Enter and View Visit

to

Callington Road Hospital – Aspen ward, Laurel ward and Elizabeth Casson House

19 October 2015, 2.30 - 5.30pm

Authorised representatives undertaking visit:

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1. Acknowledgements

Healthwatch Bristol and Healthwatch South Gloucestershire would like to thank the patients, staff and visitors of Callington Road Hospital as well as Avon and Wiltshire Mental Health Partnership.

2. Purpose of the visit

This visit is part of the ongoing work Healthwatch is currently undertaking around mental health services in Bristol and South Gloucestershire. The purpose of any enter and view visit is to gauge the views and feedback of people using the services and its staff, as well as relatives and other visitors where this is possible.

3. Methodology

3.1. How was practice observed?

The enter and view team met with the matron at the beginning of the visit before splitting into four groups. The eight Healthwatch representatives then split into four groups of two in order to visit three wards within the hospital. The services visited were the Aspen ward, Laurel ward and Elizabeth Casson House (ECH) psychiatric intensive care unit (PICU).

The enter and view team observed care practice and had conversations with patients, staff, visitors and relatives in order to gain feedback and an impression of the quality of care provided. The enter and view team did not observe any medical intervention nor were they present at any medical consultation. Notes were taken throughout the observations and discussions with individuals, with their knowledge and consent. It is the notes taken during the visit on 19 October 2015 which forms the content of this report. These can be found in the appendix of this report.

4. Background Information

Aspen and Laurel are both mental health, dementia inpatient wards that are mixed sex. Aspen ward has 24 beds and patients tend to be 65 years and over. Laurel ward has 16 beds for patients with later stages of dementia and end of life. Patients tend to be from 50 years and upwards. ECH is a PICU with eight beds for females only needing intensive support, particularly those at risk of harming themselves or others.

5. Summary of findings

The findings from the visits are recorded below for each ward separately.

5.1. Reception areas leading to the wards

The reception at Woodside was clean, light and spacious. There were paintings on the wall and a mural making it feel welcoming. Reception staff were friendly and helpful. Toilets were clean. There was a comments box and toys for visitors' children.

The reception area which leads to Aspen and Laurel wards was also clean and bright with a mural on the wall.

5.2. Aspen ward

5.2.1. Environment

Aspen was a well-lit ward which felt warm, airy and homely, with lots of pictures on the walls. A garden with seating and shelter outside looked well kept. One patient commented that it is a 'nice garden'. There was a welcoming, calm and relaxing atmosphere in the ward.

The bedrooms all have ensuite shower rooms. There was a large clock on the wall but without a display of the day or date. A noticeboard displayed useful information including information on PALs and Healthwatch.

5.2.2. Activities

A board showed what activities were available. Activities included singing for health, the gym and watching television. The activities room was clearly signed and had puzzles, DVDs, CDs, board games, videos and books in it. A care plan meeting was taking place in it during our visit. Singing for health had been cancelled. The television was on in the main room. Patients were talking to each other. One patient thought the television was 'boring as hell', with the same programme always being on and that it was not loud enough to hear.

Two patients told us how much they enjoyed the gym sessions. Patients are also able to attend a church service on a Sunday in the hospital. One patient told us how important this is to them and that it helps them when they are feeling suicidal. Several patients told us how much they liked going out of the ward including out to the garden and out to Tesco. Staff had helped some

patients to be able to do this. One patient said that they would like to be able to go out more often. We were told that film students used to come in on Sundays who would run a film club and play chess with patients.

5.2.3. Staffing – care and support

Three shifts a day consist of eight hours each. We were told that a couple of staff vacancies were being advertised. We observed members of staff sitting talking to patients. All of the seven patients we spoke to were positive about the staff on the ward. Comments included, 'Staff are very good. They talk to you' and 'Staff are very nice but overworked. They have time to sit and chat but not very long.' Patients were positive about the staff and the quality of the time they spend with them. Some patients would like staff to spend more time with them and have someone to talk to.

Staff told us that observations on patients are carried out every hour. We observed good confidentiality procedures, ensuring patients' observation notes could not be seen by anybody else. We were also told that there is a lot of paperwork to fill out for patients. This can be difficult with the evening supper club being held at 9.00pm and staff ending their shift at 9.30pm. This leaves no time to write the notes up from the shift. The notes then have to be written up the following day.

