healthwatch Luton

# Enter and View Programme 2024 Mental Health Services

## Crystal Ward Report

# Contents

**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 Crystal Ward for allowing us to visit and observe their services on November 14th, 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 Crystal Ward being one of these.

Crystal Ward is an acute mental health inpatient service for women that provides 24-hour treatment and care in a safe and therapeutic environment. Healthwatch members observed that the ward did not have a welcoming and friendly atmosphere, patients appearing agitated and were observed pacing up and down the corridor. The environment was noted to be reasonably clean, however some areas were evidently dirty, including toileting and shower areas. Staff were described as approachable but evidently busy. The ward its-self felt busy and congested, contributing to an environment that did not feel calm or relaxing.

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 female, as the ward caters specifically to women. 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 women, 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 four individuals, including two residents and two 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 Crystal Ward as an acute mental health inpatient service providing 24-hour care and treatment in a safe, supportive environment for female patients. The ward is designed for those experiencing an acute mental health crisis that cannot be managed in a less restrictive setting. Offering a sensitive, patient-centred approach, the service provides intensive assessment, intervention, and recovery planning with a focus on achieving patient-driven outcomes. Care is delivered through the Care Programme Approach (CPA), which emphasises crisis management, safety, and culturally competent care. Patients receive personalized treatment that includes active involvement of family and carers, while promoting autonomy and choice where possible. The ward offers time-limited, responsive treatment tailored to the individual's needs, ensuring a holistic approach to mental health recovery, while providing practical support with daily living.

## Thematic findings

## Observations

The Healthwatch Luton observation form for Crystal Ward, provides a detailed assessment of the ward's facilities, accessibility, and environment. The external building condition was noted as acceptable, while the internal decoration was described as clean. Parking arrangements were not applicable. The ward was wheelchair accessible, with toilet facilities that included a large room with a toilet and shower, and appropriate signage. The ward is not considered child friendly. Fire exits were clearly marked, and hand sanitisers were available. However, a hearing loop system was not in place, and there was no provision for confidentiality or privacy at the staff area. The ward lacked a range of literature, non-English information, translation services, sanitiser and tissues, and there was no guidance on how to notify staff of one's arrival. The main area of the unit was described as clean, light, airy, and warm, with clear signposting. However, It was noted that the toilet facilities were not maintained to an acceptable standard of cleanliness and were in poor condition.

## Themes

### Admissions

There were notable discrepancies between patient and staff experiences regarding the admission process, highlighting a lack of consistency and clarity in how admissions are managed and the information provided to patients. Patients reported that they did not receive an admissions pack upon arrival, which caused confusion and frustration. One patient described their admission experience as particularly challenging, with a significant delay of 9 hours before a room was found for them, and a further 30 hours before their personal property was returned. However, staff members stated that an admissions pack is routinely provided to all patients. They described the contents of the pack, which includes essential information about the ward, patient rights, sectioning procedures, available activities, care plans, medication management, and protocols around the use of illegal substances.

## Care plan and Patient care

Patients on the ward have expressed significant concerns about the quality of care they are receiving, highlighting a lack of clarity and support around their individual care plans. Both patients reported being unsure of their care plans and feeling that their health issues were not being taken seriously by staff. One patient described staff as dismissive, with comments such as, "It's all in your head," which contributed to feelings of invalidation and frustration. Furthermore, unmet needs were highlighted, including issues related to vision impairment, with patients stating that these concerns were not adequately addressed by staff.

In terms of basic care, several issues were raised. Patients mentioned that if they missed meals in the dining room, staff did not ensure that they received food, leading to instances where meals were missed entirely. There were also concerns about a lack of access to basic hygiene products, such as sanitary items, with one patient noting that they were not able to access tampons unless they went through staff. Additionally, there were reports of patients not being allowed to shower in the evening, and complaints about insufficient bedding and cutlery, which went unaddressed when raised.

Access to medication was also an issue, with patients indicating that they were unable to access certain prescribed medications. Furthermore, there were no available drinking water stations on the ward, and one patient reported going without meals for several days, as they were unaware of meal-times and lacked general support to ensure they were fed.

Regarding therapeutic care, patients reported that activities and therapy sessions were virtually non-existent, which they felt contributed to their lack of engagement and overall wellbeing. Despite clinicians stating that patients were free to leave the ward, patients felt "locked in" and described staff as often refusing to allow them to leave, leading to a sense of restriction and confinement.

One positive aspect mentioned by patients was their experience with the Independent Mental Health Advocate (IMHA) provided by Powher. They described the advocacy support as a "good experience," offering some relief in an otherwise difficult environment.

