



Healthwatch Central West London

**Dignity Champions Visit to Thames Ward,
St Charles Hospital**

May 2018

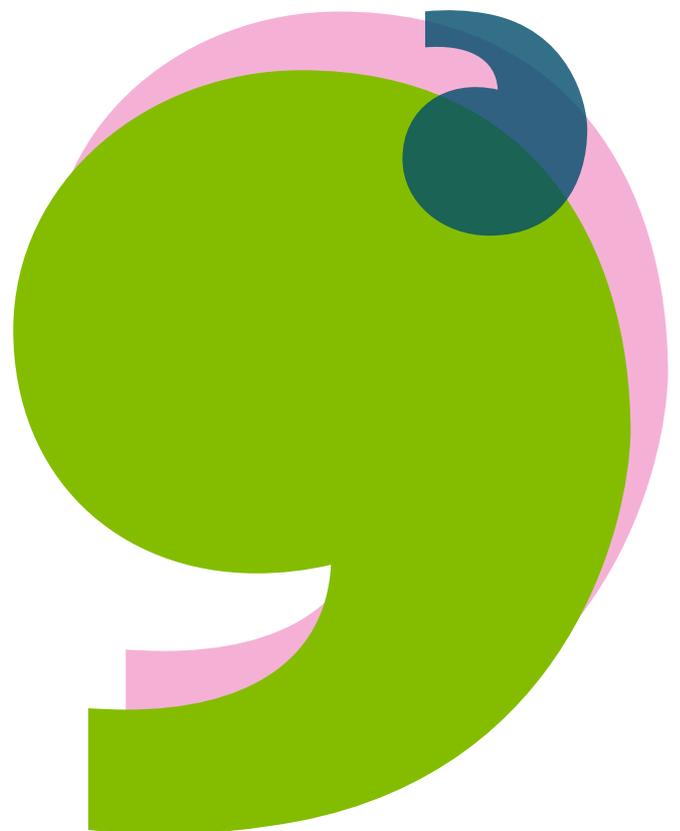


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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Thames Ward, Mental Health Unit, St Charles Hospital Exmoor Street London W10 6DZ
Service Provider	Central and North West London NHS Foundation Trust
Date and Time	30 th May 2018 11.00am - 2.30pm
Authorised Representatives	Zivile Adulcikaite, Olivia Clymer, Ivan Moore, Carena Rogers
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1.2 Acknowledgements

Healthwatch Central West London would like to thank St Charles Hospital Thames Ward, patients, and staff members for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date and time set out above. The Enter and View report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed through interviews at the restricted time of Healthwatch Central West London representatives' visit.



2 Executive Summary

Healthwatch Central West London (Healthwatch CWL) champions for better standards of care in health and social care services. Its team of Dignity Champions are volunteers recruited from the local community who work to improve standards of dignity in health and social care services. This report presents the findings of the Dignity Champions' Enter and View visit of Thames Ward situated in the Mental Health Unit of St Charles Hospital. The Hospital is in the Royal Borough of Kensington and Chelsea (RBKC). It is run by the Central and North West London NHS Foundation Trust.

All Enter and View visits must have a clear purpose identified by Healthwatch CWL to ensure effective evidence gathering and reporting. Healthwatch CWL last visited the St Charles Mental Health Unit in 2014. Following concerns raised by local families and the interest in mental health provision by many of our members, we decided to visit the unit again, to assess how the service was currently running.

At the time of the Enter and View visit to the Thames Ward, patients told the Dignity Champions that the ward was good in general. The patients thought that the medical team was hard working, kind and approachable. Nevertheless, not all patients felt they were always treated with respect and that their privacy was respected. Moreover, some of the patients thought they were not always included in their care planning. Access to the outdoor spaces and activities offered on the ward were the areas of improvement suggested by the ward patients that Dignity Champions spoke to.