5.2.4. Food and hydration

Teas and coffees were being served to patients and visitors when we visited. Meal times were displayed on the notice board in the dining room and menus were on each table. A small kitchen was clearly signed for patients and visitors to use to make their own drinks and snacks throughout the day. There was a fridge where patients could keep their own food. We observed a patient making a cup of tea and the patients we spoke to seemed aware of the scope to use facilities.

Staff told us that frozen food is ordered from an external company and that the ward tends to get what they are given. This has been raised as an issue at the patients' meeting. Sandwiches are available if people do not like what is on offer. An evening supper club is now held at 9.00pm in response to patient requests. One patient who was buying in food which was not available now has this ordered in for them. Special diets and food plans are catered for. A patient said, 'It is the same meal for everyone, there is a choice of vegetables. If you have an allergy or dislike something they will do something else for you.' Another said, 'The food is very nice, it is good, I am enjoying it.'

5.2.5. Choice and dignity

Visiting hours are open. A patient community meeting is held every fortnight. Patients have commented on the limited choice of food and this is now being looked at. A suggestion box was also available. One patient said that they were free to go to their own room if desired. We were also told that there was no hairdressing provision but your own hairdresser could come in.

5.2.6. Health and safety

Our identity badges and Disclosure and Barring Service (DBS) certificates were not asked for at any point during the visit. Hand gel was available and we were specifically asked on entering the ward to use the hand gel. Clear notices were on display about patient confidentiality and door security.

5.2.7. Discharge

The patients that we spoke to seemed aware of what their care plan and next moves were. One patient told us that their GP was not really involved in their care plan.

5.2.8. Things to commend

From our visit to Aspen ward, we would like to highlight the following things to commend:

- Paintings and murals on the walls making the environment look attractive
- Available activities clearly displayed on the notice board
- Menus on each dining room table showing the choice of food available
- A supper club introduced in response to patient requests
- A fortnightly patient community meeting for patients to share their views with staff.

5.3. Laurel ward

5.3.1. Environment

Laurel had very spacious corridors which were colour coded to support patients. Paintings and murals on the wall made the main area look attractive. There was less decoration in the rest of the ward. The ladies' lounge was spacious but the walls looked like they needed a new coat of paint.

The bedrooms were large with ensuite shower rooms. They were locked in the day to maintain security. The rooms were clean and functional. The decor was quite bare and bland. One room had been personalised with photos and cushions. One patient responded that their, 'room was comfortable.' There was no clear system for patients to identify their own bedroom doors.

5.3.2. Activities

A wide range of activities was offered for patients including baking, music, hand massage, nail painting and a reminiscence group. Music was playing in the background during our visit. One patient said how much they like listening to music and that staff help them to play it in the ladies lounge. There was a television in the quiet room. A visitor of a patient said how much their relative enjoys one-to-one sessions with staff and also watching the activities taking place in the ward.

5.3.3. Staffing – care and support

Three shifts a day are worked consisting of eight hours each. Agency staff is used and is often the same returning staff. Some members of staff told us that they would prefer a one-to-one staff to patient ratio, especially if patients needed more attention. Reflective practice and supervision takes place every month. 'Training is good and ongoing. I think our training is very good.' This is usually paid time. We were told that online training had taken place during supervision time.

On admission to Laurel, each patient creates a life story book called 'This is me.' Patient comments about staff included, 'everybody is okay' and when asked if they have time to talk to someone on their own, 'not very often. It's okay.' We did not see any touch from staff to service users when passing them in the corridor. We observed one patient who looked well presented but was wearing incontinence pads that looked out of position and uncomfortable.

Relatives/carers had a named nurse, were given an introductory meeting, had review meetings about medication and were given doctor updates. The relatives and visitors we spoke to had found the care to be consistent and that their questions were always answered. We were told they feel, 'confident with staff, with the care. Staff are brilliant'. They felt that their relative is contented and happier since being admitted there.

5.3.4. Food and hydration

Three menu choices were available and special diets catered for. A menu board displayed what was available and we were told that food was shown to

patients to help them make a choice. Patient comments included ‘Food is quite good, it’s tasty’, ‘the food is alright’, and that they get offered drinks regularly. Visitors can also have a drink.

