

Enter and View Programme 2024 Mental Health Services

Coral Ward Report

A review of Mental Health wards in Luton – Coral Ward
Thematic Review

Contents

Summary	3
Methodology	4
Thematic Overview Findings	5
Thematic Recommendations for Review:	9
Next Steps	10

Statutory functions of Enter and View

What is Enter and View?

Healthwatch have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved. Although Enter and View sometimes gets referred to as an 'inspection', it should not be described as such.

Healthwatch statutory functions

- The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007¹ and Part 4 of the Local Authorities Regulations 2013² to carry out Enter and View visits
 - Healthwatch should consider how Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2003. The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system wide. During the visit, Healthwatch should focus on:
 - Observing how people experience the service through watching and listening
 - Speaking to people using the service, their carers and relatives to find out more about their experiences and views
 - Observing the nature and quality of services
 - Reporting their findings to providers, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visit
- ¹ Section 225 of the Local Government and Public Involvement in Health Act 2007
- ² Part 4 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013
- ³ Section 221 of the Local Government and Public Involvement in Health Act 2007

Healthwatch decide to carry out Enter and View of mental health services following recent feedback of services.

[20220323 Enter and View guidance final.pdf \(healthwatch.co.uk\)](#)

Thematic Review

Summary

Healthwatch Luton would like to express our sincere thanks to East London Foundation Trust (ELFT) and Coral Ward for allowing us to visit and observe their services on November 26th, 2024. Without their cooperation and insight, as well as the contributions from both staff and residents, we would not have been able to carry out this overall thematic review of the care provision available within mental health services in Luton. Healthwatch Luton plans to visit seven mental health wards in November and December, with Coral Ward being one of these.

Coral Ward is an acute mental health inpatient service that provides 24-hour treatment and care in a safe and therapeutic environment. Healthwatch members observed that the ward had a welcoming and friendly atmosphere, with staff and patients appearing relaxed and calm. The environment was noted to be clean and fresh, contributing to a sense of comfort. Staff were described as approachable and friendly, contributing to a positive atmosphere on the ward.

Healthwatch Luton's Authorised Representatives conducting this Enter and View did observe some disparities between the feedback from patients and staff. Given the range of conditions present, Healthwatch Luton recognises that some patients may exhibit symptoms linked to their conditions. While we collect individual perspectives, our report reflects overarching themes drawn from all the experiences gathered. Recommendations are based on these trends, which highlight how patients feel about their care.

All patients interviewed were male, as the ward caters specifically to men.

Patients were not asked to disclose personal information, such as age, unless they chose to do so, and none opted to share this. The ward is intended for working-age men, typically between 18 and 65 years old.

The report presents overall findings, with more detailed observations in specific areas. To protect patient and staff confidentiality, all names and job titles have been omitted.

Methodology

Healthwatch Luton had previously notified ELFT through an official announcement letter that we would be visiting the mental health wards as part of our Enter and View programme, scheduled for November and December 2024. During our visit, our authorised representatives conducted brief interviews with staff members, including the person in charge that day, and engaged with patients. The representatives explained the purpose of the visit and distributed questionnaires to gather feedback on key topics such as staffing levels, quality of care, safety, refreshments, activities, and admission and discharge processes. Additionally, Healthwatch Luton took the opportunity to informally speak with patients, asking about their experiences of the wards. The majority of our visit involved observational work, where representatives toured the communal and public areas, observing the environment and gaining insight into the operation of the ward. This allowed us to better understand how the patients interacted with the staff and the facilities.

During the visit, Healthwatch Luton engaged with eight individuals, including three residents and five staff members, to gather their insights and feedback. By speaking with both patients and staff, we were able to gather a range of perspectives, providing a comprehensive picture of the atmosphere and workings of the ward. The insights we gained will help inform our review and recommendations on mental health care provisions in Luton. These observations are then themed across all Authorised Representatives views and perspectives to provide a single themed overview of our observations.

Overview of ward

East London Foundation Trust (ELFT) describes Coral Ward as an acute mental health inpatient service providing 24-hour treatment and care in a safe, therapeutic environment. The ward is for male patients experiencing an acute mental health episode that cannot be managed in a less restrictive setting. With 24 beds, the service caters to those who often require detention under the **Mental Health Act 1983**, offering intensive supervision and support. Care is individualized through the **Care Programme Approach (CPA)**, focusing on crisis management, safety, and specialized risk assessments. Patients receive intensive assessment, treatment, and therapy aimed at stabilizing acute symptoms, preventing relapse, and promoting long-term recovery. The service ensures a structured, supportive environment, with a focus on personalized care, safety, and dignity, while actively involving patients in their treatment plans when possible.