During the visit, Healthwatch Representatives had some concerns about some aspects of Health and Safety on the ward and patients' bedrooms. The ward governance was another area that concerned the Dignity Champions - at the time of Healthwatch CWL's Enter & View visit, it was difficult for us to find who was acting as Ward Manager.

Following the visit, Healthwatch CWL has formulated some recommendations about the areas of concern. The recommendations were designed to help the ward management to improve patients experience.

3 What is Enter and View?

Healthwatch Central West London (Healthwatch CWL) working to ensure local people's voices count when it comes to shaping and improving local health and care services across the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster.

Under Section 186 of the Health and Social Care Act 2012 Healthwatch has a statutory power to 'Enter and View' places that provide publicly funded Health and Social care services¹. This may be unannounced or through prior arrangement to view and assess a service.

Enter and View visits can happen if people tell Healthwatch CWL there is a problem with a service but, equally, they can occur when services have a good reputation - to learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Enter and View visits can be carried out if one, or a combination of the factors are identified by Healthwatch CWL:

1. As a contribution to a Healthwatch CWL programme work;
2. As a consequence of service user, or public feedback;
3. As a strategy to explore good practice;
4. As a method for checking the responses of a service following an earlier Enter and View visit;
5. As a response to a request or recommendation by a professional from the health or social care who has involvement in the commissioning, contracting or regulation of that service.

The Healthwatch CWL authorised representatives who carry out Enter and View visits are a group of volunteers referred to as 'Dignity Champions'. They receive training on the Care Act 2014 and the duties and implications in the provision of care around respect and dignity, safeguarding vulnerable adults and health and safety. All the Dignity Champions have a current enhanced Disclosure and Barring Service (DBS) certificate.

When carrying out Enter and View visits, the Dignity Champions follow the 10 standards set out in the Department of Health's 'Dignity Challenge':

1. Demand for emergency and urgent care health services Have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service

¹ Apart from Children's Social Services



4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and positive self-esteem
10. Act to alleviate people's loneliness and isolation

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

3.1 Purpose of Visit

All Enter and View visits must have a clear purpose identified by Healthwatch CWL to ensure effective evidence gathering and reporting.

Healthwatch CWL last visited the St Charles Mental Health Unit in 2014. Following concerns raised by local families and the interest in mental health provision by many of our members, we decided to visit the unit again, to assess how the service was currently running.

3.2 Strategic drivers

The last CQC inspection of the Trust took place between October 2016 and May 2017. Among other services provided by the Trust, the CQC inspected St Charles Mental Health Centre. Although the overall rating for services at the acute ward for adults of working age and psychiatric intensive care was “good”, the area of safety was rated as “requires improvement”. The recommendations for improvement offered by the CQC covered Thames Ward as well.²

3.3 Methodology

The team of Healthwatch CWL Dignity Champions collected data using the following methods:

- The announced visit was set up to be carried out on Wednesday 30th May 2018.
- An introductory letter was sent to the ward manager - Shahin Alvis*.
- An observation check-list was devised to help the Dignity Champions to record their observations of the environment of the ward.
- Two different questionnaires were developed for patients and the clinical team.
- The Healthwatch CWL representatives talked to patients and the ward staff who were willing to share their opinion. It was made clear that they could end the interview at any time.

² For the full CQC report, please visit <https://www.cqc.org.uk/provider/RV3>



- In total Healthwatch CWL representatives spoke to:
 - 5 patients (all people who wanted to share their experiences with the Healthwatch representatives were male patients).
 - 3 members of staff

*At the time of Healthwatch CWL's Enter & View visit, we found out that the named Ward Manager was no longer working at the ward. It was difficult for us to find who was acting as Ward Manager. We heard on the day of our visit that the acting Ward Manager would be leaving that week and there was uncertainty about who would be taking over.

