

<b>Details of visit</b>	<b>Burbage Ward, Michael Carlisle Centre</b>
<b>Service Provider:</b>	<b>Sheffield Health &amp; Social Care Trust</b>
<b>Service address:</b>	<b>75, Osborne Road, Sheffield, S11 9BF.</b>
<b>Date and Time:</b>	<b>25<sup>th</sup> February 2016, 11.00 am – 1.00 pm</b>
<b>Authorised Representatives:</b>	<b>Hardeep Pabla, Tony Blackburn</b>
<b>Contact details:</b>	<b>Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW</b>

## Acknowledgements

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. o the CQC where they are protected by legislation if they raise a concern.



## Purpose of the visit

- To gather information to inform us about how effectively people with a mental health condition are having their needs met.
- To identify examples of good working practice.
- To observe the environment and processes in the public areas during opening hours.
- To identify any areas for improvement and make suggestions if appropriate.

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## Strategic drivers

- Citywide reporting of difficulty accessing mental health services in a timely manner
- Healthwatch Sheffield focus on access for excluded groups
- Healthwatch Sheffield focus on Crisis Care Concordat

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## Methodology

Burbage Ward is housed in the Michael Carlisle Centre and managed by Sheffield Health and Social Care Trust. The visit was arranged via the team manager. Access was permitted to the whole ward, with the exception of bedrooms and dormitories. The visit was advertised in advance by placing a poster on the noticeboard in the main corridor.

We met with 4 patients, an allied health professional, two support staff, a clinical member of staff and a member of the management and administration team.

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## Summary of findings

- **We found a well organised service with committed staff**
  - **Patients were generally positive about the ward and treatment**
  - **Patients were very concerned about the enforcement of the 'smoke-free' policy due to come into force in May 2016**
  - **There is a good range of activities for patients**
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## Results of visit

### Premises

Michael Carlisle Centre is situated in a residential area of Sheffield. It has good bus links to the city centre with routes 3, 10, 20 and 252 bus services. The Centre can be accessed via 2 entrances; the main one on Osborne Road and the other from Lyndhurst Road. The main entrance has some onsite parking available including disability spaces but there is plenty of parking available on the road. The Lyndhurst Road entrance car park is on a slight incline and has car parking available on site with disability parking available. This entrance has direct access to Burbage Ward.

Once inside we reported to the reception area but they were not aware that we were due. Once confirmed we were directed to Burbage Ward. Signage was clear for all wards. The entrance to the Ward is secure and can only be accessed by visitors using a buzzer system.

The ward has a long central corridor off which are the waiting area, kitchen, food storage room, dining room, staff offices, a large meeting room, a prayer room on request, patient lounge which had a television, quiet rooms, laundry, bathrooms, single bedrooms and the 2 dormitories.

All areas were clean and tidy. The ward was redecorated recently where staff and patients were involved with choosing the colour scheme.

Other facilities are available off ward which includes Chaplaincy, occupational therapy and a garden which is currently used as a smoking area until 31<sup>st</sup> May 2016.

The dining room has tea and coffee available 24/7 as well as a selection of fruit for patients. The dining room had tablecloths and these were provided at the request of patients. This has made the 'room feel less institutional and more welcoming and homely' (patient quote). 'Since the new manager came into post there has been a scheme of redecoration and patients are more involved in how the ward looks' (housekeeper).

There are a variety of noticeboards along the corridor as well as in the dining room. Along the corridor, one board displayed staff photos whilst others were for carers information, advocacy and CAB. The staff shift notices were displayed as well as information on patient mail received whilst a white board identified the staff on shift for the day. Information on the noticeboards were of varying quality or missing. For instance, the Mental Health Advocacy Service Board had nothing displayed. We were informed that a patient who had recently been discharged had removed all the information displayed and that staff were in the process of replacing them.

### Opening Hours

The ward operates 24 hours a day, 7 days a week including bank holidays. Visiting hours are Monday to Friday 4 – 8:30pm, Weekends and bank holidays 10 – 8:30pm. Mealtimes are protected and visitors are discouraged from entering the dining room between 12pm and 1pm and 5pm and 6pm. Breakfast is available from 8 – 11am and are not protected as there is no set time that patients are made to get up. Children are welcome to visit the



family room where the nurse in charge must be informed that they are present on the ward.

Meals/menus are chosen by the patients at the monthly meetings. The meals are produced off site and come in frozen which are then reheated. Halal, Asian and Caribbean food is also available although Chinese food is not available as the suppliers do not offer this. 'The food isn't bad but the Caribbean food is not like home. Can SACHMA come in and do food like they do at Wathwood?' – patient quote.

