

Enter and View Programme 2024 Mental Health Services

Willow Ward 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 Willow Ward for allowing us to visit and observe their services on December 16th, 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 six mental health wards in November and December, with Willow Ward being the one these.

Willow Ward at Oakley Court is an acute inpatient psychiatric unit, providing care to working-age female adults from Bedfordshire. It has 11 beds and provides 24-hour treatment and care. It was observed by Healthwatch members that the ward had a friendly atmosphere, on arriving the Healthwatch team were made very welcome and encouraged to speak with residents.

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 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 five individuals, including three 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 Ash Ward at Oakley Court is an acute inpatient psychiatric unit, providing care to working-age male adults from Bedfordshire. It has 19 beds. Oakley Court houses two inpatient facilities, Ash (male) and Willow (female) wards, which are 19 and 11 bedded wards, respectively.

Ash Ward at Oakley Court is described as an acute inpatient psychiatric unit providing 24-hour treatment and care in a safe, supportive environment. Ash Ward caters to patients experiencing acute mental health conditions that cannot be managed in a less restrictive setting. The service offers intensive supervision and support, with a focus on crisis management and stabilization of symptoms.

Care is individualized through the Care Programme Approach (CPA), with a strong emphasis on recovery and inclusion. The unit is dedicated to promoting

the well-being and safety of patients while actively involving them in their treatment planning whenever possible. The multidisciplinary team works closely with external organizations, statutory and non-statutory agencies to ensure comprehensive support for patients on their journey to recovery.

Oakley Court's aim is to provide a structured and therapeutic environment that fosters long-term recovery, with a focus on preventing relapse and addressing specialized needs. The service prioritizes dignity, safety, and a person-centered approach to care, ensuring that patients receive the necessary support to manage their mental health and move toward recovery.

Thematic findings

Observations

The observational review highlights several key findings across the assessed areas. Externally, the building is noted to be in good condition, Willow ward being part of Oakley Court, with Ash Court a men's unit, provided good parking facilities.

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 inconsistently provided, and payphones are largely absent or no longer relevant.

The boards in the corridors were well presented, and up to date, identifying the staff on duty and the activities and therapies available. Including Christmas cooking and activities, which had taken place that morning in the dining room. Ward signposting is generally sufficient.

Themes


Staffing

Responses regarding staffing levels were consistent, with a core team of regular staff who work well together. During the day, the ward is staffed by 2 nurses and 3 support workers, while night shifts are covered by 2 nurses and 2 care workers. An additional staff member is assigned when increased observations are required. In the event of a staffing shortage, Willow Ward staff will cover shifts, or, if necessary, staff from Ash Ward will assist. Each morning, the staff board is updated to clearly identify the staff on duty for that shift.

The ward manager described staffing as "good," noting that the team collaborates effectively to provide care. All staff members reported feeling confident in their roles and in delivering appropriate care to patients. Morale among staff is high, though one staff member acknowledged that the role can be challenging, especially when managing patients who may be experiencing depression or self-harm. When the needs of the residents are higher, additional staff are deployed to ensure appropriate levels of support. Currently, one patient is receiving 2:1 support, and another is receiving 1:1 care.

Resident feedback suggested there were 6 staff on duty and there was usually 5 or 6 staff members on the ward, they knew the staff names and stated the staff on the ward were regular, with sometimes staff from Ash ward covering shifts at nighttime. Residents also indicated that the atmosphere on the ward was good, staff and patients were friendly.

Residents were asked, 'What do you think of the ward?'

 It's good the staff go around the ward every 15 minutes to check where you are and that you are good. They are very on the ball!



Admissions

None of the residents reported receiving an admissions pack upon their arrival, although one patient mentioned receiving a copy of their section paperwork. This experience contrasts with the perspective of most staff, who believe that all patients are provided with an admissions or welcome pack containing important information about the ward, available services, and details of their stay. Staff also confirmed that, upon admission, all residents undergo baseline observations, including pulse, blood pressure checks, weight, height, and medication review, with these assessments being regularly updated throughout their stay.

Care plans

All residents reported that they had seen the consultant every week on the ward round, and their care was discussed with them, however one resident stated they had not received a care plan, although two stated they had a copy of their care plan, and it had been discussed with them.