3.4 Summary of findings

- During the Enter and View patients told the Dignity Champions that the Ward was good in general.
- The patients thought that the medical team was hard working, kind and approachable. Nevertheless, not all patients felt they were always treated with respect and that their privacy was respected. Furthermore, not all patients felt they were included in their care planning.
- Access to the outdoor spaces and activities offered on the ward were the areas of improvement suggested by the ward patients.
- The Dignity Champions had some concerns about some aspect of Health and Safety on the ward and patients' bedrooms.
- The ward governance was another area that concerned the Healthwatch Representatives - at the time of Healthwatch CWL's Enter & View visit, it was difficult to for us to find who was acting as Ward Manager.



4 Results of visit

4.1 Background

St Charles Hospital, situated in the Royal Borough of Kensington and Chelsea, provides inpatient mental health services to adults. The mental health unit provides services for people with mental health needs, learning disabilities and problems with substance misuse. The unit consists of four acute, two older people and two psychiatric intensive care wards. The Dignity Champions visited one of four acute wards - Thames Ward.

Thames Ward has 17 beds for adults aged 18-65. The ward also accepts patients with learning disabilities and occasionally adolescents aged 16-18. Moreover, the ward has 2 accessible rooms. When the Dignity Champions carried out the Enter and View visit, all beds in the ward were occupied by patients. There were 8 male and 9 female patients admitted to the ward. Most of the patients were detained ('sectioned') under the Mental Health Act. Out of 17 patients, 3 patients were staying at the ward longer than 6 months.

On each day shift, 2 nurses and 2 healthcare assistants provide support to the ward patients. On the night shift the ward is staffed by 2 nurses and 1 healthcare assistant. At the time of the visit, the ward did not have a designated Ward Manager and it was difficult to understand who was in charge on the day. One of the staff members mentioned that the Band 6 nurse was acting as Ward Manager, however, they were about to leave the post.

4.2 Environment and General Atmosphere

During the Enter and View visit at Thames Ward, Healthwatch CWL Dignity Champions made observations about the environment of the ward:

- The main Mental Health unit reception on the ground floor was nicely decorated and welcoming.
- The Thames Ward reception/nursing station was busy when the Dignity Champions entered the ward - the staff members were engaged with patients' requests.
- The Healthwatch team was welcomed and introduced to a member of staff who showed them around the ward.
- The Dignity Champions noted that the atmosphere in the ward was relatively calm and quiet.
- The ward was bright and had adequate lighting.
- However, the Dignity Champions thought, that the ward was not very well ventilated and was rather stuffy.



- Although there were some pictures on the walls, the Dignity champions found that the décor was rather poor and unappealing.
- The balconies in the ward were quite dark. There were no decorations on their concrete walls. One of the patients interviewed by the Healthwatch team commented about the spaces not being welcoming and appealing.
- Some furniture in common areas were worn out, sofas in all sitting rooms had tears.
- The fridge in the mixed gender common area was broken and people had to ask a member of staff if they wanted some milk for their hot drinks.
- The table tennis table was broken and kept locked on one of the balconies.

4.3 Health and Safety on the Ward

Whilst walking around the ward, the Healthwatch representatives assessed its security, safety, and hygiene:

- Patients' safety on the ward is protected by the secured doors.
- There were enough call bells throughout the ward - red for emergencies and yellow for support needs. One of the patients mentioned that the bells go off 8-9 times a day and he found it very disturbing, particularly at nights.
- To ensure patients safety, the staff members walk around checking patients at night. Two patients mentioned that this can happen sometimes as often as every half an hour. The interviewees said that a medical team member shines a torch on patients' faces or turns on the light in the bedroom. The patients said that such walk around checks disturbs their sleep and they do not rest properly at nights.
- There were measures in place to monitor the location of patients for their safety and information signs about CCTV being in operation were displayed on the ward walls. However, there were gaps in the CCTV coverage that limited the use of space - for example, the balcony dedicated for female patients use only, had a blind spot and patients needed to be supervised to use the space.
- The other safety measures were in place - all emergency exits were signed and accessible; Fire extinguishers were on site.
- The Dignity Champions had some concerns about cleanliness and hygiene on the ward:
 - The dining room floor was covered with stains from hot drink spillage.
 - The kitchenette for female only use had dirty tea cups and some used tea bags left on the worktop. There was residue where the tea was spilled.
 - A bottle of milk was left out on the worktop.
 - The fridge was dirty and had an unpleasant odour when opened. The back of the fridge was covered with thick layers of ice and needed defrosting.



