



## Enter and View Report - Green Parks House



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## 1. Background

Healthwatch is made up of 152 local Healthwatch organisations that were established throughout England in April 2013, under the provisions of the Health and Social Care Act 2012. One of the main functions of Healthwatch is to support children, young people and adults in their health and social care needs, holding the system to account for how well it engages with the public.

The remit of local Healthwatch is to be an independent health and social care champion, to be the voice of local people and to ensure that health and social care services are safe, effective and designed to meet the needs of patients and carers.

Local Healthwatch core functions are:

1. Gathering the views and experiences of patients, carers, and the wider community,
2. Making people's views known,
3. Influencing the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC to investigate,

5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Work with the Health and Wellbeing Board on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (which will influence the commissioning process).

Mental Health is a key area of work for local Healthwatch organisations in Bexley, Bromley & Greenwich and we are conducting a programme of Enter and View visits to inpatient wards of working age (aged 18-65 years) across the three boroughs. This report presents the findings of the Enter and View visit to Green Parks House by three Authorised Enter and View Representatives (Authorised Representatives).

## 2. Introduction

This report is going to be published across three boroughs (Bexley, Bromley & Greenwich) as part of a tri-borough programme.

Green Parks House is an acute psychiatric unit that provides in-patient mental health assessment and treatment for residents of Bromley. Green Parks House is managed by Oxleas NHS Foundation Trust, and is located on the Princess Royal University Hospital site. Green Parks House has three acute mental health inpatient wards for working age adults (Betts, Goddington and Norman).

The three other wards accommodate 49 working adult age adults. Betts Ward provides seventeen beds, with both Goddington and Norman Wards providing sixteen beds. Wards are mixed, with separate male and female washroom facilities; communal areas are shared by males and females. There are designated female communal areas on each ward. All patients have their own bedrooms - some with en-suite bathrooms.

- 'Safewards' initiatives are implemented, and adhered to, by Betts, Goddington and Norman Wards. The 10 Safewards initiatives are

nationally recognised, evidenced based interventions that aim to avoid conflict between staff and patients.

- Green Parks House links with The Royal Bethlem Hospital for care of patients under 18 years of age.
- The average length of admission for patients is 25 days.

To assess the needs of patients, family and careers, a social worker meets all parties within 48 hours of a patient's admission.

- 'Meet and Greet' interviews are carried out by the Inpatient Administrator (and a lived experience practitioner) with inpatients after 24-48 hours after admission, to assess 'how things are going' and ensure that practical issues have been addressed.

A variety of therapeutic activities are provided for patients,

These include:

- Daily walking group
- Daily planning meeting
- A Wellbeing clinic (available on all three wards and on day of visit was observed for Goddington Ward patients)
- Smoking cessation group (in conjunction with Bromley Stop Smoking Initiative)
- Music group
- Gym group
- Talking therapy group (available on all three wards and on day of visit was observed for Betts Ward patients)
- Accompanied and non-accompanied trips to local shops

### **3. Aim and objective**

The purpose of this Enter and View visit was to engage with patients and staff about their experience of Green Parks House and to gather their views. This included how involved people feel in planning their care, the ward environment, relationships between staff and patients and whether people feel safe.

## 4. Methodology

The Enter and View visit took place at Green Parks House on Wednesday 4th May 2016 (09.30 to 15.30) and was conducted by three Authorised Representatives, one from each local Healthwatch. Green Parks House had been notified of the visit and was sent flyers and posters that were put up on the wards prior to the visit. Patients and staff were reminded of the visit during the morning community ward meetings.

Upon arrival at Green Parks House the Authorised Representatives were fully briefed by Naidoo Armoordon, the Modern Matron, who explained the care ethos of Green Parks House, and explained fully, how the unit is managed. The Authorised Representatives were provided with written information how the unit runs, and helpful information that is provided to patients on admission. Personal alarms were issued to Authorised Representatives, who were then fully briefed regarding confidentiality, safety and security to all parties during the visit.

The Authorised Representatives visited Betts, Goddington and Norman Wards, as a group, to observe the environment and speak with patients and staff. Patients were invited by the ward managers to be interviewed by Healthwatch. Patients were reassured that the interview was entirely voluntary and that anonymity would be maintained. The Authorised Representatives interviewed fifteen patients in total (two from Betts, six from Goddington and seven from Norman Wards). Staff questionnaires had been completed before the visit, and those were available for the Authorised Representatives on the day of their visit.

