



**Enter and view report  
Oakwood and Mason Wards -  
Avon and Wiltshire Mental  
Health Trust 22 November  
2017**

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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	Mason Ward and Oakwood Ward, Southmead Hospital, Southmead Road, Westbury-on-Trym, Bristol BS10 5NB
Service Provider	Avon and Wiltshire Mental Health Partnership Trust (AWP)
Date and Time	Tuesday 22 November 2017, from 12.30 pm to 2.30 pm (debrief from 2.30 pm to 3 pm.)

## 1.2 Acknowledgements

Healthwatch Bristol authorised enter and view representatives wish to thank the service users of Mason and Oakwood wards who participated in conversations with Healthwatch. We would also like to thank visitors and staff who were able to engage with us and answer our queries.

## 1.3 Purpose of the visit

The purpose of this enter and view was to gather feedback from residents about their experiences of care at Mason and Oakwood wards. Healthwatch Bristol also aimed to find out what visitors, carers and staff think of the wards and follow up on our recommendations from Healthwatch Bristol’s visits in autumn 2015.

# 2 Methodology

## 2.1 Planning

Mason and Oakwood wards were chosen for enter and view as Healthwatch Bristol wanted to follow up on findings from our previous visits in autumn 2015 and see what changes had been implemented. AWP was rated as “Requires Improvement”



by the CQC in summer 2017. Enter and view visits to AWP wards also tie in with Healthwatch Bristol's current work plan priority around mental health and wellbeing. This visit is part of a series of visits and Healthwatch Bristol intends to visit other acute AWP wards on the Callington Road Hospital site next.

A planning meeting was held between the enter and view volunteers and staff to discuss the enter and view visit to AWP acute inpatient wards. We agreed an observation checklist and prompt questions to use. We decided to focus our conversations and observations around the recommendations that Healthwatch Bristol made when they visited the wards in autumn 2015. We also aimed to ask service users questions around the choices and rights that they have, and look at accessibility on the wards (as the Accessible Information Standard came into law in July 2016.)

Healthwatch Bristol read AWP's most recent CQC report and invited an AWP CQC Inspector to attend the planning meeting, so we could find out if there was anything the CQC thought we should follow up on. Healthwatch staff contacted various staff at AWP, including the clinical lead and patient experience team, to identify if there was any feedback they would like to receive from AWP service users and discuss whether the Healthwatch Bristol enter and view team could support this.

A Doodle-poll was sent out to volunteers and the enter and view was planned on the most popular date.

After the visit, staff and volunteers had a short debrief on the Southmead Hospital site to discuss what we saw and heard and to identify any recommendations for improvement, based on what we were told and what we saw on the day.

## 2.2 How was practice observed?

Healthwatch Bristol authorised enter and view representatives visited AWP acute wards and spent time speaking with service users, visitors and staff there. We also spent time observing the environment and interactions between the service users and staff team.

## 2.3 How were findings recorded?

Comments and quotes were recorded by Healthwatch Bristol volunteers and staff while engaging with service users, visitors and staff. Comments were recorded anonymously. Conversation and observation record templates were typed up and shared with the representative who was drafting the report. Records were compiled and the report was written based on the records from the team.



## 2.4 What happens with the feedback Healthwatch Bristol has gathered?

The draft report will be shared with AWP staff and ward managers at Mason and Oakwood wards. Healthwatch Bristol will give AWP 20 working days to comment on our recommendations, outlining what steps they will take and when. The final enter and view report and the service provider's response will be shared with the CQC, Healthwatch England, the local authority, adult social care and/or the CCG and the service provider we visited. The report and provider's response will then be uploaded onto our website for patients and the public to read.

## 2.5 About the service

Mason and Oakwood wards are acute inpatient mental health wards provided by AWP (Avon and Wiltshire Mental Health Partnership Trust.) They are located on the North Bristol Trust (NBT) Southmead Hospital site.

Mason Unit is also known as "The Place of Safety". It is a four-bedded, short-stay ward that has the power to hold people under the mental health act for the purposes of mental health assessments. Service users are admitted here for up to 72 hours when they are detained by the police because they are a risk to themselves or others.

Oakwood Ward is a 23 bedded acute inpatient mental health ward that provides multi-disciplinary interventions and care for service users whose mental health needs cannot be met in their own homes.

Both wards aim to provide a holistic service that provides interventions around mental health crisis, wellbeing and physical health.

