Langley Green Hospital

August 2017

Summary

In April 2017 Healthwatch West Sussex formally escalated concerns to:

- Sussex Partnership NHS Foundation Trust - accountable for Langley Green Hospital
- Care Quality Commission - who register and inspect this hospital
- Local Clinical Commissioning Groups - who plan, buy and quality assure this hospital

The Trust's response was open and transparent, and we were assured the urgent matters raised, were swiftly addressed. We wanted to revisit the hospital to find out how things had changed for patients but whilst our first visit showed some changes, patients did not speak positively about their experiences. We revisited the hospital at the end of July 2017 to speak to patients again.

Patients spoke more positively of their hospital experience, detailing:

- the benefits of being heard and listened too, so they are now able to have their own music and mobile phones
- coffee morning sessions give a chance to discuss issues
- the new supper club is being enjoyed, as patients said they can choose and cook their own food, for example they had a 'good curry' on Friday

Strong leadership now prevails and staff training and the improved sense of self-worth has had a marked effect in attitudes and recruitment, which has historically been stated as a major issue for the hospital.

A new Psychiatrist had been appointed and we were told is making an impact within the team.

It is clear from our discussions with staff and patients, that there is more that needs to be done on this ward but the progress we saw recently, is certainly taking patient care in the right direction.

Background

Healthwatch West Sussex and Healthwatch East Sussex provided assessors for the annual Patient Led Assessment of the Care Environment Programme (PLACE) for the planned visit to Langley Green Hospital on 21 April. The assessors included three assessors who had previously carried out two or more such assessments at Langley Green, who had a full understanding of the acuity of the patients being cared for and treated at this hospital. The other assessor was a retired GP who was experienced in carrying out this type of assessment.

The majority of the hospital assessment was positive and the visiting team saw clear improvements on three wards. Particularly, Coral Ward, where the impact of good leadership was clear. This was, however, over-shadowed by what was observed and heard on Amber Ward.

We visited Amber Ward, and the Extra Care/136 Room after completing the lunchtime meal observations. We noted some maintenance issues in the Extra Care area and failed the 136 area, as we saw faeces on the wall (which is an immediate fail under the PLACE criteria), when we enquired about this the staff response suggested this had been the case for over 24 hours ago.

When we entered the amber ward it was immediately obvious that things were not right and patients were keen to speak to us. What we observed and heard resulted in the team stopping the PLACE assessment on this ward. One patient wanted to show us his room, which was covered in faeces and appeared to have been this way since at least that day. Patients spoke negatively about staff and their time on the ward.

Healthwatch immediately escalated the concerns, observations and insight from visiting Amber Ward. The Trust response was open and transparent and detailed what action had been taken and would be taken over the weekend, as this was on a Friday afternoon.

Two of the original Healthwatch representatives have returned twice to talk to patients on Amber Ward since the PLACE assessment. The last visit being at the end of July 2017.

What has changed?

Observed changes

The cleanliness of the ward seemed much better on both follow-up visits but we did not visit any patient rooms or carry out an environmental PLACE assessment.

During the first follow-up visit back in May 2017, patients were very keen to speak to us and made reference to good and bad staff. The matron's manner towards patients came across as very caring and appropriate. A safeguarding concern was raised after speaking to one patient.

At our first follow-up visit we saw more staff engagement with patients, for example playing table tennis, but we did not see much interaction or encouragement during this engagement. However, we saw the therapist working with two patients who were making a birthday cake for another patient. The therapist tried to engage another patient who wandered into the activity. Some patients said they were unaware of the sports facilities on site.

Discussions with Patients

During the first follow-up visit, patients said they felt there were not opportunities to talk, both in terms of the hospital community and about themselves. However, patients told us they had attended the coffee morning which had been held earlier.

In contrast, in July, we were invited to join patients at the coffee morning. Whilst there were only about five patients at this, we were able to see that patients felt able to raise concerns and they had recognised that staff were listening and responding to the points raised. Patients are now able to have their own mobile phones and this was a new policy created through discussion.