During the visit all of the Healthwatch service standards and protocols were observed. The Authorised Representative all wore identification badges during the day visit.

## 5. Findings

### 5.1 Environment

Before visiting the wards, the Authorised Representatives were shown the reception area, assessment suite, gym and ADL suite. All of which were clean, inviting and well equipped. The whole unit was very well lit with natural light.

In addition to each wards own communal area, all three wards share an accessible and inviting communal space that has a snooker table. During the visit the Authorised Representatives observed a music group enthusiastically using the space.

#### 5.1.1 General observations - Betts Ward, Goddington Ward & Norman Ward.

On each ward the Ward Manager provided a tour of the facilities. Each ward has a communal area, dining area and drinks station where patients can make themselves drinks including tea and coffee. Each ward provides accommodation for male and female patients; there are clearly demarcated corridors for male and female bedrooms and bathrooms. In addition there were designated female lounges and areas where visitors can meet patients in privacy. There were smoking pods for patients, and these were separate from other areas.

The initial impression of the communal areas is welcoming, clean and with a lot of natural light. There are chairs and sofas, a television and a selection of games and books. During the visit patients were making use of the communal areas.

Information boards were prominently displayed. These clearly indicated activities for the day and week, staff on duty, (detailing their nominated patients), and the named member/s of staff responsible for dispensing medication during the shift. A rack with leaflets describing the actions and side effects of various medications, as well as other health promotion material was prominently displayed and accessible. A large, and colourful 'Tree of Hope'

(where previous patients leave positive and affirming messages on discharge) added to the ambience.

There were many examples of the Safewards initiatives (peer reviewed measures that aim to ensure inclusion and transparency, and thus increase trust between patients and staff) available. These included a 'Knowing Me' board (where staff posted photographs of themselves and gave an introduction to their individual hobbies and interests). Information was displayed concerning incidents that had occurred on the ward, and how these had been managed.

Authorised Representatives visited bedrooms and bathroom facilities; all of which were spacious and clean.

The dining areas were clean and welcoming. Daily menus were on view. A washing machine was available on each ward enabling patients to do their own laundry.

The staff observe an 'open door' policy to their offices for patients. Authorised Representatives observed frequent examples of staff interacting with patients. Staff were approachable, friendly, caring, professional, positive and helpful in their attitude. There was provision for patients and staff to speak privately, or confidentially.

## **5.2 Interviews with patients**

### **5.2.1 Betts Ward**

Betts ward is designated an 'Experience Based Co-Design' ward. For this designation a ward must evidence involvement of patients in decision making and enabling changes within the ward environment. Betts Ward was the first ward, nationally, to receive this status.

The three Authorised Representatives were invited to observe the daily planning meeting that was attended by most patients, and facilitated by two staff nurses, an activities co-ordinator and the Ward Manager. This was an opportunity for everyone to discuss the day's events, and for patients to share



any issues with other patients and staff. This was a lively and positive meeting. Two Authorised Representatives spoke with three patients, and the other AR was invited to observe 'Coping with Emotions' group work.

Patients reported that they felt safe, and were positive about their interactions with staff. They felt staff were caring, approachable and made an effort to say something positive to patients. Patients felt they were well informed about, and involved with, their management plan. The amount, and quality of information on wellbeing was appreciated by the patients.

Favourable comments were made on the cleanliness and quality of bedrooms and bathrooms. All those interviewed were aware of the advocacy service. Patients enjoyed the activities available; however felt there were not enough activities during the weekends, and that they would appreciate more time in the gym.

### **5.2.2 Goddington Ward**

The Authorised Representatives met with the Ward Manager, however were unable to meet with other staff as they were in shift handover. Authorised Representatives observed the dining area, where menus were on display, the communal area, and female only lounge. These were calm, relaxed and quiet. As with the other two wards that were visited, information was prominently displayed, including a daily and weekly activity planner, an incidents board that gave clear indications as to how these had been acted upon, and information regarding local services.

Most patients said they felt safe on the ward and felt involved with their treatment. The majority of patients found the facilities excellent or good; however comments were made on the lack of a male only lounge, and the rather small size of the communal lounge. Most patients found staff friendly and approachable, however comments were made that 'it depended on which member of staff you spoke to' as to what level of support was provided. Some

patients felt that a lack of staff had a negative impact on available activities. The closing of the smoking area at 8.00 pm. was thought to be too early. Comments concerning food ranged from 'top notch' to 'monotonous'.