Discharge

All three patients whose care was discussed in the questionnaires were clear about their discharge date or process. One patient, who was being discharged on the day of the review, confirmed they were aware they would receive a discharge pack, which would include information about their community care coordinator.

Staff consistently reported that residents receive a discharge pack. One staff member explained, "The nurse in charge will provide the discharge pack and discuss its contents with the resident in a meeting prior to discharge. The information includes follow-up details, as well as community and crisis contact information." A copy of the discharge pack is sent to the patient's GP and home address, and residents are scheduled for a follow-up within 72 hours of discharge.

STEPS

Residents were generally unaware of the STEPS service, although those due for discharge in the near future had already secured accommodation. Staff explained that STEPS is used to assess and address the accommodation needs of residents, with Penrose supporting the process by completing assessments and providing assistance to residents in finding suitable housing.

Activities

All residents were aware of the wide range of activities scheduled on the ward from Monday to Friday, with an up-to-date and appealing activity board displayed in the corridor outside a small lounge. Residents reported participating in various activities, including cooking and baking, and expressed satisfaction with the variety of options available. They also mentioned opportunities to engage in off-ward activities, such as attending the gym on Ash Ward and

participating in the recovery college. One resident noted the option to attend Sunday services.

In addition to these activities, residents highlighted the availability of different therapies. While group therapy was mentioned, one resident noted that it could feel repetitive, which sometimes discouraged attendance. One-to-one therapy sessions were also offered, with one resident commenting that personalized 1:1 therapy sessions with a therapist could be particularly beneficial for individual development and progress.

Support

All residents identified they were supported to maintain information outside the ward, including their finances bills and electoral role, some identified family members support them. All residents were aware of the advocacy service which visited the ward once a week and they could request a visit if they needed.

Residents were also asked if they had a hearing or visual impairment via a questionnaire. Residents were also asked if they needed a translator.

Dining

All residents reported that the food on the ward was of good quality, with a variety of meals available, including soups and puddings. However, some residents noted that the choices for vegan or vegetarian diets were more limited. One resident mentioned, "There are a lot of sausages on the menu at the weekend, for breakfast, lunch, and dinner." The food was consistently served at an appropriate temperature.

While the food itself was well-received, all residents highlighted that the dining room was very small, which sometimes led to residents eating their meals in their bedrooms due to space limitations.

Safety

All residents reported feeling safe on the unit. One resident mentioned that there had been one incident during their stay, but it was managed swiftly and effectively. Staff confirmed that they focus on de-escalating violent situations whenever possible, adhering to protocol when necessary. The ward's alarm

system is in place to support staff during incidents, and staff from Ash Ward are also available to assist when needed.

Residents expressed confidence that their personal belongings were secure in their rooms. They also felt safe regarding exposure to drug and alcohol use on the ward. Staff acknowledged that some residents face challenges related to contraband, including drugs and alcohol. However, the team works proactively to find solutions and encourages support from residents' families and friends in addressing these issues.

Working on the unit



I am happy working on the ward, we work as a team.



Despite the challenges faced on the ward, staff morale remains positive. Staff report enjoying their work and recognize the strength of the team. They feel well-integrated within both the unit and the wider organization.

Staff highlighted that regular handovers at each shift change are held to discuss patient health and well-being, ensuring continuity of care. Additionally, staff benefit from regular meetings and away days, where risks and general ward observations are discussed.

Weekly community meetings provide patients with an opportunity to give feedback, and further input is gathered upon discharge. This feedback is used to continuously improve the service and care culture, following the "you said, we did" approach.

Staff have access to a wide range of training opportunities, with mandatory training completion at 95%. There is also the option to request additional training, as needed.

Staff confirmed they are able to take their one-hour break and have flexibility in negotiating the timing of this with the team. Additionally, staff feel comfortable raising concerns with their line managers, who are described as approachable and supportive.

Overall Findings

It was observed by Healthwatch members that the ward had a friendly atmosphere, on arriving the Healthwatch team were made very welcome and

encouraged to speak with residents, in the communal area. A couple of women were chatting in the lounge area, and another group was in the dining room. All were observed to be friendly, relaxed, and enjoying the interaction. Healthwatch spoke with both patients and staff in these areas. There were no visitors on the ward at the time, so there was no opportunity to speak with them.