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# 3 Findings

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## 3.1 First Impressions

Healthwatch Bristol's first impressions of Mason and Oakwood were positive. Volunteers who had known people who had been admitted to other acute services as inpatients thought the wards seemed much more pleasant than those they had visited before.

Ward staff did not ask to see Healthwatch Bristol's ID badges but security was good with buzzer entry onto the wards so this was not a big concern.



Both wards seemed busy, purposeful and well-managed. Staff were motivated and loved their jobs. There were frequent disturbances due to the nature of acute wards and the fact that some service users were distressed and upset, but Healthwatch Bristol saw the staff teams deal with these quickly, calmly and efficiency. There seemed, in our opinion, to be good team work and morale amongst the staff team and service users at Oakwood were mostly satisfied with the care they had received.

## Service Users' Experiences of Care

**“(The care has been) excellent, really good, (I am) treated like family.” - Quote from a service user, Oakwood ward.**

Healthwatch Bristol volunteers and staff thought that all service users living in Oakwood seemed quite happy. Five service users engaged in conversations with us and told Healthwatch Bristol that care at Oakwood was either ok or good. All service users who were asked said staff are available to talk with them when they need it.

Most service users said they felt safe on the ward, with only one service user saying they felt scared and were not sure why they were there. Healthwatch Bristol was told that this service user had been recently admitted and thought they were probably still settling in. Another service user who was recently admitted said they are **“already feeling better.” - quote from a service user, Oakwood ward.**

A few service users at Oakwood ward expressed concerns and upset about the recent smoking ban which has been enforced, which will be discussed later in the report.

Healthwatch Bristol volunteers and staff were unable to engage in any conversations with service users at Mason ward. There were only two service users being treated and assessed during our visit (two beds were empty) and one service user had just received bad news about the outcome of their assessment; they were understandably angry and upset and Healthwatch Bristol and ward staff agreed that our conversations could make the ward more unsettled. Staff were readily on-hand to support this service user who was distressed and very unwell and we observed staff respond quickly when one service user tried to leave the ward via the garden fence.

Both wards allocated a staff member to be in charge of security and fire marshalling on each shift.

## 3.2 Service Users' Rights

Healthwatch Bristol aimed to find out what restrictions are in place for service users and why during our enter and view visit.

We heard positive things in terms of service users' rights. A service user at Oakwood, for example, explained that staff had put together special, culturally appropriate food for them, another said their religious needs had been met and all five of the service users who chose to speak with us said that staff respect their privacy and they can access a private space to speak with their nurse, friends or family. The three service users we asked said they know who their named nurse is but two of these were unsure about advocacy and whether advocates visited the ward. Some staff at Mason also said they were unsure about advocacy for service users. We would recommend that all service users (and staff) are reminded that they have the right to access a free Independent Mental Health Advocate (IMHA) through SEAP, Swan or Bristol Mind.

AWP involvement staff wanted to know whether service users and their families/carers felt they were involved in their care planning; all three service users who answered this question said **“yes”** and **“(my) family is involved in my therapy”** or **“my family is involved in the planning.”** - quotes from service users at Oakwood. Healthwatch thought this feedback was very positive and AWP is to be commended for this.

Both wards said they use an admissions checklist. This meant that individual needs (cultural, religious, diet, communication) and wishes were recorded for all service users. Healthwatch Bristol thought this was a great way to ensure service users are treated as individuals and help bank or new staff learn each service user's needs and preferences.

We were unable to speak to service users at Mason because they were distressed and acutely unwell, but staff explained there is always a private room available and the lounge, admissions and assessment room or faith room could be used depending on risk. Mason ward had no fixed menu as admissions could happen at any time of the day, but staff assured us that cultural and religious needs are recorded at admission for each individual. They also explained that families' involvement in care planning depends on service users' consent and they will ensure families and carers are informed about the service user's mental health assessment as part of the service user's admission.

### 3.3 Service Users' Choices, Activities and Daily Routine

At Oakwood, most service users were positive about how they spent their days and the choices they had.

Service users did tell us that visiting times are set so they cannot choose when their visitors come to see them, but one service user explained the staff are flexible and will let you see your family or friends at other times if they want/need to urgently. There are set times that service users have to go to bed at Oakwood, usually between 12 midnight and 6 am. One service user was slightly negative about this saying **“it feels like a hospital”** but another said this was good and they



slept well because it was always quiet at night - **quotes and comments from service users, Oakwood ward.**

Three service users said they liked the activities offered at Oakwood and one said they found this a good way to meet new people and share their experiences of poor mental health. Another said they spend their day chatting to people and keeping busy. No one at Oakwood told Healthwatch Bristol they were bored but one person said they do not take part in activities. One service user said they would like to use the gym more and another said they would like to go out with their family more, but know they are not allowed far away from the ward because of their condition.