- However, the Healthwatch representatives noted that the ward bathrooms and toilets were tidy and clean.
- At the time of the visit, the Dignity Champions did not have access to the patients' rooms. One patient mentioned that he had no complains about the cleanliness of the room as it was cleaned every day. However, one of the lights in his room was broken. He also mentioned that his shower did not have a curtain and water always overflowed causing a slip hazard. The patient had reported it but the ward team did not take any action.
- The music centre, in the music therapy room, had its cables loosely hanging down the wall. The Dignity Champions thought that it was a potential hazard.

4.4 Signage and Information

At the time of the Enter and View Visit, the Healthwatch team registered what information and guidance was available to the patients on the ward:

- Signage on the ward was clear and easy to understand.
- There was an information board with the team pictures and their job roles.
- Several notice boards displayed relevant and up to day information about activities and services available to the patients in-house and externally.
- However, the medical information rack was empty.
- The patients mentioned to the Healthwatch Representative that they received a welcome pack upon submission that contained all relevant information about the ward.
- The comments and complaints procedures were explained on a couple of the boards. All patients Dignity Championed spoke with knew how to make a complaint. However not everyone felt comfortable to do this as they were afraid of possible consequences. One patient mentioned that he would be reluctant to complain as he had seen "situations when staff laughed it off".

4.5 Food and Nutrition

The Enter and View visit took place during the ward's lunch hour and the Healthwatch Representatives had a chance to make some observations about the meal provision in the ward:

- Three meals are provided on the ward: Breakfast (8AM - 9AM), Lunch (12.30PM - 1PM) and Dinner (5.30PM - 6PM). In addition, the Dignity Champions were told that patients can request a sandwich, snacks, hot and cold drinks at all times.
- The food menu was displayed on the board and there were options, including vegetarian, for people to choose from.
- A member of staff mentioned that patients with dietary requirements can request a meal that accommodates their needs.



- At lunch, the Healthwatch representatives noted that the overall presentation of the meal looked appetizing and colourful and they thought that the patients appeared to be enjoying the food. However, one patient mentioned that food runs out quickly.
- One interviewee told the Dignity Champions that he wished they could get some soup or stew on the ward.
- The Healthwatch Representative noted that people were provided with proper cutlery and napkins.
- The patients mentioned to the Healthwatch team that during the meal time the dining room gets quite cramped.

4.6 Ward Activities and Patient's Leisure Time

The Healthwatch team asked the patients and staff members what other activities were available to patients and what else they could do at the ward during their leisure time.

4.6.1 Activities

- The ward offers patients a range of activities from Monday to Friday, between 9am and 5pm.
- At the time of the Enter and View visit patients were taking part in Tai Chi activity and the Dignity Champions thought that people seemed to be enjoying themselves.
- One member of staff mentioned to the Dignity Champions that patients can choose which activities they want to take part in. Moreover, patients can join activities happening in other mental health wards in the unit.
- The individuals that the Healthwatch team talked to mentioned that the activities were repetitive and they would enjoy a greater variety.
- Patients told the Healthwatch team that none of the activities take place on weekends and bank holidays. The interviewees said that they felt bored and did not know what to do when activities were not run.
- The ward has an arts room that was neat and tidy. One patient said that the activity offered was mostly colouring in.
- The ward also has a music therapy room equipped with various music instruments.
- Art and music therapists run activity sessions once or twice a week.
- Some activities that are run in the ward are designed to support patients in preparing to leave the hospital. For example, the ward runs cooking classes. However, one patient mentioned that they were only taught how to make pasta and he was not given an option to make food of his own choice.
- Furthermore, the patients told the Dignity Champions that the activities get cancelled from time to time and no one informs them when this happens.