### **5.2.3 Norman Ward**

The Ward Manager was unavailable at the time of our visit, so the Authorised Representatives met with a staff nurse from Norman Ward. The ward appeared calm and relaxed with staff easily accessible. There was music playing in the communal area. There was lots of information on display. There was evidence of friendly and open conversations between patients and staff, the latter were prompt in answering questions.

Some patients said that they felt not entirely safe on the ward 'other people make me feel unsafe when they are "kicking off", 'don't know/don't feel safe but staff help me when I need them' and 'I feel safe 95% of the time, and 5% not-due to other patients'.

Patients commented on the lack of variety in the menu. Patients found staff approachable, 'available', 'non evasive' and 'take time to listen to trivial concerns'. However four patients commented that they would like more time with the staff, but they were often very busy.

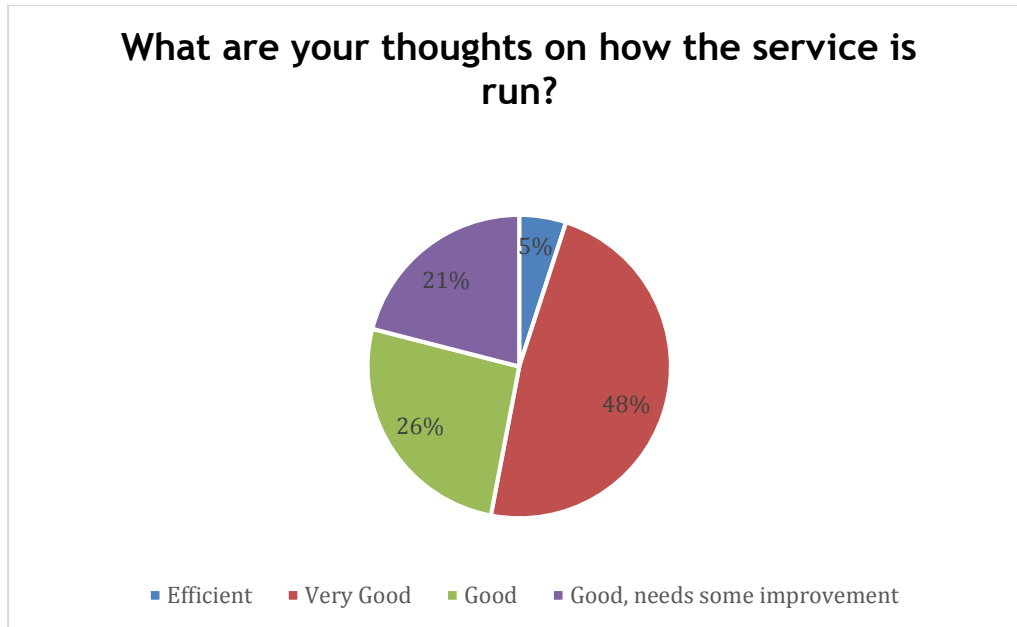
Visits to the local shops were very much appreciated. Comment was made on the lack of activities at weekends, and resultant boredom.

### **5.3 Staff Questionnaires**

Authorised Representatives met with staff informally and nineteen questionnaires had been completed prior to the visit.

The responses received were from across all staff grades. The majority of staff (84.21%) were happy with the amount of support offered to them in their work. When asked for their comments about the service and how it is run 78.95% said

that the service was well run. The pie chart below is graded from efficient being the best to needs some improvement being the worst.



Just over one fifth of the staff stated that the service was good but that there were areas for improvements. Some of the comments made are listed below:-

