



## ENTER AND VIEW REPORT WARD 3 HARPLANDS HOSPITAL

**Date of visit:** 30th January 2020

**Service Provider:** North Staffs Combined Healthcare Trust

**Authorised Representatives:** Hilda Johnson Phil Leese & George Wallace

### Place Visited:

Ward 3  
Harplands Hospital  
Hilton Road,  
Stoke-on-Trent,  
Staffordshire,  
ST4 6RR

**Ward Manager** Ms. Laura Jones

**Authorised Representatives:** Hilda Johnson, George Wallace and Phil Leese - Stoke on Trent Healthwatch Volunteers.

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

**Purpose of the visit:** part of the program of ongoing program of visits to health and care facilities across the city and also to allow our visit team to see what changes and progress have been made since last visited.

**Type of facility:** WARD 3 is a Female Adult Acute Psychiatric Ward.

### General

We spoke to the ward manager Laura Jones and Deputy Ward Manager Hannah Hughes at the start of our visit who also showed us around the ward.

The ward is a locked ward and entry is via an electronic secure admittance system. Similar to other parts of the hospital, this is primarily for the safety of patients.

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It has twenty two beds which are made up of single rooms and four bedded dormitories.

At the time of our visit thirteen beds were occupied and we were informed that there were four planned discharges on the day of our visit.

The ward is also admitting patients from out of the area which has been averaging at approximately one patient a week.

The ward looks a bit 'tired' and in need of decoration and some refurbishment. We were told that this had been picked up during the latest Place inspection and work was starting soon to address these issues.

### **Staffing**

They have one Band 5 vacancy which will be going up to two shortly (however one of these will be filled quickly) and 1.9 Band 3.

We were offered a drink on entering the ward and again during our walk around which we thought was a very kind gesture considering how busy staff were.

Laura told us that recently a member of staff had been about to leave because of the time it took them to travel to work but changed their mind because they enjoyed working on the ward so much.

One activity worker and a Band 2 member of staff help with activities which has proved very successful. The ward also has a Housekeeper who oversees ordering of items on the ward as well as catering. The Housekeeper works closely with the Ward Manager to ensure this works well.

There is also an apprentice healthcare support worker and two Trust volunteers. One of the volunteers brings her dog onto the ward and has recently also brought in a puppy as well. This has proved successful for the patients who had previously not been communicating with anyone.

Members asked about the recruitment process and were told that this was done centrally now but previously had been done by the ward manager. The member of staff who said this felt that there were some benefits to this as although sometimes this took a while, it was felt that the Ward Manager understood the needs of the ward and might have a better understanding of what was needed from new members of staff. We feel that this is something for the Trust to review.

Members asked about staff breaks and whether they were taking them (this was something which had been picked up by one of the visiting team at a recent Trust

board meeting. Laura said this is something she is aware of and makes sure as much as she can that staff do take their breaks and has introduced what she calls a 'five minute' and 'thirty minute egg timer' and encourages staff to go off the ward for their breaks. She reminds staff that if they don't look after their own wellbeing, they are not able to look after the patient's wellbeing.

### **Walk round**

Laura and Hannah both showed our team around the ward and Laura explained more about the planned improvements which she is leading on.

The activity worker has worked with patients to help brighten the ward with some artwork, particularly in the corridor leading to the bedrooms. There is a hand painted *dream catcher* and around the clock on the wall a hand painted bird box. Laura is hoping that these can be kept and incorporated into the refurbishments. She has had new signs made for the doors and these will be put up after the refurbishment.

The ward will have some brighter colours on the walls which will match the colours of SPAR (Safe, Personalised, Accessible and Recovery focused - adopted as a corporate philosophy by NSCHT). Laura had just ordered new curtains, which again will significantly improve the feel of the ward.

There will be new flooring in rooms and corridors and Laura has negotiated with workmen to do this at the weekends so as to minimise disruption for patients. She will come in and supervise this work herself.

The television in the lounge was damaged by a patient even though it was in a robust cabinet. At the moment, a small television out of the small lounge is in there. However, Laura has ordered a large television for the main lounge which will be placed on the wall in a robust cabinet and the small television will go back into the small lounge but will be put on the wall in a suitable cabinet.

There are plans to have a screen on the ward as well which will display updated topical health information which will help with patient activities.

### **Patient bedrooms**

When wardrobes need replacing these will be replaced with ones that have shelves in and patients will still have their own safe in the room. New doors will be fitted (and some have already been done). These are more robust and comply with ligature specifications.

We asked to look in the clinic room where patients go for their bloods etc. The visiting team commented on how small it was and staff commented that it wasn't very

good for patients. They told us that to avoid having their backs to patients when they were giving out the drugs the trolley had to be moved from the corner and put in front of patients and the only place patients could sit was in a chair immediately next to a bin.

Members discussed this with Laura and she said she planned to propose to the Trust that they move the clinic room to the room where staff lockers were and staff had their breaks.

We had a look at this room and Laura told us that there were already cupboards in there for clinical equipment and there was a connecting door into the treatment room which was not being used. It was kept locked as it led into the staff room. We thought this would be a good idea and would be better for patients as there was a small corridor outside this room which would make it more private for patients. It also made sense to use this as a clinic room with the connecting door into the treatment room and we felt it would improve patient care.

### **Patient information**

Laura and Hannah told us that every patient is given a personalised activity plan that is laminated so they can write on it and this is kept in their room. They also have a recovery plan which is discussed with them.

The ward is working on a new admission pack welcoming patients to the ward including information about the ward.

They have a Carers group which meets once a month which has been difficult to maintain for various reasons, including trying to run it at a time to suit all Carers. They have now joined with two other wards which means each ward takes turns in facilitating the meeting and are trying different times.

The ward has extended visiting times which seems to be working well at the moment.

Laura has also been involved with other staff in developing a family room off the main corridor to the ward where patients can meet with their children. We were informed that this should be completed soon.

Laura wants to develop some simple information for children of patients after talking to families. She is aware that they do have questions about why their relative is in Harplands.

Laura introduced a member of our team to a member of staff who on Friday afternoons helps patients with benefit claims using the CAB monthly review information. Our volunteer informed her that CAB has recently received funding again

to help mental health service users with benefit claims and he gave the staff member contact details for her to ring CAB for more information.

We talked to two patients who were in the craft room with staff and asked them about the ward. They said they were looked after very well by staff and had what they needed on the ward. One told us that they would be having a bingo session later in the day and she was calling out the numbers.

This can be a very challenging ward at times but it was obvious to members when talking to staff that they are dedicated to making sure it is a safe and friendly environment as much as they possibly can and every member of staff is part of the team.

### **Conclusion and Recommendations**

- We suggest that the Trust looks at the possibility of moving the clinic room to improve patient care.
- Review the recruitment model discuss with ward manager about giving the responsibility for this back to the ward.
- Complete the renovations/refurbishment in a timely manner.

Laura invited members to visit the ward at any time and we said we would like to come back later in the year once the refurbishment had been done.

The ward was quiet and very calm at the time of the visit and although members know that it is not always like this, we were very impressed by the care and dedication of the staff.

We want to thank all the staff for the friendly welcome they gave us during our visit and look forward to a return visit later in the year to see the changes to the ward.