4.6.2 Patients' Leisure Time

- Some table games were stored in the music therapy room and patients could borrow them whenever they liked.
- A very limited number of donated books were available for patients to read.
- The ward patients have rather limited access to the outdoor spaces:
 - As mentioned earlier in this report, due to the gaps in the CCTV coverage the female balcony is kept locked and patients need to be supervised to use it.
 - The interviewees told the Dignity Champions that the staff often forget to open the main balcony at allocated times.
 - One balcony remained closed at all times because a broken table tennis table was locked there for the patients' safety.
- A member of staff takes patients out for the cigarette breaks. However, a couple of the patients the Healthwatch team spoke to, felt the breaks were not happening often enough.
- Patients were allowed use disposable vapes in their rooms.
- Both female and mixed gender common rooms had TV sets available for the patients to use. However, the TV sets were covered with protective glass that had quite a few scratches.
- Moreover, there was just one remote control that is shared between both TV rooms. The remote control was kept at the reception and patients need to ask a member of staff if they want to watch TV. Two interviewees mentioned that once there was no remote control available for a week and they could not watch TV.
- Both female and mixed gender common rooms had a couple of computers for patients to use. At the time of the visit, the computers were slow and there was no internet connection.
- The ward did not have access to Wi-Fi.
- People can keep their phones and laptops with them. However, a member of medical team takes them to charge them. One patient told the Dignity Champions that his charging cable had gone missing.

4.7 The Ward Patients and Their Involvement in their Care

To learn about patients' experiences of care and treatment, the Dignity Champions spoke to 5 patients. All people who wanted to share their experiences with the Healthwatch representatives were male patients.

4.7.1 The Ward Team

- In general patients felt that the staff on the ward were good, kind and most of the time patient with people.



- All interviewees said that they were mostly happy with the staff interactions on the ward.
- However, not all patients felt they were always treated with respect and that their privacy was respected. Some patients wished staff engaged with them in a more respectful manner.
- All people the Dignity Champions spoke to said that the medical team ask about what they thought about the services offered on the Ward.
- The interviewees believed that there could be more staff members on the shift.
- One individual recalled an incident when he was forced to have an injection and his glasses got broken. The hospital did not repay for the repair.

4.7.2 Patients Involvement in Care Planning

- All patients said that they had regular meetings with staff to agree their care plan on the ward. However, they mentioned that they would like to have those meetings more often. Furthermore, one interviewee told the Healthwatch Representatives that quite often there were other people (sometimes up to 11) at the consultation room and he was never informed why they are there. He mentioned that he felt intimidated.
- Patients said they did not always feel involved in their care planning.
- The interviewees told the Dignity Champions that they thought that their care plans did not always reflect patients' identified needs.
- One of the patients told the Healthwatch representatives that it took a long time to get his care plan.
- Another patient mentioned that the member of the medical team who is responsible for patients care plans, did not come to talk to him during the writing process.
- One patient mentioned that he has not been offered information and choice about the treatment he was receiving.
- Another patient the Dignity Champions talked to mentioned that he had been waiting for the leaflets about the medicines he had been prescribed.
- Two patients mentioned that their physical health needs were not met.
- All but one patient that spoke to the Healthwatch team said they were informed about the discharge procedures and the support they are entitled to.

4.8 What Patients Thought Works Well and Not that Well

The Dignity Champions asked patients what they thought worked very well and what could improve their experience on Thames Ward.