*“There should be more emphasis on lived experience roles”*

*“More focus on patient’s needs”*

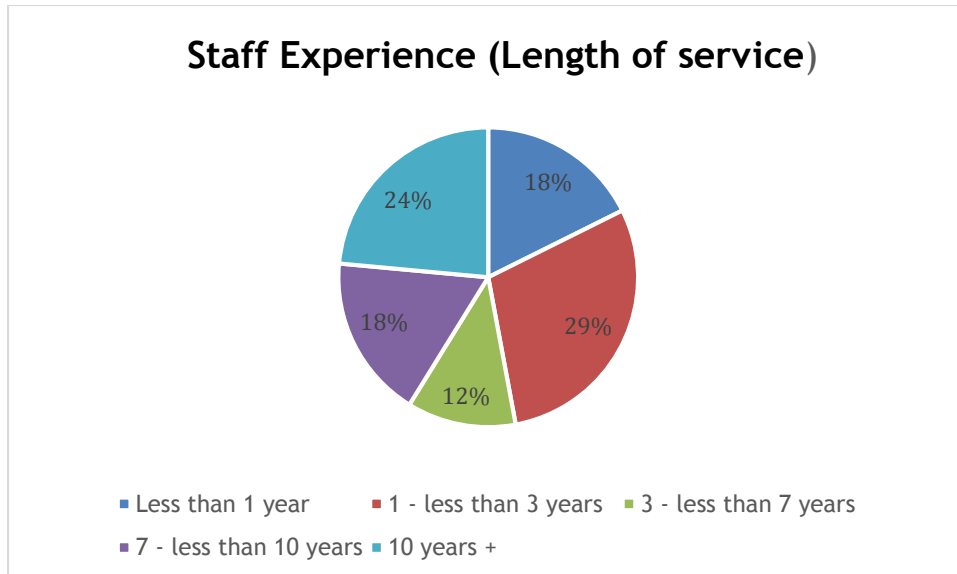
*“More staff needed”*

*“Not enough acute beds”*

*“More specialist targeted care due to the broad range of mental health presentations on the acute ward”*

There are good, patient/client relationships and these were observed by our Authorised Representatives. Also, very good care provision and support.

The experience within the team based on length of service and amount of training is high and of those who completed the survey 17 were permanent staff.



## 6. Conclusions

Generally, patients and staff have positive experiences of Green Parks House. Patients said that they had positive relationships with the staff and were able to approach them. We received one negative comment from a patient who said ‘it depended on which member of staff you spoke to’ as to what level of support was provided”. The Authorised Representatives observed positive interaction between staff and patients during the visit.

There was lots of information available to patients on the notice boards (in all three wards) regarding aspects of their physical and mental health. Staff were also observed assisting patients who needed support.

Authorised Representatives heard concerns about staffing levels and how this limits staff and patient interaction due to time constraints. Staff and patients share the frustration that staff do not have enough time to spend with patients, which impacts on the level of care they can provide.

## 7. Recommendations

Based on the observations and feedback from members of staff, local Healthwatch have produced recommendations for the wards we visited, which we will work with the providers to address and use our position as an independent consumer champion for health and social care to exert an effective and responsible influence on services to secure improvements.

1. Seek to maximise the activities available to patients at all times during the day, including weekends and Bank Holidays. This should be reviewed and the provider could consider innovative ways of providing these for example using specially trained volunteers.

**Response from Green Parks - We have reviewed staffing levels on our acute wards and from July 2016 we have increased nursing staff levels on days including week ends from 4 staff to 5 staff per shift. This allows better staff to patient ratio. It also enables nursing staff to protect time for therapeutic activities including one to one and group interventions. We are also in discussion with Bromley and Lewisham MIND to set up volunteer to work placements with volunteers from MIND recovery college co-facilitating social inclusion sessions jointly with our ward staff. We anticipate this to start on Goddington Ward in September 2016.**

2. The closing of the smoking area at 8.00 pm was raised by a number of patients and the rational for the closing time should be made clear to patients. Healthwatch understands that Green Parks House has a therapeutic smoking cessation group available to patients.

**Response from Green Parks - Green Parks House has been running smoking cessation sessions with trained smoking cessation advisors since April 2015 and we have had good success with high proportion of**

service users willingly agreeing quit dates and using nicotine replacement therapy during the inpatient episode.

The Princess Royal University Hospital where we are based is already a smoke free site. We have been gradually working towards a smoke free environment on our acute wards too and aim to do this by October 2016. Oxleas NHS Trust remains committed to addressing the physical health needs and wellbeing of our service users and promoting healthy lifestyles.

3. Some patients felt that while the food provided was okay but there was not enough variety on the menu, it is recommended that this is reviewed.

Response from Green Parks - We have a wide choice of meals available through appetito who provides the meals for the wards and we will ensure that ward staff involves service users in reviewing the menu at regular intervals so there is adequate variety on offer.