Oakwood offered lots of activities to service users including: relaxation, dance therapy, gardening, art and cookery. There was the option to use the gym. A STaR worker came onto the ward to give advice about accommodation and benefits and a chaplain visited regularly to run services in the MDT or Therapy Room. One service user told us they had been taken to go shopping and to cafes with staff and explained that the Occupational Therapist (OT) sometimes ran activities at the weekends or a Saturday morning breakfast group. A newly admitted service user said they had already met the OT and been encouraged to attend activities to make friends. Healthwatch Bristol thought these things were great to hear.

We also heard that computer access had been stopped for service users and there was no WIFI internet connection. Staff assumed there had been some misuse of the internet and explained that service users used to have supervised access to the computer. Staff explained that service users have access to a cordless phone which they can use in privacy in their bedrooms. Some service users did report that their mobile phones had been taken away from them; Healthwatch would recommend they are given back, except in situations where it is deemed a risk.

There were no activities at Mason ward, but this was appropriate as service users were staying there for 72 hours or less. Staff explained that the ward is well-staffed due to the fact that service users are in crisis when they are admitted; they said they had lots of time to talk and spend with service users 1-to-1 so service users do not get lonely or bored. Service users could access the lounge and TV and other ward facilities if and when they were well enough and this was not a risk. They could also access activities at other wards if they were well enough. Mason also had “calm down boxes”, art, manicure kits and a CAMHS box and young people room - to use when 8 to 18 year olds are admitted.

### 3.4 Food

**“The food here is lovely.” - Quote from a service user, Oakwood ward.**

**“Snacks aren’t available, my family brings them.” - Quote from a service user, Oakwood ward.**

Service users were positive about food on the whole. Three service users at Oakwood explained that their special diets had been met and one explained there



is always a vegetarian option, though it can be a bit potato-heavy. Healthwatch Bristol asked service users what they thought about portion size, as this was a recommendation from our last visit. One service user said the portion was a **“bit small but I can ask for more”** - quote from a service user, Oakwood ward - and the other service users were happy with portion size. One service user said they could make their own hot drinks but had to ask for a mug first and that they could request sandwiches or fruit from the kitchen if they were hungry between meals. One service user said snacks are not available and that their family brings them some (see quote above); Healthwatch Bristol would recommend that snacks (like fruit, yogurts, maltloaf, cupasoup etc.) are introduced onto the wards to give to service users, particularly those who do not have family visiting and would not be able to have any otherwise.

At Mason, they had no formal hot meal times due to the short-stay nature of the ward. Service users could request cereal, sandwiches or snacks at any time of the day and special dietary options (gluten, halal, celiac) could be requested from neighbouring wards on the NBT site. Staff explained that service users in crisis may not be hungry or may not want to eat at set times of the day. Healthwatch Bristol thought this was good as it meant service users could eat when they felt up to it.

### 3.5 Environment

**“It’s really good, nice and clean.”** - Quote from a service user, Oakwood ward.

Both Oakwood and Mason wards were very clean and fresh smelling and offered hand sanitiser on reception. There was good fire exit signage, a fire board and tamper-proof fire extinguishers and staff explained that the fire doors close automatically and lights flash in the event of a fire. Both wards had a whiteboard in the staff office that explained which service users were under what observations. We did not see any confidential information on the wards. On both wards, Healthwatch Bristol saw information leaflet racks for service users and their visitors and a suggestions box for comments and feedback. We saw leaflets about advocacy services and PALS for service users and on Mason we saw Healthwatch Bristol leaflets and posters and lots of thank you cards displayed. These leaflet racks could be moved lower down so they are also freely accessible for service users or visitors who use a wheelchair.

Ward staff showed Healthwatch Bristol vacant bedrooms on both wards. The bedrooms were spacious with an en-suite wetroom but bedroom walls on Oakwood were plain and could do with brightening up. Healthwatch Bristol was impressed with the ligature-free fixtures and fittings; curtain and shower poles were magnetic and even door handles, taps and toilet flushes were ligature-free so there was no risk that service users could harm themselves if they were in crisis. At Mason,

bedrooms were simple yet comfortable which seemed appropriate for the short time the patient will be detained.

