

Crisis Care Centre,
Harplands Hospital, North Staffs Combined Healthcare Trust

Date of Monitoring visit 11th December 2019

Place Visited Crisis Care Centre (CCC)

Harplands Hospital
Hilton Road,
Stoke-on-Trent,
Staffordshire,
ST4 6RR

Ward Manager Jo Willis, Service Manager

Authorised Representatives: Beauty Wesseh - Healthwatch Stoke Volunteer
Dave Rushton - Healthwatch Stoke staff

Representatives have undertaken Enter and View Training and are enhanced DBS checked.

Purpose of the visit: The Crisis Care Centre is intended to provide a new, 'joined up' service to patients suffering from crisis and has only been operational since October 2019. It was our intentions to walk through the Centre and see how the services provided are now offered.

Service provider: North Staffs Combined Healthcare Trust (NSCHT)

General

We had previously written to Josephine Povey, who we had believed to be the manager of the CCC, informing her of our intention to visit

Environment

The CCC is set wholly within the grounds of Harplands Hospital. It is housed in a single-story building which adjoins the main part of the Hospital (a long corridor links the receptions of both the main hospital and the CCC). Upon arrival at the CCC, we

met briefly with Ms. Povey, who introduced us to Jo Willis, who is, in fact, the Service Manager, responsible for all aspects of the day to day operation of the Unit. Jo escorted our team throughout the visit but was totally open in addressing any questions or concerns raised.

We would mention here that we received a detailed response from Jo Willis on 29th January 2020 commenting on some of the findings in this report. Her complete feedback starts at page 5 of this report.

The reception of the Centre is well decorated and has three treatment rooms leading directly off the area, At the time of the visit, each room was occupied by a service user and a consultant, so it was impossible to see inside any of them.

A general observation is that each corridor has adequate handrails and all doors are protected by security measures (id card passes).

Operation of the service

From the main reception, we observed a room furnished with computer display monitors, telephone handsets and seven-eight operatives, all busily engaged on telephone calls. They all wore nursing uniforms and we were informed that this was part of the triage process that is operated by the service. Wherever possible, the operator engaged with the call will try to realistically assess the callers' situation and determine if the caller needs to be admitted to the crisis centre, be treated at home (via the Home Treatment Service), or if the call itself is sufficient. We were told that currently this part of the service receives approximately fifty calls each day, with twelve-fourteen being young people who would be part of the CAMHS service.

Nearby is another room which contains all medicines used within the facility. The medicines cabinet is housed in a secure manner and is accessed only by a key control.

A further 'online' call service centre is located in the close vicinity and we observed that this room is even busier than the one first observed. It is equipped in a similar fashion to the other room (telephone handsets and large computer displays), but there were ten or more operators working here. Each one was occupied on a call. We were told that this part of the service currently receives over 150 calls each day concerning adult services and that this number is likely to grow.

While we were at this part of the visit, we asked about staffing levels since the service operates on 24/7/365 basis. We were told that similar number work here

during evenings and a reduced (but adequate) number undertake the call duties overnight.

It will be noted that we had not, as yet, seen any service users. This was not intentional on the part of the Service Manager, but it would have been hugely inappropriate to interrupt any of the treatments being undertaken in the rooms situated just off the reception area. However, we were then led to the Place of Safety.

Place of Safety

This area of the Centre has a separate entrance area away from the main reception. It is because service users are normally brought here escorted by police officers as they have been brought to the CCC under a Section 136 ruling and other service users may become distressed if they witness the police presence.

At the time of our visit, there was one person in the Place of Safety. This is a secure room, comfortably furnished, where the occupant can meditate, relax or interact with staff if preferred. We briefly observed the occupant via the CCTV equipment next door (used to observe the user to ensure they are safe) and he seemed relaxed and calm. The team in the observation room can communicate with the occupant via an intercom system as well as using the CCTV to observe. However, the main purpose of the room is to provide the distressed persona safe secure place while they recover from their crisis. It is felt that the CCTV set up has both positive and negative (lack of privacy) connotations, although we believe, on balance, it is essential to have the ability to monitor the service user for safety reasons.

Currently, the centre has only one room set up to provide this, but a further room, in close proximity, is being equipped to provide a further facility.

Younger People in crisis

While in this part of the building, the Service Manager pointed out two rooms which were used for younger people who are brought to the centre, normally accompanied by their family or carers.

We observed that, although the rooms were bright and airy, they were very close to the “place(s) of safety” which might prove upsetting for young people. Furthermore, access to these rooms is via the main reception, which is unsuitable as it is used to receive adult service users.

We mentioned these thoughts to the Service Manager who accepted the point made about the proximity of the Place of Safety to the younger persons' rooms but pointed out they could not think of a better way of accommodating the two requirements. Regarding the second criticism (safe access to the younger persons rooms), she totally took this point on board and in fact showed us to a nearby outside area which she planned to have converted to provide what would be much improved secure and safe access for younger people.

We were told that, in the event of a fire alarm being triggered, all doors to client areas are automatically locked and we wonder if this could be detrimental to the service user, who may panic if they feel 'locked in'? One final point was made at the conclusion of the visit and this concerned the fact that many spare chairs were distributed across client rooms and we were concerned that this may not be appropriate as it may present a hazard at times.

Conclusion and recommendations

- The most important recommendation is to provide a separate and secure entrance to the facility for children/younger people. Although at first inspection this work does not seem onerous, due consideration must be given to perhaps providing a separate reception area as well?
- Consider the layout of parts of the building - the close proximity of the younger persons rooms to the Place of Safety need to be re-thought.
- Are all the chairs required or can they at least be stacked somewhere safe when not in use?
- Can the Trust please provide us with a copy of fire regulations so that we may consider how these might possibly be improved on behalf of service users?

