment and treatment they need. They felt the care and service was 'very good' or 'good' for the patient they visited on the ward. Both agreed that the staff and ward cater for individual needs and are involved in the planning of care for the patient and that the person felt safe on the ward. They felt that they were communicated with very well.

Visitor comments:

"Staff are welcoming and pleasant"

"Keeping in communication"

One visitor said no they wouldn't change anything another said *"Not at the moment, nice to have own room, (for the Patient) atmosphere is nice. Laundry sometimes an issue."*

Staff comments from the surveys:

It was agreed that service for patients overall was either *'very good'* or *'good'* and their individual needs were met *'very well'* or *'well'*. Five staff agreed it felt safe on the ward one was unsure.

Being able to give feedback about the service

Feedback was something we wanted to talk to patients about and patients' views were mixed on this matter. A patient said yes he could give feedback another stated he doesn't know what to say.

Patient comments:

"I'm going to get round to filling out multiple feedback forms." (Patient asked if aware how to raise concerns/problems)

"I'm telling you (instead). I am not happy because there is no overview regarding who to share it with outside." (The patient was asked whether they felt able to raise concerns/complaints directly with ward staff.)

We didn't see a permanent feedback box on the ward during our visit.

Choice and Dignity

We were told there is strict 'no smoking' policy on the ward and in the outdoor area. The smoking ban causes problems for some patients and the ward manager said it's often difficult to enforce this rule. All patients that smoke are offered nicotine replacement therapy on admission including patches, inhalators, spray mist, gum and lozenges. On our visit one of the representatives was shown the garden by the ward manager and said it seemed like a pleasant environment but it was obvious to the representative that people used this area to smoke as they could smell smoke. One of the patients in the garden appeared to be rolling a cigarette. The authorised representatives agreed that it must be incredibly difficult to enforce the smoke free policy.

When it came to privacy most patients agreed that their privacy was respected but others disagreed.

Patient comments:

"My privacy is respected"

“There are very few quiet spaces. I spend most of the time outside in the town centre or in the garden here.”

“There’s nothing private here - you are checked every hour.”

“Sometimes I can hear noise from the ward when I am in my room.”

“Have ability to do what I need to in order to rehabilitate myself. Always have private space. When I need it”

“That sound in the background is incredibly distracting for me.” (Reference being made to a mechanical “cherry picker” type crane in the outdoor car park area.)

“I can choose when to go to my room.”

“I came here as informal but now I am restricted on a Section 2 - it was imposed on me.”

Food

Meals are served in the dining room, usually at 8.30am, 11.45am and 4.45pm with supper in the evening. The dining room is the only room with air conditioning on the ward. The dining room is sometimes used for other activities outside of meal times. Meals are normally taken in the dining room but can be taken in a patient’s room - subject to a risk assessment being carried out and individual need. Patients are able to highlight dietary needs and related cultural requirements and the ward has access to dietician guidance and support as required. Visitors are asked to avoid mealtimes to protect patient meals. The tea and coffee bar on the ward has 24 hour patient access but is not for visitor use. The use of decaf coffee on an evening is encouraged and facilitated.

Patient comments:

“Eat everything I want to eat, meals provided at set time. Choice is fine. Always meat and veg option”

“Yes I have choices - I mainly choose to eat in my room”

“I don’t get to choose my food”

“The food is very good. There is a choice and I have room for seconds - which I can have”

“Reasonable choice but could do with more Halal. I don’t know how to choose food” (ie: how to order/express a preference in advance of mealtimes)

“I don’t think that you can knock the food. I think that there is a good choice”

“It’s not very good. The food is the same week in and week out”

“I don’t eat here. I don’t like it. It’s just not that good”

Activities

Activities are provided by the occupational therapy staff and a room is allocated for this. Patients are able to get involved with things such as pool, table tennis and gardening outside. We were told that there is a supply of books available in the separate occupational therapy room downstairs with limited access. There are a few on the bookcase by the lounge area on the ward also.

Patient comments:

“Have got appropriate leave to do what I want. Staff always open to suggestions”

“There are not enough staff for what I want to do - gardening; drawing; play station; keyboard. Where are they now? I keep having to await their presence to do things”

“Taken off the ward to socialise with others. I don’t feel that I can make suggestions at the moment”

“They come round about activities and you are either a mixer or you are not and no one is at their best when they are here”

“The lay out of the ward is not too good. The days seem long”

“Not much to do”

“There is nothing to get up for in a morning. The staff don’t care. It’s the worst place I have been. I don’t see staff often and I don’t do anything”

“I like to distract myself with my Walkman and headphones - but I have run out of batteries” (Reference to how the background noise, inside and out, was proving very stressful).