5.3.5. Choice and dignity

Visiting hours are open. Relatives and visitors of one patient said that their relative was shown respect and their dementia acknowledged.

A member of staff told us that they would like to have single sex wards. There can be inappropriate behaviour such as if the patient believes another patient is their husband or wife. The patient can be confused. The females may be unhappy with the male behaviour. ‘I think for people’s dignity they should be single sex.’ There are not usually any patient comments about this.

5.3.6. Health and safety

Hand gel was available. Whilst carrying out the visit on the ward the alarm went off. All staff immediately went to check where the light was flashing and were efficient in their response.

5.3.7. Discharge

We were told by staff that discharge can be delayed through not having anywhere for the patient to move to.

5.3.8. Things to commend

From our visit to Laurel ward, we would like to highlight the following as things to commend:

- Paintings and murals on the walls making the environment look attractive
- A menu board showing what food is available to patients to enable them to make a choice
- Carers and relatives are well informed
- Consistency is maintained by using the same agency staff wherever possible.

5.4. Elizabeth Casson House

5.4.1. Environment

There was a bright and welcoming notice board. The ward was sparse to be safe for patients. The furniture looked bulky and not attractive. The corridors are narrow which gives a cramped, claustrophobic atmosphere especially

where patients are walking the corridors, many being talked to by staff. Some very nice art work hung on the walls but the ward did seem like a very clinical environment. The occupational therapy room appeared less clinical. A fully-accessible bedroom is available.

5.4.2. Activities

The patients we spoke to told us that the occupational therapy room is very nice but it is not open often enough. Access to the garden is through this space which is usually locked. Patient art work is displayed on the walls and windows. Computer access has to be supervised, which can restrict the time patients can listen to music through it. One patient told us that they find the dialectical behaviour therapy (DBT) group useful. Patients cannot leave the ward until they have been a minimum of 72 hours on the ward and then it would be with staff supervision and in the grounds. Use of their own mobile phones is restricted.

5.4.3. Staffing – care and support

Three shifts a day are worked consisting of eight hours each. The staff to patient ratio is two to one. There are some male staff including a physiotherapist, consultant and a psychologist who runs the DBT groups. We were told there is quite a high staff turnover. 'The unit can be stressful, seeing self-harm every day'. Bank staff and agency staff are regularly used and these are often the same people each time. Paperwork is time consuming as typically three incidents each night have to be written up electronically and can sometimes take one hour each to do.

Two DBT groups run every week for patients. More staff members are currently being trained in this. A patient told us that this was not the worst place to be in but it was a difficult place to be in. They said that this was also worse for self-harming because other patients were doing it and there was nothing else to do. They didn't always get one- to-one support from staff.

5.4.4. Food and hydration

We were told by a patient that snacks in the evening were unhealthy and they would like fruit to be available. We were also told that the food provided at supper was in small portions. Some patients ordered in food to be delivered.

5.4.5. Choice and dignity

Visiting hours are every evening until 9.00pm, all day at weekends and restricted times of the day during the week. Visitors are asked to avoid

mealtimes. Visiting hours are limited to one and a half hours and visiting has to be booked in advance because only one room is available for visiting. Visitors cannot visit patients on the ward and need to use a private room for this. A patient told us that visiting was okay.

5.4.6. Health and safety

Hand gel was available.

5.4.7. Discharge

We were told by staff that discharge can be delayed through not having anywhere appropriate for the patient to move to. Not enough provision is available for the specialist care needed especially within the area. We were also told there seems to be a culture of patients returning to the ward when their situation breaks down. Visitors said their relative was being offered homes out of the area as there were no vacancies in the area. A patient told us that they were waiting to leave the ward but a placement was not available for another month.

5.4.8. Things to commend

From our visit to Elizabeth Casson House ward, we would like to highlight the following as things to commend:

- Art work on the walls to create an attractive environment
- Maintaining consistency by using the same agency and bank staff wherever possible.