4. Consideration should be given to the provision of a male only lounge (Goddington Ward).

Response from Green Parks - There was a male lounge available on Goddington ward and through popular request by service users this was converted to an activity suite with access to art materials, computer and games. We will explore with estates and facilities the possibility of creating a male only lounge on Goddington ward although we are constrained by the physical space available on the ward.

5. Some patients said that the staff were not able to spend as much time with them as they would like. It is recommended that a review of systems to ensure staff are spending as much time with patients as possible during their shift.

Response from Green Parks - As per response to point 1 above we have reviewed staffing levels on our acute wards and from July 2016 we have increased nursing staff levels on days including week ends from 4 staff to 5 staff per shift. This allows better staff to patient ratio. It also enables nursing staff to protect time for therapeutic activities including one to one and group interventions.

All the 3 wards at Green Parks House are implementing Productive Ward quality improvement initiative which aims to reduce duplication and waste and free time for staff to engage in direct contact with service users.

Overall Green Parks Response - Bromley CCG welcomes the Healthwatch Enter and Visit report and are very pleased to learn that patients and staff generally have positive experiences of Green Parks House and that there was good access to information about mental and physical health available to patients. We note the challenges the Trust are facing with regards to staffing and will work with the Trust going forward to resolve these issues. The recommendations made in the report offer helpful areas for the Trust to consider and it is reassuring to hear directly from patients and front line staff.

## 8. Acknowledgements

Healthwatch Bexley, Bromley and Greenwich would like to thank Oxleas NHS Foundation Trust for their support during these Enter and View visits, as well as the patients and staff at Green Parks House and for their co-operation and assistance during the visit. Local Healthwatch would also like to express gratitude to all our Authorised Enter and View Representatives for the work they put in to helping us engage with and improve services.

## 9. Authorised Enter & View Representatives

Jade Landers, Healthwatch Greenwich

Imogen Smith, Healthwatch Bexley

Barbara Wall, Healthwatch Bromley





## 10. Contact details

For more information on this report please contact:

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## Appendix 1 - Observation Sheet



### Enter and View Observation Sheet - Green Parks House

Name of E&V representative: \_\_\_\_\_

Ward visited: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

From 1-5, how would you rate the following areas?

(1=Unacceptable, 2=Poor, 3= Acceptable, 4=Good, 5=Excellent)

Area	Score	Comment
Entrance / reception		
Décor		
Tidiness		
Lighting		
Odour		
Cleanliness		
Noise level		
Information displayed		
Staffing level		
Patient toilets		
Food		

**What is the general atmosphere of the communal area?**

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**What interactions are there between staff/patients/visitors?**

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**What kind of information is visible? Is it clear? Is there anything missing?**

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**Is there somewhere patients can go to have private conversations with staff?**

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**What have I noticed that builds my confidence that patients will have a positive experience?**

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**What makes me less confident?**

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## Appendix 2 - Patient Questionnaire



### Enter and View visit - Your experience of Green Parks House

Date .....

Time .....

Ward visited

Resident of which borough?

#### Environment

What has been your general experience of the environment of the ward?

- Your room?
- The communal spaces?
- The bathroom facilities?
- Outside space/smoking area

Do you feel safe on the ward at all times of day?

How do you usually spend your time? (Ward activities?) Is this the same at

weekends?

What is the food like at Green Parks House?

**Treatment**

Do you feel both your mental and physical health is being taken care of?

How involved do you feel in your treatment and care?

**Staff**

Have you had enough support from the staff during your stay?

Are there enough staff on the wards at all times?

**Other**

Do you have access to information about the ward and your treatment?

Do you know how to access an advocate if you would like one?

Are your family and friends able to easily visit you on the ward?

Have you been a patient here before? If yes, are there any significant differences you've experienced this time?

What recommendations or improvements would you make to the services here?