Thematic findings

Observations

The observational review highlights several key findings across the assessed areas. Externally, the building is noted to be in good condition. No information was available regarding parking from observers. The environment is described as clean and fresh looking, with staff noted as friendly and approachable, contributing to a welcoming atmosphere, staff were seen interacting in the communal areas. Accessibility for wheelchairs and pushchairs is consistently adequate, and fire exits are generally well-marked, though hearing loop systems are not always present or visible. Signage for toilets, exits, and bays is mostly clear, complaints boxes and privacy statements are available. Information and literature are predominantly in English, with little to no multilingual support, which may limit accessibility for non-English speakers. Hygiene standards are upheld with hand sanitisers consistently available, tissues are provided, and payphones are largely absent or no longer relevant. Translation services were not available, and the ward did not provide a payphone. Guidance for informing staff upon arrival was clear, though guidance materials were located on the top of a cupboard, making them less visible. The ward staff names and photographs were clearly displayed. The ward was well signposted, however, the LHW poster was not displayed, and the notice board had not been updated since November 2023.

Themes

Admissions

None of the patients reported receiving an admissions pack upon their arrival, with one patient mentioning that they were admitted during a crisis, which may explain this absence. However, this contrasts with the perspective of most staff, who believe that all patients are provided with an admissions pack that includes information about available services, the ward, and details of their stay. Interestingly, one staff member, despite having worked on the ward for some time, was unsure whether admissions packs were actually given out, which may suggest a lack of clarity or understanding regarding what constitutes an

admissions pack. This discrepancy highlights a potential gap in communication or consistency in the admission process.

Care plans

All patients reported that they had not received a detailed care plan, although two out of three expected that their care plans would be discussed with them shortly. One patient, who had been on the ward for three months at the time of the Healthwatch visit, stated that they had not had a detailed discussion about their care plan. While the question of care plans was not included in the staff enter and view questionnaire, one staff member mentioned that care plans are regularly discussed with patients and doctors. Additionally, all staff are familiar with standard care protocols, such as blood pressure checks and medication reviews. This suggests a gap in communication regarding care plan discussions with patients, despite staff being aware of general care procedures.

Discharge

None of the three patients whose care was discussed in the questionnaires were clear about their discharge date or the discharge process, and none were aware of whether they would receive a discharge pack. Two patients were unsure of how long they would be staying, while one expected to remain for six months, likely reflecting both their ongoing care needs and a lack of awareness about their care plan. Staff shared similar concerns, though they had more information about the challenges related to discharge deadlines. They highlighted issues such as difficulties in identifying appropriate discharge destinations, ongoing care requirements, and homelessness, which contributed to delays. One staff member noted that four patients were ready to leave but had no accommodation, resulting in a "bed blocking" situation. Despite these challenges, all staff were aware of the discharge process, which includes providing a discharge summary, medication, handover to the crisis team, and ongoing support services.

Clothes

Two out of three patients were wearing their own clothing, the third was not in his own clothing due to his required care, however this appears to create an obstacle for him accessing some activities such as the gym, because the clothes were not appropriate, another patient also could not initially access activities as he did not have shoes for the first few days of his stay.

The Enter and View staff questionnaire does not currently address the provision of appropriate clothing. However, it is understood that patients are typically provided with items such as T-shirts, jogging bottoms, or hospital scrubs. There is no information regarding how long patients may have to wait to receive these items, or whether additional items, such as shoes, are provided.

Activities

Patients' knowledge of activities taking place on the ward received mixed feedback. Only one patient reported having a timetable, though both this patient and another mentioned that a timetable was displayed on the whiteboard. The display boards were generally described as being very good. It was clear that activities were taking place, as the mobile gym was in use during the Healthwatch visit. However, access to this particular activity may have been limited by the availability of appropriate clothing. One patient stated they attended coffee mornings on the ward, while another noted that they did not have a choice of activities, only what was available that day on the board.

Safety

Patient feedback on safety in the ward was mixed. Two out of three patients expressed concerns about the safety of their belongings and the possibility of people entering their rooms. Meanwhile, two other patients reported feeling safe on the ward, while the third mentioned they felt safe only occasionally. None of the patients reported awareness of illegal substances being brought into the ward, though one did mention the presence of alcohol.