6. Recommendations for Aspen ward, Laurel ward and Elizabeth Casson House

- Aspen – examine if it is possible for staff to write up patient notes at the end of the shift after each supper club.
- Aspen – explore using volunteers to talk to and carry out activities with patients.
- Laurel – repaint the walls in the ladies' lounge.
- Laurel – introduce a clear system for patients to identify their own bedroom doors.
- Laurel – ensure online training is done outside of supervision time.
- Elizabeth Casson House – consult patients about which additional activities they would like to have available.
- Elizabeth Casson House – ensure that a range of healthy food options are available to patients.

- Elizabeth Casson House – consult with patients about portion size preferences at each meal.
- All wards - use the assessment tool, 'Is your care home dementia friendly?' and the 'Dementia Care Matters: Inspiring Action', the 50-point action checklist, to check that the ward is as dementia friendly as possible.

7. Immediate service improvements

None identified.

Disclaimer

- **This report relates only to a specific visit (a point in time).**
- **This report is not representative of all service users (only those who contributed within the restricted time available).**

Appendix

Enter and view Callington Road hospital - 19/10/15 – Observers' notes

1. Woodside reception

1.1. Observations

Site reception hall is light and spacious. Toilets were clean. Reception staff were friendly and helpful. A comment box, toys for visitors' children and posters were available. It was well lit and clean. It had paintings and a mural on the window.

2. Reception before Aspen ward and Laurel ward

2.1. Observations

It was clean and bright. There was a mural in the reception which leads in to the entrance of Aspen**.**

3. Aspen ward

3.1. Observations

3.1.1. Environment

Clean, well-lit rooms, doesn't feel like a ward. Feels more homely.
Ward is warm.

The ward was light and airy with access to a pleasant garden which patients enjoyed and was observed being used for doctor/patient consultations.

There were no odours. There was a calm atmosphere.

Atmosphere quite welcoming and relaxed but still like a hospital owing to shiny surfaces and echoing.

Bedrooms have ensuite rooms with showers.

Lots of paintings. Pictures in lounge. Airy. Purple paint made it less well lit.

Noticeboard in ward has useful information including PALs and Healthwatch.

Chairs were comfortable and in good condition.

There was a large clock but no display of day or date.

Fire exit was well labelled.

Seating and shelter outside.

3.1.2. Activities

Residents were talking to each other; the television was on; there were books on shelves. Singing group cancelled today. Singing for Health Mondays at 3.00pm. Pool table unused. Pool table is unusable as it is near the hall.

There was a white board in the sitting area showing information about activities. Singing had been cancelled on the day of the visit. There was a gym activity advertised. There was a large wall-mounted television playing. There were books on the shelves in the main room.

Activities lounge – There was a sign to say what the room was. It has puzzles, Dvds, Cds, videos and books in it. A care plan meeting was taking place in it when we were visiting.

Board games could be seen in a separate room, which we did not enter as it was being used for a patient's care plan meeting at the time of our visit.

Board games, chairs, tables, paintings, a chest of drawers, television, books and a stereo were available for patients.

There was a chess set in in the garden. Can move the chess pieces easily, they are light. There was a greenhouse and water feature in the garden.

There was a suggestion box.

3.1.3. Care and support

A member of staff was sitting talking to patients.

Confidentiality was good. A member of staff made sure that observation notes could not be seen when we were talking to them.

3.1.4. Food and hydration

At 3.30 pm, teas and coffees were being served.

Squash was available. Water was available both from the tap and water machines.

There was a choice of three things on Monday. The menu had a choice of vegetables. There was a vegetarian option. Religious needs were met.

Patient's special dietary requirements were displayed in the kitchen.

Coeliac, vegetarian and Monoamine Oxidase Inhibitor (MAOI) medications for patient dietary requirements were written on a board in the main kitchen, so that they could be catered for.

There was a water dispenser and patients were free to use a small kitchen to make drinks and snacks. I observed a patient making a cup of tea and patients to whom I spoke seemed aware of their scope to use the facilities. Hot drinks and biscuits were also dispensed by staff at specific times.

There was a patient and visitors' kitchen where patients, friends and family can make their own drinks. Drinks are available at any time. It has a fridge with patient items labelled and dated. I saw a patient making a drink. Patients can make tea inbetween tea trolleys coming around.

There is a sign to say the kitchen is for the use of patients and visitors.

In the dining room, meal times are on the notice board: breakfast 8.50am, drinks 11.00am, dinner 12.15pm, evening 5.30pm, milky drink 8.00pm, supper 9.00pm.