The overall perception of staff on the ward was overwhelmingly negative. Patients expressed feeling ignored, dismissed, and uncared for, describing staff as manipulative and coercive. They reported that staff used deceitful tactics to control patients, contributing to an environment where care was seen as

secondary to maintaining authority. Healthwatch representatives observed that many patients appeared agitated and were seen pacing the corridors, indicating a sense of restlessness and discomfort.

When speaking with staff, there was limited mention of care plans or individualised care. One staff member briefly referred to care plans when discussing referrals, while another mentioned completing rounds but did not elaborate on how care plans were integrated into daily care. Overall, there was a notable lack of focus on personalised care, and staff responses did not reflect a commitment to addressing the specific needs of patients.

### Discharge

There were notable concerns regarding the clarity and communication around discharge for some patients. One patient expressed uncertainty about their discharge plans, with no clear information on when or where they would be discharged. The patient suspected they would be discharged to their family, but acknowledged ongoing family issues that may complicate this. Another patient, who wished to leave the ward, was informed that they could not do so, further highlighting a lack of clarity and communication around discharge decisions and care planning.

Staff reported that discharge information is included in the admissions pack; however, patients indicated they had not received such a pack, with some stating they were unaware of their discharge process. One staff member confirmed that discharge packs are provided, but this discrepancy in experience suggests potential gaps in ensuring all residents are fully informed about their discharge plans and available support options. This highlights the need for more consistent communication regarding discharge and clearer documentation of plans for all patients.

### Staffing

Staff members expressed concern over staffing levels, noting that while there is a core team of regular workers, there are frequent occasions when staffing falls below optimal levels. This situation is particularly challenging when increased levels of observation are needed, leading to additional pressure on the available staff. Some staff members shared that they are stretched during these periods, which could potentially affect the quality and timeliness of care provided. Staff

added that staff shortages, in a challenging environment was stressful to deal with.

Patients on the ward reported similar concerns, with many highlighting that staffing shortages sometimes result in delays in receiving support. Some residents noted that there can be periods when it feels like there aren't enough staff members available to address their needs promptly. This can create feelings of anxiety and frustration among residents, especially when they require immediate assistance or emotional support.

The impact of reduced staffing on patient care was highlighted in various patient comments. Residents expressed concerns that during these busy periods, their needs may not be addressed as quickly as they would like, often they feel they raise issues and they are not acknowledged.

### Activities

Healthwatch representatives reported that no activities were observed during their visit to the ward. Patients similarly expressed that activities and therapy are largely absent, although one patient did mention occasional smoothie-making sessions. Patients noted that, although timetables for activities are posted on the board, these scheduled events rarely take place. Staff, when questioned, made no mention of activities in their feedback, further highlighting the lack of structured therapeutic engagement on the ward.

### Safety

Patients reported feeling unsafe at times on the ward, particularly during mealtimes, and mentioned instances of objects being smashed at night, which contributed to increased anxiety. There were also concerns about security and the general atmosphere of tension. Staff noted that they are trained to manage such situations and work to de-escalate any conflicts when possible.

### Cleanliness

Healthwatch representatives observed that the cleanliness of both the ward and bathroom facilities did not meet acceptable standards. The shower areas were

found to be dirty, and the toilets were noted as unclean and frequently left unflushed. Patient feedback echoed these concerns, with several residents reporting that the bathrooms were consistently in poor condition. Issues highlighted included overflowing bins, a lack of soap or cleaning products, and the presence of flies. This points to a significant ongoing problem with maintaining hygiene and cleanliness in these areas.

## Overall Findings

Healthwatch Luton conducted an observation of Crystal Ward, identifying several key areas of concern regarding the ward's facilities, patient care, and overall environment. The external condition of the building was deemed acceptable, and the internal decoration was described as clean. However, some critical issues were noted, including a lack of a hearing loop system, inadequate privacy in staff areas, and insufficient literature and non-English materials for patients. Although the ward was wheelchair accessible, the cleanliness of the bathroom facilities was found to be substandard, with dirty shower areas, unflushed toilets, overflowing bins, and a lack of soap and cleaning products. These issues point to a significant ongoing problem with hygiene and cleanliness.

In terms of the admission process, there were notable discrepancies between patient and staff experiences. While staff reported that all patients receive an admissions pack containing essential information, patients indicated that they did not receive one upon arrival. This led to confusion and frustration, with one patient describing a particularly difficult admission experience involving long delays—one of up to 9 hours—before being allocated a room and over 30 hours before their personal property was returned.

Concerns regarding patient care were also prominent. Many patients expressed dissatisfaction with the clarity and support around their care plans, reporting that they were unsure of their care needs and felt their health concerns were not taken seriously. One patient described feeling dismissed by staff with comments such as, "It's all in your head." Basic care needs were also highlighted, such as missed meals, a lack of access to hygiene products (e.g., tampons), and restricted access to showers. In addition, patients reported that therapeutic activities and therapy sessions were virtually nonexistent, contributing to a sense of disengagement and isolation. Despite claims from clinicians that patients were free to leave the ward, many felt "locked in" and experienced resistance from staff when attempting to do so. The overall perception of staff was overwhelmingly negative, with patients describing staff as manipulative and uncaring.