At Mason, efforts had been made by the staff team to make the ward seem homely. The word “welcome” had been painted on the wall in bright colours and lots of languages and other murals had been painted onto the ward walls by the staff team which made the space seem bright. Healthwatch Bristol thought this was great.

Healthwatch Bristol observed that the walls at Oakwood, however, were neutral and there were no paintings or pictures, only notices around the staff office. Healthwatch Bristol would like to see Oakwood introduce some colour and interest to the walls, so service users and visitors feel more at home during their stay.

Both wards had seclusion rooms, which were used to keep service users safe if they were distressed or in crisis. Both seclusion rooms were bare but staff explained this was purposeful to help calm and deescalate service users who were upset. Both seclusion rooms had a SENSIT chair, which had weighted sides and wrapped around the service user like a hug. Healthwatch Bristol could see that these chairs were comforting and a great resource. It would be good if lights could be dimmed and music played in the seclusion rooms too. Staff explained that they try not to use the seclusion room often but a short stay can be beneficial and better than a transfer to another unit or PICU at Callington Road Hospital.

In Healthwatch Bristol’s last report, there had been a concern over the lack of bathroom doors at Mason. It became clear during our recent visit that these had been removed as they presented a ligature risk and a shower curtain on magnetic rails had been tried instead of doors. These also proved a risk and had been removed. Healthwatch Bristol observed the en-suite bathrooms; the shower area was completely recessed and toilet area was partially recessed, meaning that service users did have privacy during their personal care and showering.

Both wards had gardens (in Oakwood, there were two separate gardens for male and female service users) with smoking shelters, lounges with TVs and big comfy coloured bean-bag seats and a faith room. Healthwatch Bristol did note that there was only one large dining table (of several) for both meal times and activities at Oakwood and that there were only a few plastic chairs in the garden. We would recommend that more outside seating is provided.

### 3.6 Accessibility

The wards were accessible on the whole. There was clear signage, buzzer security with a sign-in book, accessible parking and access for taxis close to both wards. Healthwatch Bristol observed clear legible signs on all room doors and corridors and bedrooms were spacious enough for wheelchair users or people with limited mobility.

It was good to see separate male and female lounges at Oakwood as this could help make lounges more accessible and appealing for service users from specific cultures or religions. Oakwood also had activity timetables and meal options available in large print, but we did not see any “easy-read” with symbols and photographs to help service users who had English as a second language, learning disabilities or low literacy.

In terms of signposting, each bedroom at Mason had an information pack detailing things like meals and explaining the service and how it can help. There were lots of leaflets available on both wards.

We recommend that more accessible communication resources are introduced on both wards to comply with the law, the Accessible Information Standard 2016. Accessible Information has also been added to the CQC’s official inspection report.

### 3.7 Staff

**“They (the staff) are very caring.” - Quote from a service user, Oakwood ward.**

Service users were positive about the staff team calling them caring and friendly. Two service users spoke about staff at Oakwood being **“busy all the time”**, it being difficult to get hold of someone sometimes and staff seeming under pressure when the ward is short staffed. One service user said they would like staff to **“listen to me more.”** - Quote and comments from service users, Oakwood ward.

Healthwatch Bristol observed the staff team to be friendly, welcoming, purposeful and motivated. Staff were very positive about their jobs and told Healthwatch Bristol they had good ward managers, excellent team spirit and were offered good development opportunities.

**“She (the manager) has our back in all things.” - Quote from a member of staff, Mason ward.**

**“(We have) outstanding management.” - Quote from a member of staff, Mason ward.**

**“(We have) great support, team work, good development opportunities, we pull together.” - Quote from a member of staff, Mason ward.**

**“It’s very rewarding, I always wanted to help people.” - Quote from a member of staff, Mason ward**

**“It is a brilliant team (we use) minimal agency staff.” - Quote from a member of staff, Oakwood ward.**

Mason ward is clearly a complex, multidisciplinary partnership service. Staff talked to us about how they had done “ride-alongs” with the police and how police had come to Mason to observe the environment and meet staff. Healthwatch Bristol thought this was an excellent development opportunity for staff and a good way for



different services to work well together. One staff member said it would also be good to shadow AMPS who do the mental health assessments. Other staff told us they had done secondments on other wards and care diplomas one person talked about flexi-time and childcare issues, and how the ward is **“much better than other trusts I’ve worked in.”** - Quote from a member of staff, Mason ward. Staff also told Healthwatch Bristol that they have regular supervision and reflective practice and are given lots of support because the role and ward can be so challenging.