“I do cleaning, washing up, tidying, watching TV. Most times I can choose what I want to watch. I’ve played table tennis, pool and can make a cup of tea. I enjoy meal times most of all”

General

Patients wanted to tell us other things about Ashdale which are included here.

Patient comment:

“Nothing wrong with it.” - Comments about the Ward

“I don’t know what’s going on - there’s a lack of information such as when I will be getting discharged.”

“Staffordshire are plugged in - they could get good suggestions from them - they are very advanced there in mental health care.” (Response made when patient was asked if there was anything on the ward that could be improved.)

“I came here a week ago last Friday when things had broken down and I was at my lowest ebb. Being here gives me chance to get my mojo back.”

The infographic on the next page shows Ashdale staff comments from the surveys completed.



6 out of 7 members of staff said that working on this ward was good

Ashdale

The staff are very supportive to each other, and communication between qualified staff and health care assistants are really good.

Close staff team and a good mix of skills between staff

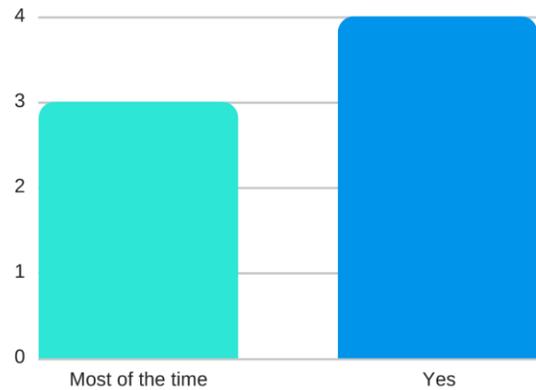
The staff work as a team and deal with everything professionally.

Most of the time 14% No 14%



Some of the time 57%

Do you feel you have enough time with each patient?



Are you happy with your work load?

All members of staff said they were offered opportunities for further training

All staff who responded to the survey would be comfortable speaking to a senior member of staff if you have any concerns or problems relating to work

More staff to enable more time with service users and to allow increasing paperwork to be completed thoroughly.

All care plans are co-produced with patients and they get 1-1 time with a staff member day and night.

The team work well together and support patients with their mental health and social care needs.

Staff care about the services users and doing a good job

Staff said that patients and carers were involved in care by; co-production care plans, carers pathways, ward reviews, 1-1 daily arrangements and working closely with families

Elmdale ward

This is a female, single gender inpatient unit for working age adults with mental health conditions. It is a ward on The Dales unit at Calderdale Royal Hospital. The ward also has a specialist bed for children aged 16 years and over.

We spoke to Shelly the clinical team leader initially to get some information about how the service operates. She explained what a normal day looked like with activities and ward reviews which are 25 minute slots; we were told that the length of time for reviews is flexible and sometimes a double session is booked. They start from 9am so carers can be involved also. On Mondays and Thursdays electroconvulsive therapy (ECT) is available. All patients have their own individual plans which have information to keep them safe. Access to the garden depends on the individual's level of risk. There is 24 hour ward cover from junior doctors and consultants and at night there are two or three qualified staff and two health care assistants.

The ward itself is a long corridor with open communal lounges and kitchens, placed along this area. The bedrooms branch off down further corridors with six pods (bedrooms) on each and a small lounge at the end of each. All bedrooms are en-suite apart from two rooms; these have access to a toilet and shower based on individual need for patient safety. Along the main corridor, patients' art work is displayed and an 'Elm of Hope Tree' is a permanent display where patients can write about their recovery on a leaf to go on the tree. Many patients seemed happy sitting along the corridor rather than using the lounges at the time of our visit. There are two small sitting rooms off the main corridor but they were not particularly inviting or homely looking; one had chilled water and a TV in but it was slightly colder than the rest of the ward and did not smell pleasant. There is a store cupboard with food and drinks, cuppa soups, squash etc - this is kept locked, staff to open as needed. There is a secure garden for residents to use, we did not go in this area at the time of our visit. The garden area is closed 12-12.30 each day to be cleaned. There is a laundry room with all the equipment patients need to be independent while on the ward; this is kept locked until needed.

There are plans to update the foyer to make it more welcoming and we were told that patients will help design something for this.