The coffee morning appeared to have a relaxed atmosphere with one patient saying "*you can have a laugh*" during the coffee morning. One person has been a patient at the hospital on a number of occasions and said that he felt things had improved now and "*staff talk to you'*. One of the big improvements for him and others, was having his own ipod and being able to listen to music whenever he wanted. For him music was part of his recovery and a way of escaping from what was happening.

During our visit in July, we did not see any additional activities as the focus was on the coffee morning get-together but patients talked about other activities they take part in. For example: the ward has introduced a supper club, where people can design their own menu and cook their own food, recently enjoying a curry. There was a 'rap-battle' which was something that a few patients said they enjoyed, and another person showed us some art he was working on. One person said that "*when you are angry, we use the gym and staff take us*". A patient also said that "*if you behave, you can take leave*" which suggests there are still some areas of patient communication that still needs to be looked at, so leave is recognised as a part of their recovery, rather than something that is a reward or punishment.

The Trust recognise there is some work needed around communication and an individual's interpretation around 'behaving'. The Trust said *we do discuss leave options with all our service users and what is said is that if it is safe for our service user to go out on leave then it would obviously happen. If it is not safe, then I know people will appreciate that the leave may not happen, as we do not want any harm to come of anyone. We will continue to have conversations with service users so they do not see it as 'having to behave'.*

During our first visit, patients made reference to there being three members of staff sitting in the office doing paperwork, which we saw both at this visit and at the PLACE visit. One patient commented "*they are always doing paperwork*". The Matron agreed to look at the daily routine on the ward, and how to ensure staff have time to interact with patients and what other resources were needed. In July, we again saw a lot of staff in the office but recognise this may have been due to handover (as it was before 10am). The hospital manager had stated that staff are given protected time for paperwork but otherwise were expected to be with patients.

During our first visit, patients told us they did not get to see a doctor often and one was waiting to see the doctor to know if she would be able to return to another service but she had no idea when this would be. We did not see any visible information about when the doctor did a ward round or was available.

One patient was clearly concerned that he had wet the bed in the night and would need to have this discussed with the doctor to see how this could be prevented from happening again. He appeared concerned about this and why this had happened to him at his age. The Matron agreed to discuss this issue with the Hospital Manager to look at how patients and their family/friend carers could understand when they could get access to a doctor.

The Trust's Hospital Manager is pleased to report that they have now recruited a full time specialist Psychiatric Intensive Care Unit consultant. This has enabled them to have a more structured week, with all patients being seen on the Monday and time being made available later in the week for families/carers. They also now have a junior doctor on the ward which has further enhanced the level of care that patients are receiving.

Any patients or carers who express a wish to talk to the doctors about medication or side effects outside of their usual ward reviews are given the opportunity to discuss this either in their ward review or in the sessions later in the week.

Some patients did not know if they had a care plan or what the future held for them but we recognise for some of the patients there were recall issues. Similarly in July, a new patient told us he had not had a welcome pack on admission but staff had explained that it is not always appropriate to give this information to people when they first come to the ward. However, when they are more settled this information is given. For this particular patient, detail and paperwork was important to him.

During the July visit, the smoking policy was raised and agreement had been given to have the policy information available on the noticeboards so that there may be less confusion.

Discussions with staff

During our first visit, the Matron said the lead Occupational Therapist (OT) has completed an audit of peoples' activity wishes and we discussed why this was necessary, if this was being covered in peoples' care planning sessions. However, we acknowledge that this is a positive move to match people up to run more activities. We were told that the Hospital Manager and Matron were looking at a staff development programme, setting out the expectations of how staff should interact with patients and seeking to build trust and outcomes from each interaction.

During the July visit, the hospital manager advised that there were a number of new staff to the ward, including a senior OT.

Acknowledgement

We would like to thank the patients and staff who took the time to speak to us and to acknowledge the Trust's prompt reaction to our concerns raised on 21 April and for allowing us to return to speak to patients.

Whilst we can commend the staff on the improvements so far, we and the hospital's leadership recognise there is still improvement needed on Amber Ward. We will return in later in the year to speak to patients again, when we hope to hear about even more positive changes.

Trusts Response

We think the report is a fair reflection and we are all looking forward to Healthwatch returning at the end of the year.