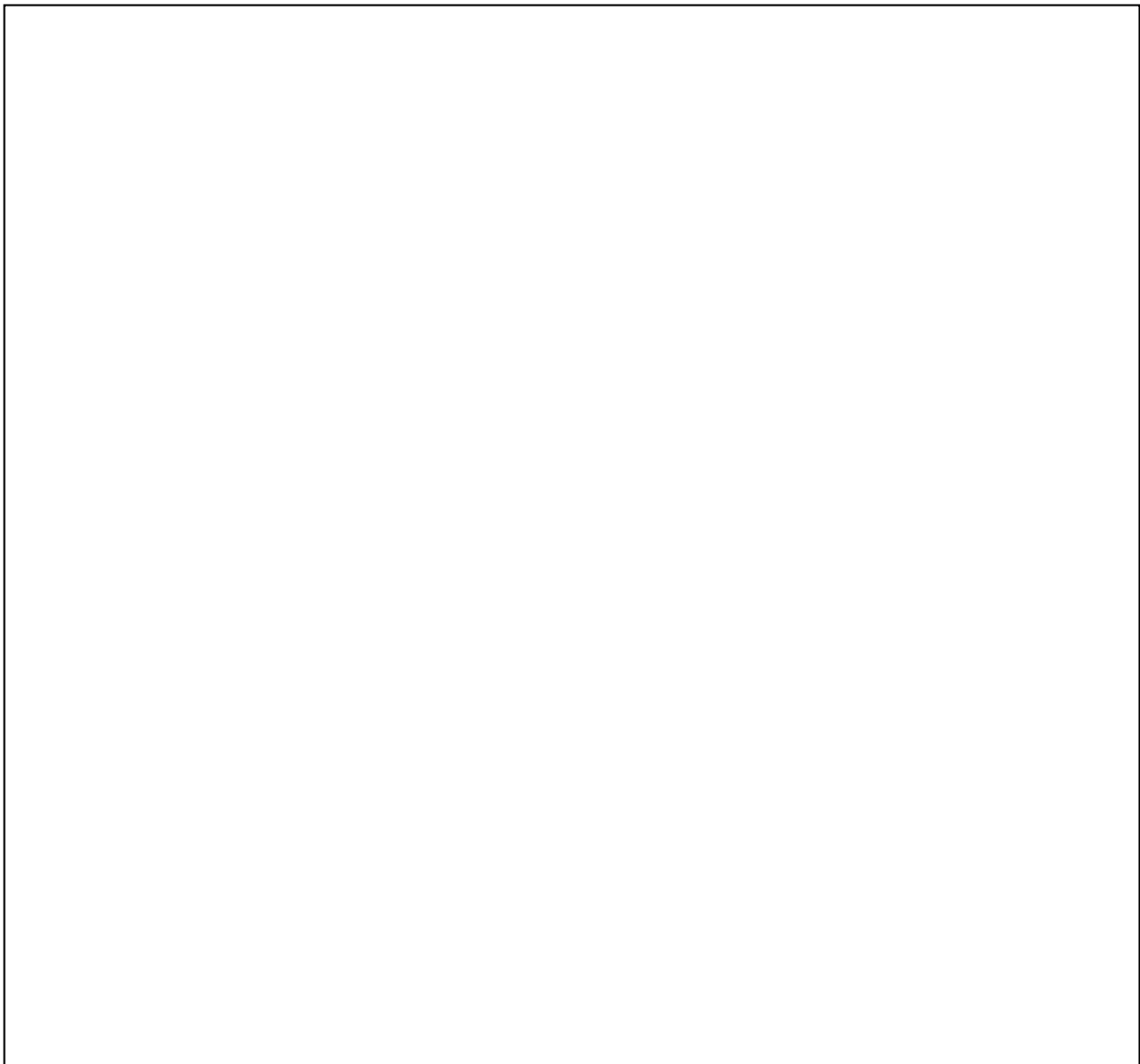
**Experience of mental health pathway**

Looking back to just before you were admitted, what services did you access? E.g. community mental health team, admitted via A&E?

Was there any way in which these services and how they work together could be improved?

A large, empty rectangular box with a thin black border, intended for the user to provide their answer to the question above.

**Further comments/observations?**

A very large, empty rectangular box with a thin black border, intended for the user to provide further comments or observations.