Dining

The food was served in a spacious, clean area with plenty of tables and chairs. HW observers arrived shortly after lunch, finding residents seated and socializing. A trolley with cold drinks was available, but when a resident requested a hot drink, a staff member promptly made one for them. Patient feedback on the food was mixed: one found it good, another considered it acceptable, while the third felt it didn't meet their dietary needs and opted for takeaway. Staff reported that(verbally), in general, patients tend to gain weight during their stay on the ward, attributing this to the food provided and limited exercise opportunities, despite the presence of a mobile gym observed on this day.

Staff

Feedback around staff on Coral Ward was consistently positive. It is described as a well-staffed and cohesive team, where staffing levels are consistently strong and reliable, ensuring a busy yet manageable workload. While team members feel that the current staffing is sufficient, additional support is always welcomed. The ward fosters a positive and supportive atmosphere, with high morale among staff. Training opportunities are abundant, and employees feel encouraged to take advantage of these, with clear channels to request further development if desired. The manager is approachable, listens to feedback, and takes action to address any concerns, creating an environment where staff feel valued and part of a strong, united team. While there are occasional minor variations in team dynamics, the overall feeling is one of collaboration and mutual support.

Overall Findings

It was observed by Healthwatch members that the ward had a friendly atmosphere. A group of men were chatting in the dining area, and another group was in the communal area using the mobile gym, both staff and resident were using gym and interacting with one another. All were observed to be friendly, relaxed, and the environment was said to feel calm. The dining hatch opened for a short period, and this was also observed to be a clean, light and fresh area. Residents were happily engaging with each other and staff during this time. Healthwatch spoke with both patients and staff in this area. There were no visitors on the ward at the time, so there was no opportunity to speak with them. A drinks trolley was readily available, allowing patients to help themselves. The environment was noted to be clean and fresh, contributing to a sense of comfort. Staff were described as approachable and friendly, contributing to a positive atmosphere on the ward.

While Healthwatch engaged with both patients and staff, the questions posed to staff and patients did not always align, making it challenging to form a comprehensive view of the services provided. Additionally, when questions did align, there were discrepancies between the responses on staff and patient questionnaires, with feedback from patients often varying significantly and lacking consistency. In contrast, staff feedback was more uniform. For instance, while most staff believed that all patients were provided with an admissions pack upon arrival, none of the patients interviewed reported receiving one. This suggests there may be an opportunity to clarify certain terminology, such as the difference between the 'admissions pack' and 'welcome pack.' Additionally, it's important to consider that some patients may be in crisis when entering the

ward, making the timing of delivering an admissions pack potentially less appropriate. The process of communicating this information to patients, as well as between staff members, may need to be reviewed and clarified.

Furthermore, none of the patients reported that they had received a detailed care plan and were unclear what the ongoing care looked like. Although staff indicated that care plans are regularly discussed with patients and doctors, patients seemed unclear about important aspects of their care. Many were unsure about their discharge date or process, and some were unaware of how long they were expected to stay. This uncertainty around discharge was also reflected in the staff questionnaire, which highlighted challenges related to discharge planning.

The positive outcomes include a happy and relaxed environment, consistent staff feedback, good morale, and effective training; the positive working team environment was demonstrated throughout the visit. However, there are areas that could be improved, such as the admission packs, staff involvement in care plans, and discharge packs. The observations from this visit, along with the recommendations, will be reviewed with Michelle Bradley and subsequently shared with both the ward and ELFT for feedback.

Thematic Recommendations for Review:

Clarification of Admissions/Welcome Pack Process

It is important to ensure that patients receive the admissions or welcome pack in a clear and consistent manner. If this does not occur during the initial admission process, staff should follow a defined set of steps to ensure that patients are made aware of the materials and provided with them promptly. This process should be well-documented and communicated to all relevant staff to guarantee that no patient is overlooked.

Care Plans & Discharge Process

Staff must communicate more clearly with patients regarding their care plans and expected discharge timelines, ensuring that patients are fully informed about any challenges, such as difficulties in securing ongoing placement or care. This helps prevent patients from feeling uncertain or "in limbo." If staff are aware of any system

bottlenecks that may delay discharge, it is important for ELFT to take proactive steps to address these obstacles, improving patient care and response times. Additionally, could care plans be displayed in a visible location, or could a checklist be implemented to confirm that the care plan is discussed with patients each time they meet with a staff member?

Next Steps

Feedback to Michelle Bradley



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