

**Enter and View  
Report**

**Jupiter Ward**

December 2015



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## INTRODUCTION

Healthwatch is the consumer champion for health and social care in England. Here to give children, young people and adults a powerful voice - making sure their views and experiences are heard by those who run, plan and regulate health and social care services.

By making sure the views and experiences of all people who use services are taken into account, we can help make services better now and in the future. Healthwatch actively seeks views from all sections of the community, especially from those who sometimes struggle to be heard and not just from those who shout the loudest. We also encourage health and social care providers, regulators and planners to hear directly from people themselves.

Within the Healthwatch regulations, the Government has imposed a duty on certain commissioners and providers of health and social care services to allow 'Authorised Healthwatch Representatives' to enter premises that providers own or control (with some exceptions) to observe the nature and quality of services.

Enter and View is an opportunity for Healthwatch to go into health and social care premises to see and hear for themselves how services are provided.

Given the changes taking place around Mental Health in the borough and neighbouring boroughs, and as well as receiving anecdotal evidence, Healthwatch Merton decided to carry out an Enter and View visit to Jupiter Ward at Springfield University Hospital.

Healthwatch Merton spent time on Jupiter Ward speaking with patients on the ward to find out about their experience as a service user.

Jupiter Ward is mixed with 23 beds and provides mental health care to clients between the ages of 18 and 75 years of age. The service is for clients who fall under the catchment area of Merton; at the time of our visit it was also treating two patients from the borough of Wandsworth and one from Sutton.

During the day there are 5 care staff working on the ward, with either two Nurses and three Health Care Assistants, or two Health Care Assistants and three Nurses; at night there are 2 Nurses and two Health Care Assistants. The ward is currently experimenting with a new shift pattern in which on each day there are two shifts of 12 hours each; Nurses work 3 days on and then have 4 days off.

It is an inpatient ward, conditions treated include depression, schizophrenia, first-presentation psychosis, schizo-affected disorder, manic depressive psychosis and postnatal depression. At the time of our visit 18 patients were under section and 5 were voluntary patients. One patient was on leave from the ward.

This report was submitted to South West London and St Georges NHS Foundation Trust in January 216 requesting a response within the 20 working day statutory timeframe.

After 20 working days, this report and the Trust's response will be published and circulated to key stakeholders including the Care Quality Commission.

## METHODOLOGY

Three Healthwatch Merton Enter and View Authorised Representatives carried out the visit to the Jupiter Ward at Springfield University Hospital.

These were:

Jade Fairfax - Healthwatch Merton Information and Outreach Officer

Erin Cowhig Croft - Healthwatch Merton Information and Outreach Officer

Laura Johnson - Healthwatch Merton Volunteer

The visits took place on the following dates and times:

- Thursday 10 December from 11:45am - 2:45pm
- Friday 11 December from 9:45am - 1:15pm

Four methods were used to carry out the Enter and View visits:

- Observation
- Interviews
- Informal conversations with staff members and carers
- Pre-visit to Jupiter ward to meet with staff members and have a tour of the ward

Using the Healthwatch Merton observation tool, the Enter and View Authorised Representatives (ARs) rated the Jupiter ward in terms of; entrance and reception, information displayed, odour, cleanliness, food, bathroom facilities, noise level and safety.

The ARs carried out interviews with 11 patients over the two-day visit using an interview tool designed by Healthwatch Merton. Throughout the visits ARs had the opportunity to speak with staff and carers.

Please note that this report relates to findings observed on 10 and 11 December 2015. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## FINDINGS

### *Observations*

Healthwatch Merton Enter and View Authorised Representatives (ARs) commented on the friendliness of staff and described the ward atmosphere as 'welcoming'. Being greeted with a 'warm smile' created a positive environment which ARs agreed would help to make people coming onto the ward feel more at ease.

ARs felt that safety on the ward was good, and the staffing level was adequate.

ARs were impressed by the décor, and felt the mural artwork that has been painted by a previous patient was a ‘nice touch’ and added lots of colour. Likewise, ARs felt that the mural recovery tree was a great way to engage with patients being discharged, and created positivity for patients on the ward.

It was felt that the ward was clean and tidy although there was a little clutter in the medical room.

Generally the noise level through-out the ward was good however it was felt that the TV in the shared communal area was ‘too loud’, indeed a patient commented that it was too loud however patients were unable to locate the television remote to lower the volume.

ARs were impressed with the up-to-date information that was displayed, including ‘who’s who on the ward’, medicine information, activities taking place, how the ward is performing as well as leaflets for services across the borough. ARs thought it was good practice to have clear information about the Mental Care Act, and information on the different types of sections, which was displayed on the wall. ARs would have liked to have seen the minutes of the ward’s community meetings displayed.

ARs felt that the menu options were adequate, and felt that the key guide on the menu (including what meals were soft, healthy, vegetarian, high energy and gluten free) was one good way of indicating to patients what options are suitable.