There was a large white board in the dining area showing meal and drinks times and there were menus on each table.

There were menus on the tables. There was a clock on the wall. There was a water cooler so people could help themselves if they wish.

3.1.5. Health and safety

I displayed my identity card and carried my clearance document but these were not asked for.

There was hand gel by the door entrance to the ward.

There was guidance on handwashing.

We were asked to use hand gel.

We were escorted through all door security.

There were clear notices about patient confidentiality and door security.

3.2. Patients

'Nice garden'. Garden is well kept.

Went to half-hour gym session today. Also seen occupational therapist today. OT is going to go home with them for half a day to see if they can go home.

Enjoyed walking out of the ward with the OT today. Is scared of becoming hospitalised.

Has been to the gym, finds it hard work. Enjoys singing.

Goes to the church service on Sunday. This is good as they are deeply religious, it is very important to them. Daily thinks about suicide so good to go to church and speak to God.

Other patients don't talk much. Prefers reading to television but would prefer to go out to shops more. One of the ladies took me to Tesco. Would like more help in going out. Feels skin is going dry and itchy as needs fresh air. Would like to be taken out into the garden more often.

'Television boring as hell', same programme over and over again. Reality channel. Really not loud enough to hear.

There are activities. Can't go to singing owing to a health problem. Used to do things at the table. Does go out to Tesco and has the chance to buy things. Sometimes walks out in the gardens but lots of people smoking. Lots of books including history of the world book.

Two patients attended the gym session today and enjoyed it. One remarked that it was gentle and included activities which involved balance.

There is no hairdressing provision but you can have your own hairdresser to visit.

Their family had also taken them out of the ward.

Has had ECT. Didn't agree to it, had it by law. Is claustrophobic. Wishes there was another way than having the mask.

Would like more time with staff. Does not have many visitors. Staff spend the time they can but they are busy and can be short staffed. Would like to hear outside news (not hospital and illness talk). Is unable to read newspapers due to health reasons.

‘Would like a person to talk to.’

‘Staff very good. Talk to you.’

‘One of the better places been to.’

Has doctors who visit, senior and junior. Don’t quite know what they are writing but they do get involved and are helpful. It still is not like being home. Get a bit down in the dumps because it is not like home. On the whole they do their best.

Staff are very nice and give them ample attention.

Staff are very nice, overworked. They have time to sit and chat but not very long.

Happy to ask staff anything.

Feel safe here.

A staff member is allotted to them.

I go over everything with the OT and she is brilliant. I am due for discharge. I may have help with the garden.

Social workers talk about connections we have in common.

I have a chiropodist coming in.

I went out to see the dentist.

‘Good nutritious food.’

Same meal for everyone, there is a choice of vegetables. If have an allergy or dislike something they will do something else for you.

Get three different food choices including vegetarian, fish and soup.

Fruit and ice cream is good as ice cream slips down easily.

‘Food very nice, good, enjoying it.’

Pretty reasonable here, not the meals.

Food is very good. Have a choice. Portions are quite large.

Breakfast can be in the bedroom or in the dining room. I like coming to the dining room as this is very nice.

The food is good but there is not a lot of choice and sometimes you do not get what you choose. I like healthy foods, not pork pie. I like other foods but had to buy them. Now they have ordered them in.

One patient remarked that they did not especially like a particular item of food but they felt this was a minor 'hardship'.

Visitors are free to come.

We are free to go to our own room if desired. I spend time knitting there.

GP is not really involved.

Aware of the plan for them and described their next moves.

3.3. Relatives and visitors

Likes the unit as a place.

Cups of tea and chocolate biscuits are nice.

3.4. Staff

There is an activities team. Activities include the gym, walking group, physiotherapists, one-to-one from physiotherapists rather than group work and dance therapists. The ward covers Bristol and South Gloucestershire. Patients can go in or out of the garden as they want. It is locked at night due to lighting issues. There is a garden group. It is patients who maintain the garden mainly.

We used to have film students on Sundays who would run a film club and play chess with patients.

Observations are carried out every hour. There is a lot of paperwork.

Evening supper club is held at 9.00pm. This club was requested by patients. Staff leave their shift at 9.30pm which means there is no time to write patient notes, these have to be written the following day. There is difficulty in accomplishing recording tasks within the time allowed.