## Appendix 3 - Staff questionnaire



### Staff Questionnaire - Green Parks House

Name of ward: \_\_\_\_\_

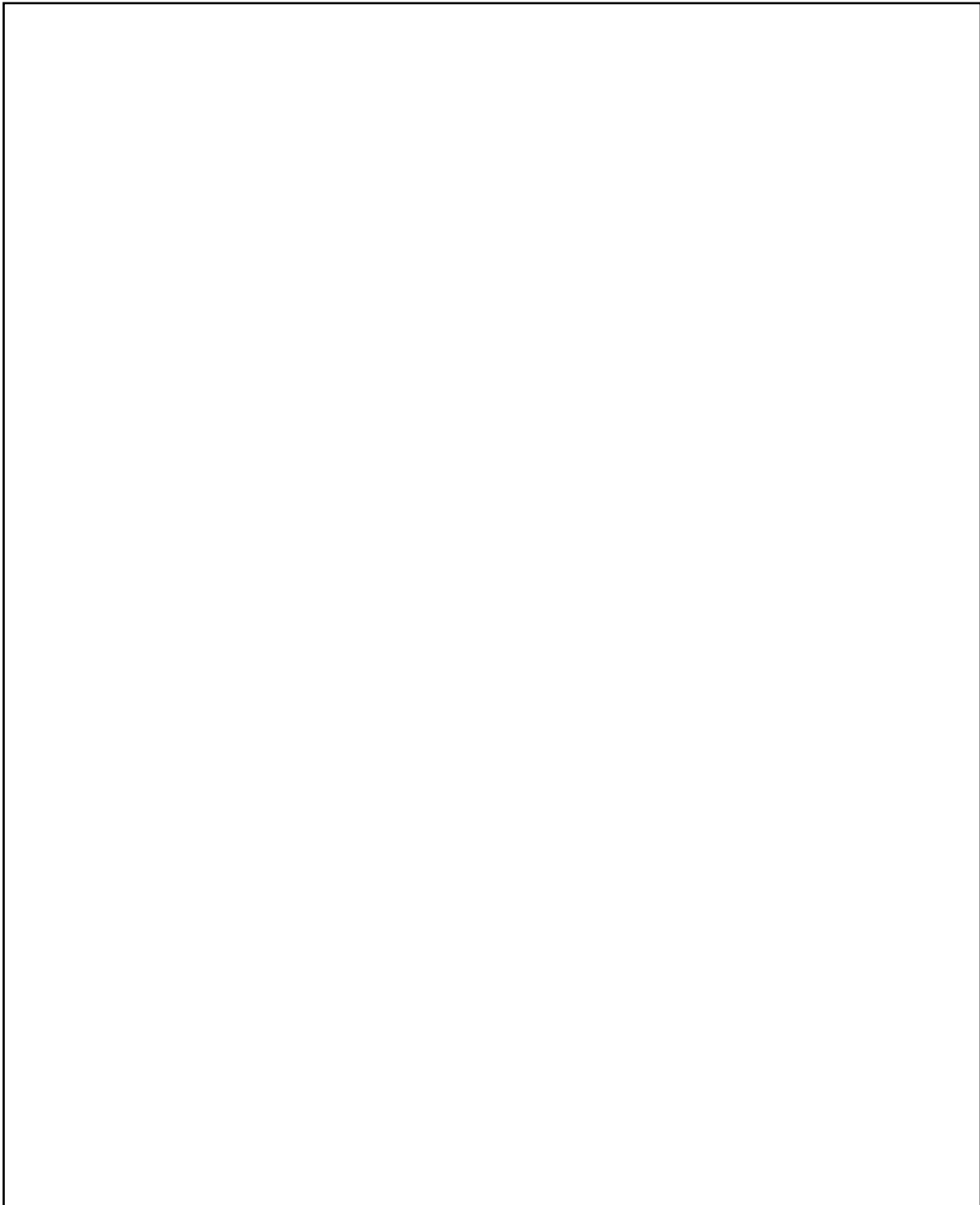
How long have you been working at Green Parks House?

Are you permanent or agency or bank staff?

What are your thoughts on how the service is run?

Do you feel you supported in your work?

**Do you have any further comments or observations?**

A large, empty rectangular box with a thin black border, intended for the user to provide further comments or observations. The box is currently blank.

## Appendix 4 - Healthwatch poster/flyer



**healthwatch** Bexley    **healthwatch** Bromley and Lewisham    **healthwatch** Greenwich

**We want to know what you think about Green Parks**

We will be here on  
Wednesday 4th May between 9:30-15:30

We want to hear about your experiences of Green Parks including

- How you spend your time
- The support you receive from staff
- How involved you are in your care
- How things can be improved

**What is Healthwatch?**  
Healthwatch is your local independent community champion. We visit different health and social care providers to gather the views of the people who use these services and their family and carers.

**Contact Us**  
Email: [petert@healthwatchbromley.co.uk](mailto:petert@healthwatchbromley.co.uk)  
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