Staff at Mason ward spoke about the challenges of multi-agency working and how their relationship with the police was improving since a street triage unit was set up. They said the police are taking mental health awareness training so they can better understand verbal approaches to calming down people in crisis.

When Healthwatch Bristol asked staff what one thing would make their jobs better, staff talked about the cuts and austerity. One person answered: **“more money and more beds to make better improvements”** and another said **“All mental health services are struggling. If there were more resources in the community, less people might need acute beds.”** One person talked about how low paid the Health Care Assistant job is: **“We are happy in our work but are not doing it for the money!”**

Several members of staff spoke about an increase in paperwork and how this has affected the amount of time they can spend socialising and supporting service users. One person, for example, said they used to spend two thirds of their time with service users but this has now reduced to one third. Members of staff also spoke about changes to shift patterns, for example the early shift has been extended by half an hour and the night shift reduced by half an hour, and how this is all about saving money. A member of staff said this had led to the staff room being too busy at lunch time. One member of staff was negative about senior AWP staff not based on the wards; they said they wish these senior leaders would **“leave us alone”** and have more trust in ward managers, who are excellent.

Accessible Parking? There is a staff car park nearby with a barrier

### 3.8 Concerns

Healthwatch Bristol identified no safeguarding issues during our enter and view visit to Mason ward and Oakwood ward. The wards are to be commended for the care and environment they offer and the dedicated approach of the staff teams. We did hear some minor concerns from service users and staff, however, around smoking, and had our own slight concerns around the alarm system and new discharge target at Mason ward.



Smoking was banned in all AWP wards at the beginning of November 2017. Staff explained that stop smoking advice, nicotine replacement and (in some cases where money is tight and nicotine replacement does not work) e-cigarettes were offered to service users to support this transition. Several service users said they found this **“stressful” - quote from two service users, Oakwood ward.** Members of staff at both Mason and Oakwood also expressed concerns about the smoking ban with one saying they think it could lead to more incidents of aggression and anger and another saying it seems like **“a good idea on paper.” - Quotes and comments from staff.** Another member of staff said **“(the) smoking ban is a challenging issue, and a better plan is required.”** Healthwatch Bristol staff spoke to the ward manager over the telephone after the visit to find out more about the smoking ban. The manager explained that the ban was an AWP and North Bristol Trust (NBT) initiative, but the government will be making all hospitals “smoke-free” by law in 2018. They explained that it is a challenge, as it is a big change in culture nationally, and that AWP staff did initially have concerns about the impact on service users and staff. The manager was able to explain that the transition had gone well, and there had only been one incident related to the smoking ban since its introduction. The change had also had positive impact by enabling staff to think about and start quitting smoking. Healthwatch Bristol was grateful for the conversation and reassurance about the support that service users and staff are receiving during this big change.

Healthwatch Bristol had slight concerns when they heard that Mason Unit will need to discharge all service users within 24 hours from the 11 December 2017. Mason cares for people who are detained under section 136 of the Mental Health Act and has the power to hold these people for the purposes of a mental health assessment. The new 24-hour target is a government initiative required by law and includes any time the service user spends at A&E. Healthwatch Bristol wondered if this was feasible, particularly when their current target is to discharge within 72 hours and the ward is reliant on other professionals in other agencies including the police, ambulance staff, crisis teams and AMHPs to do assessments and bring service users to the ward.

Again, the manager was able to reassure Healthwatch Bristol that this will be better for service users; they said 72 hours is a long time to hold someone and detain them of their liberty and explained that only a small percentage of service users are discharged into an acute hospital bed - most return home and should do so as quickly as possible. The manager explained that service users are less likely to be diverted to beds in other areas as turnover will be quicker and beds will be freed up. The manager said there is lots of partnership work being done with other agencies like the police and the BRI to make service users’ flow through the pathway quicker and make this 24-hour target possible. They also explained there are procedures in place to escalate problems or barriers to senior managers within AWP and other agencies if, for example, the police or A&E are not moving quickly



enough. Best practice is to ensure all service users have a mental health assessment within four hours of being detained by the police.

Healthwatch Bristol volunteers and staff also had some concerns about AWP's alarm system. All staff carried personal alarms to request help in case of an incident with a service user. Whilst on Mason ward, we heard three alarms. The nurse in charge was quick to respond, which was great to see, but in all three incidents they ran to the alarm panel to see that the incident was on another ward. Whilst it is good that staff can request support from other wards in an emergency, the alarms were very loud and disruptive.

