

Ward 1 Harplands Hospital, North Staffs Combined Healthcare Trust

Date of Monitoring visit 11th December 2019

Place Visited Ward 1

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

Ward Manager Marie Boulton

Authorised Representatives: Hilda Johnson 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.

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Service provider: North Staffs Combined Healthcare Trust (NSCHT)

Type of facility: Ward 1 is an Adult Acute Psychiatric Ward and takes both Male and Female patients.

General

It has fourteen beds which are comprised of 10 single rooms and 1 four bedded dormitory. The dormitory is single sex and is used either for all female or all male patients depending on need.

There are separate male and female bathroom areas and also a small female only lounge. It also has a small outside garden area.

This ward has had some alterations over the last twelve months as part of the work on the new Psychiatric intensive care unit (PICU) which is adjacent to ward 1 and there is a shared entrance to the ward and PICU unit off the main corridor with separate buttons to press depending on which area is being visited.

The entrance to the ward is bright and welcoming (an impressive art display is on the wall at the entrance welcoming visitors to Ward 1). Access to the ward can only be gained by buzzing in and waiting for a member of staff to let visitors in. The entrance has an air lock system which means one door has to lock before the other one opens and there is a short walk through other locked doors before entering Ward 1. Thus the ward maintains a high level of security and is for the safety of patients admitted to the ward and staff.

The manager is Marie Boulton but unfortunately she was not in attendance on the day of the visit. Instead, we spoke to staff nurse Lisa O'Hanlon, who had been made aware of the fact that we would be coming to visit the ward at some point and this information had been shared with other staff as well (a welcome point) and she was able to answer our questions before we had an unescorted look around the ward.

Staffing

We asked about shifts and staffing levels. There are three shifts and they are staffed as follows:

Day shift	2 qualified nurses and 3 healthcare support workers
Evening shift	<i>same as for day shift</i>
Night shift	1 qualified nurse and 2 healthcare support workers

Activities

We asked about activities on the ward. There are physiotherapy groups that take place which include going to the gym and cooking. The gym is situated in the PICU unit so its' use is shared and slots are booked for the patients.

They have a walking group that takes place depending on the weather.

We asked if they had activity workers on the ward and were informed that there has not been one for over twelve months. They had recently advertised and interviewed for the post but unfortunately the person who accepted the job then changed their mind.

We were told that staff do try to do activities with patients if possible but this can be difficult as they have to do a number of 1 to 1 observations for patients on this ward.

Refreshments

We asked about the availability of drinks for patients and observed that in the dining room there was both a drinks trolley and a water fountain. We were told that drinks were available to patients at all times and staff made sure that the trolley was kept stocked. Unfortunately, the water fountain was not working properly on the day of our visit and this had been reported by staff.

Walk round

The ward has been reconfigured as part of the work on the new PICU unit and the nursing office has been moved from near the entrance to the ward to further into the room and is now opposite the dining room.

We looked at the menu displayed on the wall in the dining room with all the meals on for the day and there was a good selection for vegetarians and additionally, the meal plan also caters for vegans and halal meals are available if needed.

Some of the patients had made Christmas decorations and these were displayed along the corridors and we also saw a discharge tree that one of the patients had painted on the wall in the corridor. Patients had put messages on the painted leaves. One of the patients was encouraged by a member of staff to do an advent calendar which was displayed in the corridor with the days on counting down to Christmas day and patients could remove a day at a time. We felt that this type of creativity shows a need for an activity worker on the ward to encourage patients to do more and it can help with their recovery. The artwork certainly helped brighten the ward up.

We spoke to one patient on the ward and asked them about their experience of the ward. They said that it was very good except for one thing - there isn't a mirror low enough for them to look in as they are in a wheelchair.

At the end of our visit we asked Lisa if we could see the activity room there was quite a lot of stuff in there so it was a shame that they don't have an activity worker on the ward. Lisa did tell us that some patients do go in there to do things themselves.

Summary and recommendations

At the end of our visit we shared our comments and observations with Lisa O'Hanlon. They are listed below:

- 1 We think that the ward could benefit from some more art work to help the environment on the ward which hopefully will improve when they have an activity worker in place on the ward;
- 2 We were concerned regarding staffing levels and wondered if staffing is adequate on the late shift as some of the patients admitted to the ward can

require high levels of observations at times which means staff may not be able to support other patients needs appropriately;

3 We hope the fountain is working properly soon;

In conclusion we would also ask that the Trust considers the comment from the patient about having a room with a mirror at the right height for someone in a wheelchair (although we had been informed that it was unusual to have a patient on the ward in a wheelchair).

We wish to thank Lisa O'Hanlon and other members of staff for welcoming us to the ward and for answering our questions.