There have been some staff losses possibly owing to not feeling comfortable with new recording methods involving inputting on the computer. There are staff vacancies.

Staff levels are improving. Could do with more with staff. It takes about six months to train someone. There are a couple of staff vacancies out for recruitment.

We work a three shift session with eight hours for each shift. There are no 12-hour days.

We have mandatory training, we have to meet standards. There is less face-to-face training and more online training nowadays. This is usually paid time.

Food is ordered from an external company. We get what we are given. This means we may get 12 meals the same for everyone. This has been raised at the patients' meeting. We used to be able to ask patients what they wanted and order it two weeks in advance.

There is a difficulty in matching fortnightly forward ordering to a constant turnover of patients, in that demand cannot be forecast for any given meal. The problem is being addressed.

We do cater for special diets such as halal.

We cater for diabetics by making sure we have the kind of food that matches their diet plans.

Sandwiches are also available if people don't like what is on offer.

We have a patient community meeting every fortnight at 4.00pm. Patients have said about the food. This is a good meeting as when someone says something, it encourages other people to speak also.

The average stay for patients is six weeks.

4. Laurel Ward

4.1. Observations

4.1.1. Environment

Very spacious corridors. Corridors colour coded to support the patient.

There are hand rails on the walls.

Paintings and murals on the wall make it very attractive.

There is a quiet room with a television. The door was open.

Painted walls. In the main area, the colour was attractive and the pictures were attractive.

New furniture ordered including new recliner chairs.

Bedrooms are locked in the day to maintain security. Large rooms. Ensuite very pleasant. Room decor very bare and bland.

Bland, clean bedrooms. Nothing to slip/fall on. Very bare but safety functional. One room had been personalised with photos and cushions.

Has a ladies' lounge. Walls need a lick of paint but quite a nice room. Very spacious.

There was little decoration on the ward.

There was no clear system for patients to identify their own bedroom doors.

There was a new vision panel in the office.

4.1.2. Activities

Music was playing in the background, 1940s style.

4.1.3. Care and Support

There was no touch from staff to patients when passing them in the corridor.

4.1.4. Choice and dignity

A patient was wearing incontinence pads which looked out of place and uncomfortable.

4.1.5. Health and safety

The alarm went off and all staff were running to check where the light was flashing. The staff response to the emergency alarm was brilliant.

Hand gel was available.

4.2. Patients

Room is comfortable.

I do drawing (colouring, pencil drawing), sometimes I do knitting, 'I enjoy knitting.'

Do you go outside? 'Occasionally but it is not good for me now'.

I go into the garden. I get taken out around the grounds, I like that.

I have had a hand massage and nails done by staff.

Has nail sessions, pretty nails.

I like listening to music. I play music in the ladies lounge. I get help with playing music.

Do you have time to talk to someone on your own? 'Not very often. It is okay.'

'Everybody okay.'

'The staff are quite good'.

'Not happy here.'

'Normal dinner'

'The food is alright.'

'Food is quite good, it is tasty'.

Do you get a choice? 'Not particularly'.

Food is tasty, eat it up.

We get offered drinks regularly.

When have visitors, they can get a drink too.

I have a shower or bath most days.

4.3. Relatives and visitors

Our relative enjoys the one-to-one sessions and also enjoys 'watching' activities.

‘Confident with staff, with the care. Staff are brilliant’.

There is a named nurse. Introductory meeting is very helpful and informative.

There is a review meeting regarding medication and a doctor update.

If we ask questions someone will always find out and come back to you. Care is consistent through all the shifts we have seen.

Our relative is shown respect and dementia acknowledged.

Our relative is contented and happier.

Visiting hours are open.

Social workers say there are currently no vacancies in the area and so we are being offered far afield homes.

4.4. Staff

Daily routine: drawing, occupational therapist on ward, tea groups, programme on ward, reminiscence group, music, one-to-one with the OT, walking, gym, creativity, sensory/relaxation, baking, afternoon tea.

Patients do a ‘This is me’ life story book. This is done on admission with carers, family and the OT.

Staff have four patients per shift: seven staff in the day, five staff at night. Agency staff are used of which most are returning agency staff. More are used when there are patients with extra needs such as aggression and falling. Some need one-to-one care.