Overall, our team was impressed with the work being undertaken by the dedicated staff fulfilling the work of this Unit. By bringing together teams of nurses, carers and other, once disparate, workers, we feel that an improved service will be provided and the Trust is to be commended for this. However, we feel that more needs to be done, relatively quickly, to cater for the needs of younger service users to provide a safe environment.

We wish to thank Jo Willis for her time spent with us during this visit.

Good afternoon Dave

Having read the report attached which relates to a recent Enter and View Visit by Health watch to the Crisis Care Centre I would like to add my comments on accuracy to the report and also take this opportunity to provide you with feedback following your conclusions and recommendations.

Monitoring visit: 11.12.19

Place of visit: Crisis Care Centre, Hazlehurst Unit, Harplands Hospital

Authorised Representatives: Dave Rushton and Beauty Wesseh

Comments on accuracy:

Operation of the service

The main reception area has 3 consultation rooms and has both reception and administration staff within this area. All staff wear uniform

The main team office is where all calls are taken and referrals received this has both registered professionals such as nurses, social worker, Occupational Therapist and Health Care Support Workers all staff wear uniforms as you report.

All calls are triaged to determine level of urgency and the appropriate action taken this may include a crisis assessment here in the centre or within the community. A number of calls are received from individuals requiring emotional support and therefore the call is able to provide that.

The all age access service can take in excess of 200 calls per day.

Assessments may indicate a need for admission to the Harplands Hospital or alternatively a referral to the Home Treatment Team all teams working intrinsically in the Crisis Care Centre.

Place of Safety

All service user brought to the place of safety are brought subject to detention under the Section 136 of the Mental Health Act. Police can leave following risk assessment and agreement by the Site Manager.

There is no intercom system at present but this has been requested urgently. We have now received a quote for the works required and this has been authorised with lead time on this works 16 weeks I have challenged this proposed time and am awaiting an update from the contractor. CCTV is in operation as stated.

Younger people in crisis

In relation to the points around proximity of children and adults. As you are aware we are extremely committed to the construction of a separate entrance for young person's and the structural development work for this is currently underway. I was also able to reassure you that children are accompanied at all times by staff in any area in the centre, assessments of children are also undertaken in the area nearest to the newly planned entrance taking them further away from the POS room. Likewise the individual in the POS is never left unsupervised and remains in the bedded area/room.

In the event of the fire alarm being activated all exit doors are automatically released as per fire regulations to enable individuals to exit promptly. Staff are present at all times within the patient in all areas and have keys to open internal doors locked in the event of a fire.

Do you refer to the chairs in the bedroom? If so there are 3 which would enable the two doctors and AMHP who would undertake the mental health act assessment.

The other rooms have 4 or 6 chairs in. Often a child attends with 1 or 2 adults and 1 or 2 staff would undertake the assessment this number of chairs therefore being required.

Conclusions and recommendations

I can confirm that we have ensured that children do not wait in the reception area as you enter the unit and the way in which children assessments are co-ordinated and processed does not require them to have a waiting area/reception.

A high proportion of children attending are expected for a planned urgent appointment and rooms are designated for their arrival. For children attending unexpected in crisis they are supervised to the area shown to you during the visit and are not left unaccompanied.

As discussed during the visit the number of children attending the centre is very low and we have a number of community CAMHS locations where staff from the Crisis Care Centre attend to see children for assessment. This would always be the preferred alternative.

In summary (As discussed above) the number of children attending the centre is relatively low and measures are in place to safeguard the children in the centre. Your views are extremely important to us though so we will reflect on this further.

All chairs are required as discussed above

Fire Regulations

The Crisis Care Centre and indeed the whole of the Harplands site are required to comply with The Regulatory Reform (Fire Safety) Order 2005. This is enforced by Staffordshire Fire and Rescue Service who we communicate and meet with on a frequent basis. As a Hospital premises we are also required to adhere to the requirements of the Department Of Health's - Health Technical Memorandum's.(HTM's)

We are also required to meet the requirements of the Civil Contingencies Act 2004 as a Category 1 responder (Health provider) to provide resilience in the event of an Emergency.

The Fire Safety Responsibility is discharged by the Trust Board and Chief Executive Officer to appointed competent persons and trained staff to undertake, carry out and maintain such activities as Risk Assessment, Elimination or reduction of risks, control of dangerous substances, Fire Prevention, Fire safety procedures, Firefighting and Detection, Emergency routes and exits, maintenance, safety assistance, information and training to employees, information to patients and visitors, any additional emergency measures, Co-operation and coordination, and general duties of employees at work.

With reference to your particular concern regarding client doors being locked when the Fire alarm is activated and they may panic if feel locked in. The Fire alarm system is set up in zones across the Hospital site so only the zone immediately effected will be in 'Full alarm' with adjoining Zones either in a 'Standby' mode or Zones further away not effected. In certain parts of the Hospital where patients require a higher level of care and supervision and to prevent any panic in an emergency the fire doors to certain rooms and final exit doors remain locked on 'Full alarm'. This is perfectly acceptable and meets the guidance and Regulations in the Health Technical Memorandums (HTM's).The staff have training and the facility to override any door control so they can assist, care for and move patients as the situation dictates, they also provide re-assurance and support in any Emergency as our priority is always Patient Safety.

I hope that clarifies how the Fire alarm system works and alleviates any concerns you may have.

Thank you for your review and kind feedback in relation to the Crisis Care Centre

Jo Willis

Service Manager

Crisis Care Centre

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