Patients are able to access support and advice regarding benefits. There are boards up in the corridor with photos of the care team, names of the patients present, which staff are allocated to which patients and which ward reviews are happening. The notice boards were up-to-date and not crowded with information, making them easy to read and informative.

Two members of staff are always in the dining room during meal times. The dining room is used for other things such as staff meeting or family visits. We were placed in the dining room on the day of our visit and a staff member directed patients who wanted to share their views to come along and meet us in there.

Health and safety

Authorised representatives were given personal alarms on the day to ensure safety and given instructions how to use these if needed. Visitors to the ward are not routinely given personal alarms. The authorised representatives worked together in one room for the duration of the visit.

The ward has a secure double door system in place for security, which is released by the reception staff.

One patient told us they feel uncomfortable *“Sometimes drugs are smuggled on the ward and people are up playing loud music after taking them”* The patient didn’t give any times or dates of these incidents. The authorised representative asked the patient if they’d reported this but the patient said they didn’t feel there was any point. The authorised representative reported this to the ward manager following the visit and we were assured this has been followed up.

Two visitors said that the person they visit felt safe on the ward; one disagreed.

One visitor commented, *“She feels safe, just says the noise sometimes makes her feel unsafe- but I know this is a factor that can’t change”*.

From the staff surveys, only one person wasn’t sure how safe the ward felt.

Interactions between staff and patients

We witnessed interactions between staff and patients for a small period of time when we were shown around the ward at the beginning of the visit and we noticed that when patients asked staff questions, staff responded patiently and pleasantly. Some patients told us they thought the ward was short of regular staff as a lot of bank staff seemed to be used. Another said that the unit is short of staff and mentioned that staff were now on 12 hour shifts and that this had negatively changed the atmosphere. A patient mentioned that they thought the staff and doctors were abrupt with patients and didn’t seem very understanding. Many of the patients were very eager to tell us about the occupational therapy staff and how good they were.

Patient comments:

“The OT staff are fantastic, Michelle and Antony they accommodate people’s needs, it is appreciated”

“Other members of staff are marvellous. I only have to ask, they are experienced staff”

“Some staff on the ward are not approachable, some have a rude attitude. I have experienced this when another patient has asked a name of a staff member and the staff member said rudely, ‘You should know it’ Really unfriendly, no need for this. People forget we are in here with problems, it shouldn’t matter how many times they are asked their name”

“Previously the staff would have one to ones and speak to you but now they don’t have the time - they might say ‘Wait till I’ve had my break’ or may be preparing for a CQC visit”

“Nursing assistants are remarkable they are doing 12 hour shifts”

“Atmosphere has changed this time, some staff -not seen before.”

We collected surveys from three visitors and two agreed that the person they visit gets assessment and treatment they need and one was unsure about this. They felt the care and service was ‘very good’ or ‘good’ for the patient they visit on the ward. Two agreed that the staff and ward cater for the individual needs and are involved in the planning of care for the person they visit but one disagreed, although they felt that they were communicated with ‘very well’ or ‘well’.

Visitors told us what they thought the ward and the staff had done well, while visiting

“Can’t say thank you enough!! They have provided a safe, caring environment and looked after her very well at all times”

One visitor said they wouldn’t change a thing, “Nothing, fantastic staff!!”

“Keep doing what you are doing!! You do it well”

Staff comments from surveys: Staff agreed working on the ward was ‘very good’ or ‘good’ and the service for patients was also the same. They commented that patients are included by co-production of care plans, regular ward reviews, carer contracts, 1-1 daily engagements, working closely with the families.

Being able to give feedback about the service

We were told there is a weekly community meeting where issues can be raised. The housekeeper is in attendance for feedback about meals and any other housekeeping issues. This is a meeting for patients to meet and discuss any suggestions or problems. There are also advocacy coffee mornings which are held by Calderdale Advocacy. The times and dates of these meetings are on the notice boards along with the minutes from the patient community meetings which are on display in the corridor.

We noticed a 'You Said'- We Did' board in the activity room which showed the information gathered from the suggestion box in the corridor used for patients ideas and what the ward would do about them.

Patients get a primary nurse who is their allocated member of staff, who gives them the opportunity for daily feedback. If the patient is not happy with their primary nurse they can be allocated another member of staff.