The discharge process also raised significant concerns. Several patients reported uncertainty about their discharge plans, with no clear information on when or where they would be discharged. Some suspected they would return home to their families, but were unsure due to ongoing family issues. Despite staff stating that discharge information was provided in the admissions pack, many patients indicated that they had not received such information and were unaware of their discharge process, further highlighting gaps in communication and patient engagement.

Staffing levels were another area of concern, with both staff and patients noting that staffing frequently fell below optimal levels. This was particularly problematic during times when heightened observation levels were required, leading to delays in care and support for patients. Staff reported feeling stretched and stressed, which in turn affected the timeliness and quality of patient care. Patients echoed these concerns, mentioning that staffing shortages sometimes resulted in delays in receiving assistance, which caused frustration and anxiety, particularly when emotional support was needed.

Activities and therapeutic engagement were almost entirely absent, according to both Healthwatch representatives and patient feedback. No activities were observed during the visit, and patients reported that scheduled activities rarely took place despite being posted on a timetable. This lack of engagement contributed to a sense of neglect and disengagement from the ward environment.

Finally, safety concerns were raised by patients, particularly around mealtimes, when there were instances of objects being smashed at night, which created additional anxiety. While staff reported being trained to de-escalate such situations, the overall atmosphere on the ward was described as tense and unsettling by patients.

In summary, the findings reveal a range of concerns related to the quality of care, communication, facility maintenance, and patient safety on Crystal Ward. Issues such as inconsistent admission processes, inadequate care planning, lack of activities, staffing shortages, and cleanliness challenges all highlight the need for improvements in the ward's overall environment and care practices to ensure a safer and more supportive space for patients.

## Thematic Recommendations for Review:

Based on the findings from the Healthwatch Luton observation of Crystal Ward, several key areas require review and improvement to enhance the overall quality of care, safety, and patient experience. Below are the recommendations for review:

### Improvement of Hygiene and Cleanliness Standards

A thorough review of cleaning protocols and standards is needed to ensure that all areas of the ward, especially bathrooms and toilets, are maintained at an acceptable level of cleanliness. This includes ensuring the availability of soap, cleaning products, and the timely emptying of bins.

### Review and Improvement of the Admission Process

A review of the admission process is required to ensure that all patients receive an admissions pack with essential information upon arrival. The process should be streamlined to avoid delays in room allocation and return of personal belongings.

Patients should be provided with an admissions pack containing information about the ward, their rights, care plans, and the discharge process. Establish a protocol for timely room allocation and the return of patients' personal belongings within an agreed timeframe.

### Clear and Transparent Care Planning

A review of the care planning process should be conducted to ensure patients have clear, individualised care plans, and that these plans are regularly discussed and updated in collaboration with the patient. Address patients' specific needs, such as vision impairments, and ensure all concerns are properly documented and acted upon. Staff should be trained to communicate effectively with patients about their care plans and treatment options.

### Basic Care and Support

The ward should review how it ensures that basic care needs, such as meals, hygiene products, bedding, and medication access, are consistently met for all patients. The ward should have clear protocols for ensuring patients receive meals, hygiene products, and necessary medications, including provisions for

patients who may miss mealtimes. Review staffing levels and the availability of essential items to ensure no patient is left without basic care.

### Enhancement of Therapeutic Activities and Engagement

A structured therapeutic activities program should be implemented to provide patients with meaningful engagement and improve their overall well-being. The ward should regularly schedule a variety of activities, including therapy sessions, recreational activities, and group discussions. Activity timetables should be clearly to patients and consistently delivered. Staff should be encouraged to actively participate in and promote these activities to ensure patient engagement and improve relationships and understanding.

### Staffing Levels

Review staffing levels and the distribution of workload to ensure there are adequate staff members available to meet the needs of patients at all times, particularly during peak periods when additional observation is required.

### Staff Training and Development

All staff need to be equipped with the skills required to meet patient needs, communicate effectively, and manage the challenges of the ward environment. Ongoing training is required for staff in key areas such as communication, care planning, de-escalation techniques, infection control, and patient engagement. Staff should understand the importance of individualised care and that they are trained to recognise and respond to patients' emotional and physical needs promptly.

### Patient Feedback Mechanisms

Patient concerns should be heard, acknowledged, and addressed in a timely manner. Patient feedback should be actively used to make improvements to care, facilities, and the overall patient experience.

## Next Steps

Feedback to Michelle Bradley

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