Willow Ward is described as well-maintained and welcoming. The building is accessible, with adequate provisions for wheelchairs and pushchairs. Information on the ward is predominantly in English, with limited multilingual support, which could impact non-English-speaking residents. The activity board is regularly updated and well-presented, with clear signage and staff identification.

Staffing levels are adequate, with a core team of regular nurses and support workers. Day shifts are typically staffed by 2 nurses and 3 support workers, while night shifts include 2 nurses and 2 care workers, with additional staff deployed when higher levels of observation are needed. The ward manager described staffing as "good," with staff working well as a team. Morale among staff is reported as high, despite the challenges of managing complex cases, including residents with depression and self-harm. Residents also noted the regular presence of staff, with some additional support from Ash Ward staff when necessary. Staff are confident in their roles, and feedback from residents reflects positive relationships and a supportive atmosphere.

There is a discrepancy between staff and resident perspectives on the admissions process. While staff believe all residents receive an admissions pack containing key information about the ward and services, no residents reported receiving such a pack. However, residents did confirm that baseline observations, including pulse, blood pressure, and weight checks, are conducted on admission and regularly updated throughout their stay. All residents reported seeing the consultant during weekly ward rounds, with most confirming they had received a care plan.

Residents are generally clear about their discharge process, with all three patients surveyed confirming they knew their discharge date. One resident, who was discharged on the day of the review, was informed about receiving a discharge pack containing follow-up details and their community care coordinator's contact information. Staff confirmed that a discharge pack is provided to all residents and that residents are scheduled for follow-up care within 72 hours. While residents were largely unaware of the STEPS service, staff explained that it is used to assess accommodation needs, with Penrose assisting with housing support.

All residents were aware of the broad range of activities available on the ward, including group therapy, cooking, and baking, as well as opportunities to attend the gym on Ash Ward and the recovery college. Feedback from residents about the activities offered was positive, although one resident noted that group therapy sessions can feel repetitive. Personalised 1:1 therapy sessions are also available, and residents expressed that these could be helpful for their individual development.

Residents are supported in managing external responsibilities, such as finances and the electoral register, with some residents receiving assistance from family members. All residents were aware of the advocacy service, which visits the ward once a week, and two residents confirmed having used the service.

The quality of food on the ward was praised by all residents, who highlighted the variety of meals available, including soups and puddings. However, some residents mentioned that the options for vegan and vegetarian diets were more limited. Despite the positive feedback on the food, all residents noted that the dining room is very small, which sometimes leads to residents having their meals in their bedrooms due to space constraints.

All residents reported feeling safe on the ward, with incidents being managed quickly. Staff emphasised their approach to de-escalating violent situations and following protocol when necessary. The ward's alarm system is used to support staff during incidents, and Ash Ward staff are available to assist when required. Residents felt their belongings were secure in their rooms and expressed confidence in the ward's management of drug and alcohol-related risks. Staff acknowledged challenges with contraband, including drugs and alcohol, but emphasised their proactive approach in resolving these issues and encouraging support from residents' families and friends.

Despite the challenges on the ward, staff morale remains high. Staff enjoy their roles and work well together as a team. Regular handovers, staff meetings, and away days ensure effective communication and collaboration. Weekly community meetings provide residents with opportunities to give feedback, which is used to improve the service and care culture. Training is widely available, with 95% completion of mandatory training, and staff can request additional training as needed. Staff confirmed they are able to take their one-hour break and have flexibility in scheduling it. They also feel confident in raising concerns with their line managers, who are described as approachable and supportive.

Thematic Recommendations for Review:

Clarification of Admission Processes:

It is important to ensure that patients receive the admissions or welcome pack in a clear and consistent manner. 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.

Communication Improvements:

Address discrepancies in resident and staff perceptions regarding discharge packs and care plans. Staff must communicate clearly with patients regarding their care plans and expected discharge timelines, ensuring that patients are fully informed about any challenges.

Continued Staff Support:

Maintain high morale and cohesion among staff by providing continued professional development and addressing concerns about break times.

This summary highlights the positive aspects of care at Ash Ward, as well as areas for potential improvement to enhance patient experience and staff satisfaction.

Next Steps

Feedback to Michelle Bradley



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