Patient comments:

"When I have had a problem or issue these have been dealt with straight away - smoking in a room, when I reported it was looked at straight away, very reactive"

"There is always someone to talk to (staff) if I need to give any feedback"

"I have not seen my named nurse to speak to, and it would be difficult to speak to someone on the ward if there was something I was unhappy about"

Choice and Dignity

When we asked about choices and dignity, patients informed us that they were able to get up and go to bed when they chose. One patient told us that they felt the staff were ok and respected their privacy, and was aware that she could go to her main nurse to give feedback.

There are no areas for patients to smoke on the unit although there are smoking shelters for the CHFT staff and patients. There is a total ban for staff and patients on SWYPFT property. Staff wishing to smoke in their breaks have to leave the grounds, patients the same. We were told this can be difficult for patients who are unable to leave the ward as they can smell smoke on other patients and staff and see others smoking. There is, however, access to smoking cessation support with gum, patches and inhalators available for patients. A patient explained that some people went into the garden to smoke (even though this is not permitted) and this can be off-putting for non-smokers, *"I don't use the garden as I don't smoke and don't like the smell."*

There is a working group looking at operationalising the policy and reviewing the implementation of it.

Patient comments:

“You have to knock and wait at the staff room door (nurses station/staff room) to contact a staff member when in need as the door is locked. It feels like a barrier when you already feel vulnerable. Then to be told to wait again when answered feels like you are inconvenience. At Dewsbury they have an open door policy which is much better. Feels like you are all in the same space.”

“Feel uncomfortable this time I’m here. Staff are in office more, they say wait till I’ve had a break (staff). I feel vulnerable because of the abrupt manner sometimes of staff. I think this is because lack of staff. There is less one-one time”

Food

All main meals are served in the dining room which is situated at the end of the ward near the exit. To access this room patients have to go past the reception area and are buzzed in and out of the room due to the outside exit and the double door system. Shelly told us there are set times for meals in the dining room for breakfast, lunch and tea and then rounds of toast for supper is served in the communal lounges with drinks. She said that the dining room can sometimes be noisy when patients are in. This was also reported by a patient saying that sometimes the crowdedness of the dining room made them scared so because of that, sometimes they don’t eat and go hungry as can’t go in the dining room to place an order. Another mentioned that most of her meals are from the shop, not the dining room, as the thought of eating in a crowded room was daunting. Residents are encouraged to eat together to make the experience a more sociable event. They are however, able to eat in their own rooms and in the activity room to suit individual needs and if care plans permit. Eating is not permitted in the communal lounges.

The menu was displayed in the dining room; we were told the food served on the ward is different from other wards in the main hospital. Patients are able to bring their own food which is stored in the fridge in dining room. There is a communal kitchen which is open for drinks and small snacks with a hatch into the lounge for patients to use. The communal kitchen stores only snacks with sealed packets. There is much flexibility for specialised diets and there are dietitian referrals for individual special diets. These were detailed on the wall in the dining room. There are always two staff on duty in the dining area at mealtimes and all staff serving meals have food hygiene certificate. Fruit is provided in all communal areas and patients have access to drinks all time.

We spoke to patients in this room and they shared their views on using this area. We noticed was that this area seemed to be a very bright and stark looking room with not many concessions for comfort. The balcony area was covered in weeds.

We were told by most patients that they are able to make suggestions for food choices and that staff make sure these are in place; others did not agree. We were told later by the manager that there is a rolling two week menu which isn't changeable. Although there is the opportunity to order salads, Halal food choices and other special diets or requirements if needed.

Patients suggested they would like more fruit provided, as, although this is placed in the communal areas, it is only provided once a week and it runs out fast. They were happy with the access to snacks and hot drinks with a patient saying *"you can get any drink you want, tea, coffee or hot chocolate"* and another saying *"We get biscuits for snacks, if wanted"*.

Patients who are able to leave the unit can buy food from the shop if needed. Patients agreed that although there was a set time for breakfast, patients are not made to get up if they don't want to; they can have toast from the kitchen later enabling them to make the choice to stay in bed or their room. We were told that patients would like the menu to be placed elsewhere in the ward as well as in the dining room so that people struggling to use this room due to personal issues are able to choose without going in. Patients agreed they could eat meals in another room if they required. There are protected mealtimes between 11.45-12.30, and 16.45-17.30 and visitors are encouraged to come between these times: 10.00am-11.45am, 12.30pm-16.45pm and 17.30-20.30pm.

Comments from patients:

"Food is wonderful no complaints, plenty of choice and good"

"No choice, all I want is jacket potato. I have been told I can't have this"

"I'm sure the food is brought from Manchester"

"Bring back cuppa soups in the kitchen and more choice of these"

"There are two cooked meals a day if you want them and wide variety. In the kitchen toast is available, fruit and yoghurt."