ARs felt that there was good interaction between staff and patients, and that staff had made an effort to get to know their patients.

It was noted on the pre-visit, as well as the Enter and View visits that the communal telephone was out of order which ARs thought was disappointing for patients as they had to rely on asking staff if they could use the staff cordless phone.

It was also noted that the internet on the communal computer in the Recovery Room was not working, patients told ARs it had been down for a week or so and patients found this very frustrating. ARs were told by staff that it often takes four weeks for the internet to get back online. ARs saw that patients were encouraged to use the internet as a recovery tool and were provided with links to health and wellbeing blogs and articles. ARs agreed that this was a positive platform to help with patients own health and wellbeing.

ARs felt that the gardens were a huge asset and saw that it was clearly enjoyed by patients.

### *Interviews*

Out of the 11 patients that spoke to us, 9 said that they felt all staff were helpful, caring, supportive and friendly. One patient did not answer, and another felt that ‘*most of the staff*’ were and that the female staff members were ‘*more supportive*’. Another said ‘a couple of staff aren’t as helpful at night - they prefer to just sit in the office’.

Patients were generally very complimentary about staff. One patient described the staff as *'great'*, another said *'the staff here all do their best'*. One patient told ARs *'I can talk to them if I need to'* and that *'staff here are on my level'*.

All 11 patients spoke to ARs about their treatment/medication, and generally patients felt that it had been fully explained to them. However one patient said that *'medication was not explained in detail'*. Another felt that too many *'abbreviations'* were used when the consultant and/or staff members were explaining medication. One patient said that their medication makes them *'very sleepy'* and that *'eventually I would like to be taken off medication and get back to my life before'*. Another told ARs that their medication gives them *'bizarre side effects'* however others said that their medication *'was up to scratch'* and that the *'medication really helps'*.

Generally patients that ARs spoke with felt that they had been involved in their care plan - 7 patients said that they had been involved, and gave examples of how they had been involved, one patient said *'I have regular meetings to keep my care plan up to date - they let me know what's going on with my health and they introduce me to things'*. Another said *'they kept my care plan the same when I came from another ward and only added things that needed to be added, like how to cope on the ward and how to deal with urges and voices'*, this patient commented further and said *'they keep me involved in decision making'*. One patient said that they have a hard copy of their care plan which helped them. However, one patient told ARs that they had not heard of a care plan and did not know if they had one, another said that they had one but did not feel involved and felt it had not been fully explained to them. Another patient said they knew they had one but again did not feel involved and went on to say that the *'consultant rarely sees me'*.

When asked by ARs if patients have a named nurse, and know who they are, one patient did not discuss this and one patient did not know if they had a named nurse, and indeed did not have a named nurse written on their white board in their bed room. ARs felt that as this patient had been on the ward for a few weeks they should have been made aware of who their named nurse was. Another told ARS that as they had only the previous night been admitted to Jupiter Ward, they had not yet been made aware who their named nurse was but thought that they would be told. Another patient said that they did have a named nurse however they *'were never there'*. The remaining 8 patients that spoke to ARs said that they did have a named nurse and that they saw them when they were on duty - sometimes they could have up to four days without seeing them due to shift patterns. One patient commented that they regularly saw their named nurse, and that their named nurse was *'very helpful'*.

Nine patients felt that there was enough to do during the day on the ward however two patients said that they did not think there was enough to do. One person said that they *'get very bored on the ward'*, and another said that although the Activities Coordinator *'tries hard'* and *'does quite well'*, they felt there was not enough to do on the ward. The patients that did feel there was enough to do told ARs that they could take part in the activities, examples of games, cooking and arts and crafts were

given. Other patients told ARs that they enjoyed using the gym equipment in the activities room on the ward, and another said that they had been referred to use the gym facilities at Springfield Hospital. Another patient said *'there is enough here to occupy me, I also like to listen to music and I can get cups of tea when I like so I am happy'*. Patients frequently spoke about enjoying access to, and the scenery of the garden, and told ARs they enjoyed taking part in gardening activities when they took place.

Ten patients spoke to ARs about their room, and all said that they thought their room was either good or adequate. One patient who had moved from another ward described their room as *'nice and spacious'* compared to the previous room which they felt *'looked like a jail'*. All ten patients said they can choose to go to their room when they like, and can lock their room from the inside. Two patients told ARs that they leave their rooms open during the day as the ward was *'very safe'*. One patient commented that they would have liked a key for their room, and another felt that it was problematic having to ask staff to lock and unlock their room, saying *'things have gone missing'*.