- Among the main things that worked well the interviewees mentioned:
 - The ward in general being good;
 - The hard working, kind and approachable medical team;



- The patients appreciated that the hospital provided transport and additional staff member to accompany to other appointments;
- The Tai-Chi activity was seen as helpful to the patients.
- Among the main areas for improvement the interviewees mentioned:
 - Difficulty in making phone calls - the network coverage in the ward is poor;
 - Access to the internet - there is no wifi in the ward. The computers in the common areas do not work properly and internet is very slow;
 - Access to the outdoor spaces - the patients felt they did not get enough fresh air;
 - More activities during Bank Holidays and weekends.



5 Additional findings

The Healthwatch CWL representatives talked to three staff members to find out what they thought about the services they were delivering.

- The Ward team members expressed that due to the staff shortage they felt that they sometimes needed to prioritise patients' safety to patients' dignity.
- The staff members mentioned that patients sometimes get upset if they are not able to take them out for a walk or a cigarette break.
- Some members of the team felt that there was a hierarchy in the roles and the way work load is being divided among the team.
- The staff were concerned that it was difficult to work as there is one on in the senior position at the ward.
- Some staff mentioned that when they started on the ward they had not been given an induction and their rotas had not been prepared for them in readiness for them starting.
- It was felt that the staff turnover was high. It made the team anxious about whether the ward could not provide stability; this was particularly evident when staff were talking about the change of Ward Manager and lack of clarity about who was acting in that role at the time of our visit.



6 Recommendations

6.1 Healthwatch CWL Recommendations

By listening to people and recording their experiences, Healthwatch CWL has formulated some recommendations designed to help the ward management to improve patients experience.

Based on the Enter and View visit to Thames Ward, Healthwatch CWL is concerned that two issues that were highlighted by the most recent CQC inspection report in January 2017 had still not been fully addressed on Thames Ward:

Health & Safety on the Ward

1. Although we are pleased to note that the staff that we spoke to on the day of our visit were aware of the ligature point risk on the female balcony, Healthwatch Representatives felt that the management of the risk on the female balcony was through a ‘blanket’ restriction that meant that female patients were not always able to have access to a woman only outside space.

- **Recommendation:** The Trust acts on the CQC January 2017 recommendation to review the management of the ligature point risk on the female balcony on Thames Ward to ensure that it reflects the needs of the female patients on the ward.

2. Patients mentioned that they suffered from disturbed sleep because of alarms sounding in St Charles Mental Health Centre overnight.

- **Recommendation:** The Trust acts on the CQC January 2017 recommendation to address the sound of the alarms in the St Charles Mental Health Centre, including on Thames Ward, so that they are as least disruptive to patients as possible, and do not affect their wellbeing.

Further Healthwatch CWL recommendations:

- Governance on Thames Ward: At the time of Healthwatch CWL’s Enter & View visit, it was difficult to for us to find who was acting as Ward Manager. We heard on the day of our visit that the acting Ward Manager would be leaving that week and there was uncertainty about who would be taking over.

- **Recommendation:** The Trust should ensure that all senior positions are covered and that staff on the ward know who the senior manager is at all times.

- Care planning: Patients should be involved in planning their care and treatment.



- **Recommendation:** Staff should: inform patients who the professionals are that are involved in their treatment; support them to make choices about their care plans; encourage active participation in decisions about their care and treatment; have access to an independent advocate and set recovery goals and planning for discharge.

- Access to outdoor spaces: Ward staff should ensure that patients have regular and timely access to outdoor spaces.

- **Recommendation:** Any broken equipment should be dealt with swiftly and should not be stored on balconies, thereby restricting patients’ access to outside spaces.

- Activities on the ward:

- **Recommendation:** The Ward Manager should ensure that there are sufficient activities available for patients to participate in at weekends and over Bank Holidays to appropriately support their recovery.

- **Recommendation:** Staff should ensure that activities are not cancelled at short notice and that when changes are made that patients are told this clearly and in good time. Alternative things to do should be suggested to ensure that patients are not bored.

- Health and Safety in bedrooms: Patients should be able to expect that their rooms are maintained to a high level of repair to ensure their safety and dignity.

