

Enter and View Programme 2024 Mental Health Services

Onyx Report

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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 Onyx 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 Onyx Ward being one of the first of these.

Onyx Ward as an acute mental health inpatient service in Luton, providing 24-hour treatment and care for up to 20 male patients 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 space was described as clean, bright and well maintained. The staff were described as friendly and chatty with patients, the atmosphere was relaxed and good interactions were observed.

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 four individuals, which included 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 different 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 Onyx Ward as an acute mental health inpatient service in Luton, providing 24-hour treatment and care for up to 20 male patients in a safe and therapeutic environment. The team on Onyx Ward actively engages and supports individuals experiencing an acute mental health episode, which cannot be managed in a less restrictive setting due to the level of risk, clinical need, or patient choice.

Many of the patients admitted to Onyx Ward will require detention under the **Mental Health Act 1983** and its **Amendment Act 2007**. Where necessary, the ward provides intensive supervision and support to ensure the safety and well-being of patients. Care on Onyx Ward is described as personalised through the **Care Programme Approach (CPA)**, focusing on crisis management, providing

a safe environment, and offering specialised risk assessments and management. The ward's approach is said to include intensive assessment, treatment, therapy, stabilisation of acute symptoms, and relapse prevention.

Thematic findings

Observations

The observational review highlights several key findings across the assessed areas. Externally, the building is noted to be in good condition. However, it was highlighted that there is limited parking, with no available parking for visitors or designated disabled bays. The environment is described as light, airy, and comfortable, with staff noted as friendly and approachable, contributing to a welcoming atmosphere. 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, but complaints boxes and privacy statements are inconsistently available, with some marked as "not seen." 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, although tissues are not provided, and payphones are largely absent or no longer relevant. However, the display of staff names or photographs is largely absent, reducing visibility of personnel. Ward signposting is generally sufficient, but some facilities display outdated information, such as incorrect addresses. It was also noted that one particular noticeboard is not accessible, as it is located behind a sofa.

Themes

Staffing

Responses regarding staffing levels were inconsistent. One response highlighted concerns about a lack of staff, the frequent use of bank staff, and the unpredictability of shifts, with staff not knowing what to expect until they arrive for their shift. In contrast, the doctor reported normal staffing levels for medical staff, while the manager described staffing as "adequate," specifying two qualified staff members in addition to support workers. However, the manager did note that extra staff would be beneficial to better support patients.

Despite these varying views on staffing levels, all staff responses indicated they felt confident in their roles and in delivering appropriate care. Morale among staff was reported to be good, with one staff member acknowledging that the role can be challenging at times.

Patient feedback suggested there were usually 4 or 5 staff members on the ward, which is lower than what was recorded during the previous visit, when there was said to be "an abundance of staff," with 7 or 8 staff present. Patients also indicated that the atmosphere on the ward could vary depending on which staff and patients were present.

Activities

Patients were informed about the activities available on the ward, with timetables provided upon admission. Feedback indicated that they were satisfied with the variety of activities and therapeutic options offered. During the visit, Healthwatch representatives observed the mobile gym in use, with both patients and staff actively participating and engaging with one another, reflecting a positive and collaborative atmosphere.

Safety

Patients expressed that their sense of safety on the ward varied, often depending on the other patients present at the time. However, the ward demonstrated a proactive approach to managing safety, including thorough checks for contraband upon admission and regular weekly room inspections. Additionally, clear procedures were in place to respond effectively when patients became violent.

Information and Resources

Patients reported feeling well-informed, with staff providing both written and verbal information, including verbal details regarding discharge. However, it was unclear how verbal information was documented or recorded, making it difficult to track whether this information had been shared effectively. Both patients and staff confirmed the receipt of a welcome pack, which included useful information, such as the activity timetable. In addition, patients and staff were aware of external partners visiting the ward to provide information on benefits and available services.

Overall Findings

It was observed by Healthwatch members that the ward had a friendly atmosphere. A group of men were chatting in the lounge while watching TV (they did not wish to provide any feedback), and another group was in the dining room, engaging in conversation with staff. All were observed to be friendly, relaxed, and enjoying the interaction. 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.

It was noted that there were no signs or posters indicating the availability of translation services or information on how patients could make a complaint. Healthwatch left leaflets and posters on the ward to provide further information on these services. The quality of the setting was described as "much better" than expected by many of the Authorised Representatives, all of whom had previously participated in the Enter and View programme in 2019. Compared to the prior visit, the quality of communication, and facilities had significantly improved. It is important to note, there was not lots of feedback during this visit and this is based on the information private by the few patients and staff and Healthwatch representatives who attended. However, what was fed back and observed was largely positive, within the exception of concerns regarding staffing. Responses regarding staffing levels were mixed, with concerns about the use of bank staff and unpredictable shifts, while others reported normal or adequate staffing, though additional staff were acknowledged as beneficial for better patient support. Views on staffing varied depending on individual roles, suggesting that those in more hands-on positions may feel the staffing pressures more acutely.

Feedback suggested patients felt well-informed with both written and verbal information provided, though it was unclear how verbal details, including discharge information, were documented. Both patients and staff confirmed they received a useful welcome pack and were aware of external partners offering information on benefits and services. This information also covered activities, with patients clearly aware of the available options, and provided with a timetable. Timetables provided on admission. They expressed satisfaction with the variety offered, and Healthwatch observed active participation in the mobile gym, highlighting a positive, collaborative atmosphere. While the atmosphere was positive and engaging during the visit, patients expressed some safety concerns, which may have stemmed from general anxieties or specific

experiences on the ward. However, staff demonstrated clear and well-rehearsed protocols for managing contraband and violent behaviour. 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:

Recording of information:

Clarification is needed on how verbal information, such as discharge details, is documented. While discussions around discharge likely occur regularly, with questions asked and details shared, it is unclear how and where this information is recorded.

Next Steps

Feedback to Michelle Bradley



Healthwatch England
National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

www.healthwatch.co.uk

t: 03000 683 000

e: enquiries@healthwatch.co.uk

 [@HealthwatchE](https://twitter.com/HealthwatchE)

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