Reports on food seemed satisfactory. Nine patients felt that meals were good including timings, portions and variety. One told ARs that the queue to eat *'takes a long time'* and commented that meals are often late. Another patient did not discuss meals with ARs. Additional comments that ARs heard included; *'the food here isn't the best but not the worst'*, *'the food is good and tasty'*, *'I had the tuna pasta bake for lunch - it was quite tasty'*, *'they give you good portions and the pudding is great'*, *'it's terrific - we are well fed'* and *'the meals are fine'*. Generally, patients felt that there were enough healthy options. Patients also told ARs that they were able to order takeaway, and most did so on a weekly or fortnightly basis.

ARs spoke to patients about safety - nine said that they felt safe on the ward. One patient said *'I feel safe even with my door unlocked'*, another said *'I feel safe around other patients, they aren't violent'*. One patient said that they felt much safer on Jupiter Ward, rather than the previous ward they were on and told ARs that *'they became more ill'* on the other ward. Another patient said that they felt very safe on the ward and that they can have privacy whenever they want which allows them to *'gather thoughts and relax'*. This person went on to say that they get a *'great night's sleep'* on the ward and felt that they were now in a *'clean and healthy routine'*. One patient said that they themselves feel very safe on the ward, however often feels that they may be a threat to others. This patient had never acted on this and said that staff are able to help them control their urges. The Healthwatch Enter and View Lead spoke with the Ward Manager about this who confirmed that the patient indeed had not acted on their urges and was not a threat to other patients. One carer spoke with ARs and said that they were *'very happy'* with the ward and that their daughter felt *'very safe'* on the ward.

One patient did tell ARs that they did not feel safe on the ward.

In terms of support, patients had mixed views about what support was available for them. Most gave examples of staff members offering support - *'staff are supportive with getting me up as sometimes I don't want to'*, *'staff support me with my studying and print off documents and read through my work'*, *'they let you know what's happening in Merton'*, *'I get plenty of support'*. One patient felt that there was very little support on the ward and told ARs *'I don't know my rights, I haven't been told'*.

Patients not on section or who are allowed leave are able to attend courses at the South West London Recovery College; which is based at the Springfield Hospital, where Jupiter Ward is located. ARs felt that this was an excellent resource to have, and that the courses available there are important for patients' recovery.

The ward also offers support to the carers of patients and links up with community services who can continue this support after patients are discharged. All carers are given a Carers Welcome Pack with ward information; which includes the names of the three Carer Lead nurses on the ward and details of the Mental Health Support Worker from Carers Support Merton who visits the Ward on Thursday evenings and Friday mornings to meet with carers. It includes important details on sharing information and confidentiality. There is also a welcoming family room for carers which has toys and games, where they can bring young children when they are visiting patients.

There is a computer kiosk in a side room on the ward, where patients and carers can instantly feedback their comments, complaints and compliments in confidence whenever they want to. A feedback tablet is available to use on request if the kiosk is unavailable.

Whilst visiting the ward ARs spoke with staff to get their contributions. One member of staff mentioned that patients are having to be admitted to wards other than those which are registered to their home area due to the acute beds within South West London and St George's Mental Health Trust always being full. The Trust is then faced with making a decision about whether to let a patient stay on the ward to which they were admitted, or to transfer them part way through their treatment to their home ward when a vacancy arises there. This has an effect on the connection with community services, which are focussed around the borough where you live.

Another issue highlighted by a member of staff was that it is essential that the ward have prompt and regular access to interpreters for patients who speak no English, so patients understand their treatment.

One further staff concern was that the number of admissions taking place at night (particularly those involving the police) seemed to be increasing, and that this was a source of strain considering that there is one less member of staff on duty at those times.



## CONCLUSION

ARs were impressed by their visit to the ward. It was felt that staff, although stretched, had made an effort to really get to know their patients and support them in whatever ways they could.

On the whole, patients shared positive experiences with ARs about their stay on the wards at the Jupiter Ward.

## SUGGESTED AREAS TO MONITOR

Areas we suggest to monitor:

- Activities continue to be regularly reviewed, and Activities Coordinator to find out from patients what they would like to see more of and take part in.
- Ward consider asking Voluntary and Community Sector Groups to come and run a monthly activity, or attend ward community meetings to promote their service (e.g. Focus 4 1, Rethink Mental Illness or Avanti Club).
- Consider magazines, newspapers and books in quiet area.
- Ensure that every patient knows who their named nurse is, and that white boards in patients rooms are kept up-to-date with this information.
- Ensure every patient has access to and is involved in creating their own care plan, with support from carers when required.
- Ensure patients are well informed about their treatment and medication, and that patients have access to clear information on this.
- Ensure that all patients have a welcome pack and that welcome pack is up-to-date.
- Consider ways in which technical issues can be rectified quicker, including internet problems, so that the most can be made of these resources.
- Strengthen links with Voluntary Sector Mental Health Forum and with Merton Voluntary Services Council (MVSC) who work with a number of groups with a focus on mental health, and health and wellbeing.

## ACKNOWLEDGEMENTS

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