Healthwatch Bristol thought alarms were likely to add to service users' distress and likely to make staff feel tense and stressed - as staff are running off only to be found they are not needed. We discussed whether the system could be improved, for example, by changing the noise to a lower tone buzz or whether a different system like walky-talkies could be introduced when emergency help is needed on another ward. Healthwatch Bristol recommends that AWP look into this and change the alarm system if it is financially possible to do so.

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## 4 Conclusion

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Mason and Oakwood wards are to be commended for their caring, hardworking staff team and well-liked managers. Oakwood's full activity timetable and food options were highly praised by service users and development opportunities were highly praised by the Mason ward staff team.

Furthermore:

- All service users who were willing and able to engage in conversations with us at Oakwood said they were involved in their care planning, and so were their families/carers.
- Service users at Oakwood were positive about activities. Healthwatch Bristol thought it was excellent that service users had weekend and evening activity opportunities.
- No service users at Oakwood said there were not enough staff for them to take part in the activities they wanted to. This was a recommendation from Healthwatch Bristol's 2015 enter and view report which has been achieved.
- Service users at Oakwood said portion size was good, and this was also a recommendation from Healthwatch Bristol's 2015 enter and view report which has been achieved.
- Mason ward (the Place of Safety) has redecorated as per our 2015 recommendation. The murals and art work made the ward look very welcoming and bright for service users who are probably scared and distressed.

More could be done, however, to improve and expand accessible communication like “easy-read” on both wards. Service users and staff were not sure about advocacy and Healthwatch recommends that everyone is reminded about this service. We had slight concerns about the alarm system and heard from one service user that snacks were not available at Oakwood (although another service user said they were available.) We heard that mobile phones had been taken away from service users and that service users were no longer able to use the ward computer. We also saw, although this is a very minor issue, that the leaflet rack at Mason was still too high for wheelchair users and children and that Oakwood had not redecorated and brightened the walls - which AWP said would be done by March 2016 following our last report in 2015. We would also recommend that more outside seating is purchased for the Oakwood gardens and that Mason ward staff continue to shadow partner agencies and have the opportunity to shadow the AMHPs who complete the mental health assessments.

Healthwatch Bristol staff were made to feel very welcome by all staff and service users at Mason and Oakwood and would like to thank everyone again for being so helpful and friendly.

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## 5 Recommendations

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Healthwatch Bristol volunteers and staff have identified the following recommendations to help Mason and Oakwood wards improve the care experience of their service users. We recommend:

1. Advocacy: service users and staff on both wards are to be reminded about service users right to access free independent IMHAs and IMCAs by managers, named nurses and the occupational therapist.
2. Easy-read: photosymbols and pictures are used to create accessible documents, like meal options, activity timetables and care plans, on both wards. This is something the CQC identifies as good practice and would like to see in their next inspection but is also important in promoting equality and independence.
3. Alarms: AWP to investigate and cost whether alarms can be adapted to make a less disruptive sound and whether a different system, like walky-talkies, can be used to call for assistance from other wards in emergencies.
4. Oakwood re-decorate: purchase paint and pictures to add colour and interest to the ward as per Healthwatch Bristol’s 2015 recommendation.
5. Oakwood activities: purchase outside seating for garden and give back mobile phones to service users (or explain why they cannot have them if deemed risky.)



6. Oakwood snacks: purchase snacks for service users to eat between meals, or promote the availability of snacks to service users if they are already available because at least one service user is not aware.
7. Mason staff development: look into whether Mason staff can also shadow AMPH's during mental health assessments as "ride-alongs" with the police were said to be so helpful for ward staff.
8. Mason leaflet racks: lower leaflets so they are accessible for young service users and service users who use wheelchairs, as per Healthwatch Bristol's 2015 recommendation.

## Disclaimer

- This report relates only to a specific visit time.
- This report is not representative of all service users, staff and visitors (only those who contributed within the time available).





## 6 Appendices

### 6.1 Appendix 1: What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include<sup>1</sup>:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- providing advice and information about access to local care services so choices can be made about local care services
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

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<sup>1</sup> Section 221(2) of The Local Government and Public Involvement in Health Act 2007



Each Local Healthwatch has an additional power to enter and view providers<sup>2</sup> so matters relating to health and social care services can be observed. These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.<sup>4 5</sup> Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services. Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to observe the service, talk to service users, patients, visitors and staff, and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The report will also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

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<sup>2</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>3</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

<sup>4</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>5</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts, NHS Foundation Trusts
- Primary Care providers
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