"I'm not allowed to eat in my own room, although people are allowed to eat in the activity room, but that often has several people in it" when discussing about the dining room been crowded.

Activities

There was an activity room on the ward and we were told that lots of activities take place, from dance classes to crafts sessions. The gym can also be used as long as an assessment is done first with the patient. Although we didn't witness any activities during our visits patients spoke to us about what there was to do on the ward. The majority of the people we spoke to spoke very highly of the Occupational Therapy (OT) staff.

We spoke to a patient who said they were happy with the activities on offer which are arranged by the OT team, and they get involved in playing pool or attending groups. Another said she thought there should be more activities based on the ward, and more one to one activities for people who don't like groups.

There is an OT timetable; new patients have a review and can then book in. One patient told us they were happy with the activities provided by the OT team, but if she had a choice she would like to have more music, possibly in the lounges.

Patient comments:

"Lots of activities with OT staff taking you out for a coffee"

"Very good activities arts and crafts, crochet, and pampering of nails and feet"

"Outings to park and a coffee and trip to town are encouraged"

"OT staff are all things to all people, very understanding"

"They include everyone in games and provide bingo and music they are very very good"

"I would like more activities- craft work and making things or drawing more one-one work as sometimes feel uncomfortable in groups"

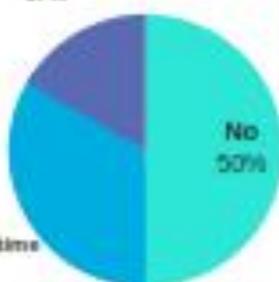
This infographic shows Elmdale staff comments from the surveys completed.

Elmdale

All staff who responded to the survey would be comfortable speaking to a senior member of staff if you have any concerns or problems relating to work

Do you feel you have enough time with each patient?

Most of the time
17%



Some of the time
33%

One person who responded to the survey stated they were not given opportunities for further training. All other staff felt happy with training opportunities.

Excellent staff team

Changes staff would make...

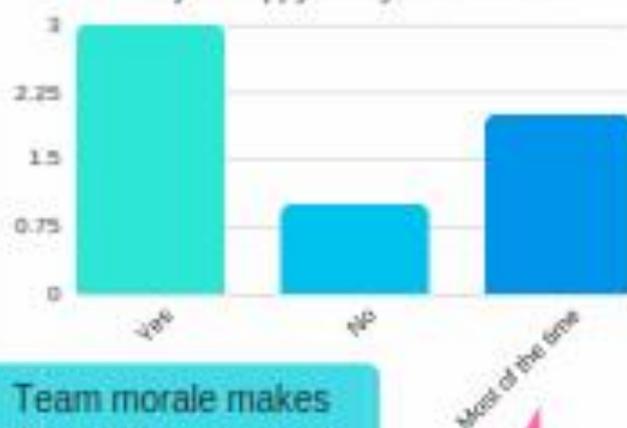
Reduce the amount of paperwork

More time needed to care

Ability to refuse to do low level tasks

Bed numbers and staffing levels

Are you happy with your workload?

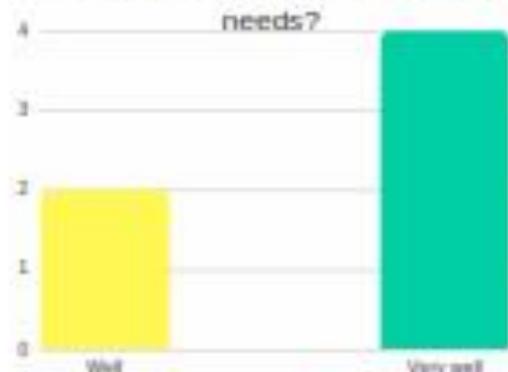


Team morale makes this ward really good

Good staff support

High quality care

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



The care on this ward is person centred

Team work and activities even when OT not available

This ward involves patients and carers in their care by co-production and regular ward reviews

Making a difference

Atmosphere variety and contact with others

Friendly

Conclusion

We were made to feel very welcome on both wards during our visits and it was apparent to us that senior staff were open to hearing suggestions about how the service could be improved. Managers were keen to hear the feedback service users gave us and they took notes when we were sharing information at the end of our visit.