- **Recommendation:** Bedrooms should be regularly checked for repair issues and any breakages, or missing items such as shower curtains should be dealt with promptly.

6.2 Service provider response

As the provider, CNWL were invited to comment on this report and our recommendations and were given 20 working days to get back to us. An extension was given to this statutory timetable plus a further week’s grace. A response was received after these extensions and final deadline. The comments have had to be included without any further revision or checking due to the lateness of the reply.

Health and Safety

Recommendation	Provider Response
The Trust acts on the CQC January 2017 recommendation to review the management of the ligature point risk on the female balcony on Thames Ward to ensure that it reflects the needs of the female patients on the ward.	Have discussed the issue with staff on the ward around the use of the Balcony and as there are concerns around Ligature risks, the area can be used provided it is supervised.



<p>The Trust acts on the CQC January 2017 recommendation to address the sound of the alarms in the St Charles Mental Health Centre, including on Thames Ward, so that they are as least disruptive to patients as possible, and do not affect their wellbeing.</p>	<p>We are very sorry that the alarms when they go off at night cause such a disturbance for patients, we acknowledge that this is very disruptive and prevents one getting a good nights sleep. We have spoken to the company who service our system and unfortunately we are not in a position to lower the decibels any further for Health & safety reasons.</p>
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Governance on the Thames Ward

Recommendation	Provider Response
<p>The Trust should ensure that all senior positions are covered and that staff on the ward know who the senior manager is at all times.</p>	<p>It is regrettable that staff you met did not know who the ward manager was, there was a gap of approx two weeks between one manager leaving and a new manager taking over the ward. I am pleased to say we now have an a ward manager on the ward.</p>

Care Planning

Recommendation	Provider Response
<p>Staff should: inform patients who the professionals are that are involved in their treatment; support them to make choices about their care plans; encourage active participation in decisions about their care and treatment; have access to an independent advocate and set recovery goals and planning for discharge.</p>	<p>I have asked the ward manager to ensure that for all patients admitted to our ward that they should be involved in drawing up their care plan with a named nurse. The ward manager has confirmed he is happy to discuss this at the patients community meeting so they are aware they should be involved, they should also be given a copy of their care plan. Once plan is in place the patient should also be involved in reviewing the care plan at regular intervals.</p>



Outdoor Space

Recommendation	Provider Response
Any broken equipment should be dealt with swiftly and should not be stored on balconies, thereby restricting patients' access to outside spaces.	We acknowledge that patients should have access to outside space for patients detained, it is important that they are granted fresh air breaks. These breaks are routinely granted thorough ward rounds and use of Sec 17 leave. I apologise that on your visit you found equipment broken been stored on the Balcony, the ward manager has had this removed.

Activities on Wards

Recommendation	Provider Response
The Ward Manager should ensure that there are sufficient activities available for patients to participate in at weekends and over Bank Holidays to appropriately support their recovery.	We encourage group activities at the week end and more recently we have recruited activity co-coordinators who work alongside our Occupational Therapist in providing activities for patients. The activity co-ordinators are also rostered to work weekends. The team on the ward have been reminded of the importance of ensuring activities are not cancelled at short notice and that patients are informed in a timely manner if activities are cancelled at short notice.
Staff should ensure that activities are not cancelled at short notice and that when changes are made that patients are told this clearly and in good time. Alternative things to do should be suggested to ensure that patients are not bored.	

Health & Safety in Bedrooms

Recommendation	Provider Response
Bedrooms should be regularly checked for repair issues and any breakages, or missing items such as shower curtains should be dealt with promptly.	I have asked that all nurses assigned to work with patients on a daily basis must ensure that patient bedrooms are neat, clean and tidy, it is the duty of the nurse to assist the patient in



	<p>helping to maintain this space. A daily environmental check is completed to ensure that any breakages, damage in the bedroom or on the ward is reported to the estates department.</p>
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