Staff have two days off on roster.

Two students are currently on placement here.

We have reflective practice for staff every month. Reflective practice will concentrate on one patient. Training is 70% online and 30% face-to-face.

‘Online training is during supervision.’

‘Training is good and ongoing.’

‘I think our training is very good.’

‘Handover makes us aware of the risks each person poses.’

It is a very warm, caring, compassionate culture with relaxed happy staff which helps patients.

‘I would come here.’ Enjoys working here.

‘Patients are treated how I would want to be treated.’ Feels that staff want to be here.

Good continuity with handover.

‘I am very happy here. I am able to look after people’. ‘Palliative care, being with them to the end, it is a privilege’.

When patients are very unwell, aggressive or need attention, we cannot really do that. We would like a one-to-one ratio for staff and patients.

Would like higher staff-to-patient ratio or less beds.

Need more staff, ideally one-to-one.

I would have single sex wards. There can be inappropriate behaviour such as if the patient believes another patient is their husband or wife. The patient can be confused. The females may be unhappy with the male behaviour. I think for people’s dignity they should be single sex. There are not usually any patient comments about this.

There are three choices of food, special diets are catered for. There is a menu board.

Food is shown to patients to make a choice.

A person’s stay can be extended owing to having nowhere to move to.

5. Elizabeth Casson House

5.1. Observations

5.1.1. Environment

A bright and welcoming notice board.

We had a tour of the unit, which was pretty grim as it has to be a 'safe' environment. It is very sparse and the specialist furniture is bulky and ugly.

The corridors are narrow which gives a cramped, claustrophobic atmosphere especially where patients are walking the corridors, many being talked to by staff.

There was some very nice art work on the walls but it really is a very clinical environment.

5.1.2. Health and safety

Hand gel was available.

5.1.3. Patients

The OT room is very nice but it is not open enough. There are no other activities.

I like listening to music using the computer. Has to be supervised to use the computer as this is locked up.

Finds the DBT (Dialectical behaviour therapy) group useful. Hasn't accessed other therapy groups.

This is not the worst place to be in but it is difficult to be in.

DBT is restricted.

It is also worse for self-harm because other patients are doing it, there is nothing else to do.

I don't always get one-to-one time with staff.

I only like certain staff.

I buy fruit in as the snacks provided in the evening are unhealthy.

For supper there are small portions of food.

Visiting is okay. I have access to a phone.

I am waiting to leave the ward but a placement is not available until November.

5.1.4. Staff

There are two staff to one patient at present.

There are few staff vacancies.

There is 24-hour cover and we normally run at five staff per shift, divided into three shifts. At present because of the high level of need of certain inpatients there are up to six and seven staff at each shift.

There are some male staff including physiotherapists and consultants.

There is a quite high staff turnover. It can be very stressful witnessing self-harm every day.

We are training up several staff for DBT. There are two groups a week for service users in PICU.

There is more paperwork to do now.

It can be very stressful working on the ward, sometimes owing to the newly-qualified staff that come to work there. We regularly use bank staff and agency staff but they are also regular people.

I would like to develop some bespoke training for agency staff.

It is an intense place to work with high levels of incidents. It can take up to 25 minutes to fill out an incident form.

On night shifts there are typically three incidents. These have to be written up electronically which sometimes takes one hour each.

Visiting hours are not Monday (ward rounds are in the same visiting room), Tuesday am, Wednesday am, Thursday pm, Friday except lunch time, Saturday, Sunday and all evenings until 9.00pm.

Visiting hours are limited to one and half hours and have to be booked as visitors cannot visit on the ward and need to use a private room. Half of the patients do not get any visitors and those that do appear to be quite limited. People are asked to avoid mealtimes and Thursday afternoons because of ward rounds and meetings.

Patients cannot have leave until a minimum of 72 hours on the ward and then it would be with staff supervision and in the grounds.

The average stay for patients was supposed to be 28 days. This is proving to be much longer owing to the inability to move people on to appropriate placements, for example, there is just not enough provision available for the specialist care needed by these patients, particularly by private providers. More provision in the area would be much better because there seems to be a culture of patients returning when their situation breaks down and they end up back on the ward.