We spoke to some service users who were clearly very unwell at the time of our visit and we feel this may have affected some of the comments they made. We feel it's very important for patients to have opportunity to give feedback on their inpatient experience once their mental health is more stable and when they have had time to reflect on their experience of being an inpatient in a mental health unit. We are discussing this with South West Yorkshire Partnership Foundation Trust as we are considering opportunities to speak to patients who attend out-patient clinics and other community-based mental health services. The Trust are also considering how best to gain feedback following service user discharge.

One of the main reasons for this Enter and View visit was to establish whether patients are aware how they can give feedback about the care and treatment they receive. We were pleased to note that noticeboards on both wards and patient information booklet contained information on who patients could contact if they had a comment, concern, complaint or compliment. Some patients also spoke to us about what they would do if they had any issues. Patients may benefit from being able to give feedback quickly, informally and anonymously. Elmdale already has a suggestion box on the ward but it would benefit to have one on Ashdale also, or a 'graffiti board'.

There was quite a marked difference between the feedback we gathered from patients about the activities available on both wards. Elmdale patients spoke very highly about the support they received from occupational therapy staff and were generally happy with the range of activities on offer; patients on Ashdale ward were generally more negative about the activities available to them.

Patients on Ashdale ward gave many positive comments about nursing staff. Patients on both units mentioned staffing levels and that bank staff are used frequently. Many staff commented on the surveys about this also and how it would benefit patients and staff to have a higher staff numbers.

We recognised that the design and layout of the building has its limitations but there are some areas which could be made more comfortable and inviting by making some simple and inexpensive changes; these are suggested in the recommendations below.

We thoroughly enjoyed our visit to the wards and speaking to the patients using the service.

Recommendations

Enter and view Recommendations	Feedback from Manager
<p>We recommend name tags in a large font might be a good way to identify staff names and to cut down patient's frustrations of asking for these.</p>	<p>The ward manager is liaising with the Trust to explore alternative badges with bigger fonts</p>
<p>We recommend new and more inventive ways to encourage feedback at different times for patients and in different ways. Post it notes stuck to a poster along corridor, a graffiti board, or something like this to be used during patient forums making it easier for those who find it difficult to speak out to have their say. Encourage feedback in a box along the corridor and check regularly. Include visitors in this process. Encourage patients to give feedback on Healthwatch Kirklees and Calderdale website which providers can respond to.</p>	<p>I have identified a board that could be a graffiti board and discussed with the OT lead for Ashdale. I will do the same for Elmdale. Ashdale now has a suggestion box. Suggestions are reviewed at the community meeting on both wards.</p> <p>It was discussed at the end of our visit about volunteers collecting feedback while on the ward and after a certain time lapse after discharge. The Trust are considering how best to gain feedback following service user discharge.</p> <p>Note: Healthwatch Kirklees are speaking to South West Yorkshire Partnership Foundation Trust about opportunities to gather feedback from patients who attend outpatient clinics and other community-based mental health services.</p>
<p>We recommend menus and meal choices to be placed in communal areas. This would make it easier for patients to choose meals without entering the dining room. More information available to patients about how to make suggestions on food choices. Patients suggested more fruit as it gets used up very quickly and cuppa soups back in kitchens (Elmdale)</p>	<p>This was discussed at the time of the visit and managers were open to these changes.</p> <p>This will be discussed with the house keeper and ensure that these recommendations are discussed in full at the catering meeting.</p>

	We will try to plan more fruit into desserts.
We encourage the ward managers to consider why patients on both wards felt differently about the activities on offer. Is there anything that can be done to ensure patients on both wards feel that they have access to a good range of activities?	This will be discussed with OT manager to action
We recommend that dining areas to be softened and made more homely with soft furnishings, which may cut down on the canteen feel and help noise reduction.	Tables, chairs and floors have to be hard surfaces to ensure infection, prevention and control compliance. We will revisit the wall areas and plan service user art work.
We recommend you consider improving how the staff in the office can be made more accessible to patients on Elmdale ward.	Will consider this further alongside issues of confidentiality. Staff should be aware to answer the door immediately and will be reminded.
We recommend that visitors are offered the option of taking a personal alarm and an ID badge confirming that they are a visitor.	Will look into this further with the Trust
We recommend that a patient information booklet is available for both wards. As the amount of information may be overwhelming initially, you could also consider having bullet point information sheet with key information - such as: Meals times and times of occupational therapy sessions and details of named nurse. Patients could get involved in planning this list.	Plans are in place immediately to develop one on Ashdale. Noted recommendations regarding shorter version- this could be given on admission.