## **Staff and Training**

During the visit we spoke to five members of staff. All spoke positively about their employment; they had been there for a number of years and felt there is very little staff turnover. They had noticed many changes over the years but were clear in stating that the positive improvements had come from the manager. All staff spoken to commented on being proud of the team, the flexibility of the team and that their role is to focus on client need. For instance a patient could request a sandwich in the middle of the night and this would be provided. 'treat patients as if they are in their own home'.

Recruitment is underway as the service is short of 7 staff nurses. There are always 2 qualified staff on shift and 2 support workers. An uplift is due and the qualified staff on ward should increase to 3. SHSC are in the process of reconfiguring mental health provision and reducing the number of bed spaces by 19 to enable more people to be treated in the community.

All staff receive regular training which includes lifting and handling, nutrition and diet, respect training and Diversity and Equality.

With the impending no smoking ban staff have been supported to stop smoking by using patches. Staff stated that they were happy to do this as it wouldn't be fair if they could smoke and patients couldn't.

All staff spoken was aware that they could access interpreters if required – this would be on a care plan too. Where interpreters are used they tend to use the same one in order for ease of continuity of care and trust building with the patient.

Staff have not been offering the Family and Friends test as they felt it was not appropriate. Some patients don't have a choice about being on the ward. They wanted to concentrate more on the routine care. A Family and Friends survey box is in the dining room but there are no forms available.

## **Patients**

On entry to the ward one patient approached us immediately and expressed concern about the imminent no smoking ban 'do you know what they are doing – tell staff we don't want this and fill in a form'. This concern was raised by all other patients 'it's not going to work. Patches won't work – have tried them before. This is giving me lots of worry and anxiety', 'staff can go offsite if they want to smoke but we can't. That's not right.' 'they can't keep drugs off the ward so how can they keep smoking off', 'we're already bonkers and this will send us even more bonkers'.

SHSC Trust were advertising the smoking ban. There was a box in the dining room for survey feedback forms but no forms were available. There were also no complaint forms available.

On admission to the ward, patients are shown the waiting room and offered a drink. The doctor is called and an initial assessment is carried out. The patient is then shown the ward, given a handbook and introduced to others on the ward. Care planning is done as soon as possible after admission – ‘collaborative care planning’. Patients are fully involved in their plan. Where a patient does not wish any involvement (sectioned patients normally) staff will do the care plan. The main focus of care planning looks at discharge and this is mentioned when creating the initial care plan so that patients can see that that is the outcome all are looking for.

Some patients stated that they don’t have their care plan but can access it if they asked staff. They know that they can ask for dentist, opticians etc by asking staff too. The community Home Treatment Team based at Argyle House do ward rounds daily so that patients are aware of them as they will be offering support on discharge.

Activities are included in the plan. Various activities are on offer which are supported by the occupational therapist These include single sex gym use, jewellery making, arts and crafts, bingo, football, pottery and Tai Chi. Some of these are offered on the ward whilst the gym is not. The Arthouse also offers their services and also involved in offering classes on discharge as part of the care plan.

There has been contention occasionally between the mental health patients and the substance misuse detox patients. Staff and patients expressed high concern about the drugs coming into the ward with legal highs being the most concerning. ‘Legal Highs are very problematic’, ‘visitors bring in the drugs but we can’t search them so anything could come onto the ward’.

Patient : ‘ I can’t stand them taking drugs – they shouldn’t be on the ward’.

All patients spoken to said the food was OK but sometimes their families bring in food too.

A community patient meeting is held every week for patients.

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## Recommendations

- 1) Look at ways of keeping noticeboards up to date including details of the mental health advocate. (We recognise that this can be a challenge)
- 2) Conduct a survey of patient responses to the smoking ban. Identify what further support can be put in place to support anyone who is struggling.
- 3) Find a way of more effectively offering the Friends & Family Test. Could this be done through an informal interview, for example?
- 4) Ensure that complaints forms are always available
- 5) Source a supplier for Chinese food if required by the patient

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## Service Provider Response

Complaints and family and friends test forms had been available but had been thrown away by a service user who didn't like any information on the ward. Additional leaflets are being supplied from Fulwood. Complaints forms are immediately available on request.

Although we don't have a Chinese food supplier, if required we have gone to the local Chinese supermarket and purchased meals there.

Re: going smoke free - There were a number of consultation events held on the ward to answer any questions that service users had and to explain why the Trust had made the decision to go smoke free. There were service users involved in the planning and implementation of the policy. There are number of staff who are trained to offer advice on smoking cessation and all qualified staff have been trained to provide NRT so there would never be a delay in someone being given NRT whilst in hospital.

We have been in contact with the CAB/Advocacy service and requested that they provide us with information that we can display to advertise their services. We have previously asked them to update their information so that it reflects any changes that ward staff may not be aware of.

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